



# CHUBB GROUP OF INSURANCE COMPANIES

## EXCESS FLOOD

The following must be included with this application:

**Copy of NFIP Dec/App & Flood Elevation Certificate**

**PRODUCER'S Name & Address:** \_\_\_\_\_  
\_\_\_\_\_

Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

INSURED'S Name: \_\_\_\_\_  
Street: \_\_\_\_\_  
City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
County: \_\_\_\_\_ Occupation: \_\_\_\_\_

EFFECTIVE DATE: \_\_\_\_\_

	Total Value	NFIP Limit	XS Flood
Building	\$ _____	\$ _____	\$ _____
Contents	\$ _____	\$ _____	\$ _____
Other Structures	\$ _____	\$ _____	\$ _____

**Property or Contents Location:** (Circle one: Residential / Commercial)      If Residential: Primary / Secondary

Street: \_\_\_\_\_  
City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
County: \_\_\_\_\_

**Current XS Flood Coverage provided by** \_\_\_\_\_ **Annual Premium** \_\_\_\_\_

Flood Zone \_\_\_\_\_ BFE \_\_\_\_\_ LFB \_\_\_\_\_  
Nearest body of water \_\_\_\_\_ Distance to water in Feet \_\_\_\_\_  
Construction Type : Frame \_\_\_\_\_ Masonry \_\_\_\_\_ AAA/Concrete \_\_\_\_\_  
Date constructed: \_\_\_\_\_ Number of Stories \_\_\_\_\_

**UNDERWRITING: Please answer the following questions:**

- Any losses in the last 5 years?      Yes    No  
    Dates & Amounts of Loss \_\_\_\_\_
- Does building contain a basement? Yes No
- Is home on foundation/crawl pilings, or slab? \_\_\_\_\_  
    If elevated, please check following enclosures:  
        none w/breakaway walls \_\_\_\_\_      none w/solid walls \_\_\_\_\_  
        living area W/O breakaway walls \_\_\_\_\_      utility \_\_\_\_\_  
        storage \_\_\_\_\_      garage \_\_\_\_\_  
        other \_\_\_\_\_
- If applicable, depth of in-ground pilings: \_\_\_\_\_

Complete separate form for each location. All U/W information must be complete in order to provide a quote.

***This application must be accompanied by a completed Signature Client Fact Sheet.  
Fax number: 908-572-4066***