



# Flood Insurance Quote Form

(Please print and complete, fax to 317-858-4421 or E-mail to shallingsworth@floodplain.com)

\* Quote Requestor \_\_\_\_\_ \* E-Mail Address \_\_\_\_\_

\* Requestor phone \_\_\_\_\_ Requestor Fax # \_\_\_\_\_

\* Insured's Name: \_\_\_\_\_

\* Property Address: \_\_\_\_\_ \* County \_\_\_\_\_

\* City \_\_\_\_\_ \* State: \_\_\_\_\_ \* Zip \_\_\_\_\_

If available: Block # \_\_\_\_\_ Lot # \_\_\_\_\_ Parcel # \_\_\_\_\_

\* Date of Construction \_\_\_\_/\_\_\_\_/\_\_\_\_ This quote will require an elevation certificate if built after effective date of Flood Insurance Rate Map. (FIRM)  
(Substantial Improvement date if it increased building market value by >50%)

\*Type of building: Single Family \_\_ Non-residential \_\_ 2-4 Family \_\_ Mobile Home\_\_ Other\_\_

\*Building Information: # of Stories \_\_\_\_\_ Sq Ft \_\_\_\_\_

Garage: Type circle Attached or Detached Sq. Ft. \_\_\_\_\_

\*Foundation Information: Built on Fill \_\_\_\_ (Y/N)

Basement \_\_\_\_ (Y/N) Type circle (Enclosed, Walkout, Finished, Unfinished)

Slab on Grade \_\_\_\_\_

Crawlspace \_\_\_\_\_ # of Vents \_\_\_\_\_ Total Sq. in. of vents \_\_\_\_\_

\*Coverage Information: Deductible \$ \_\_\_\_\_ Building Coverage \$ \_\_\_\_\_ Contents Coverage \$ \_\_\_\_\_

\*Replacement Cost of Structure \$ \_\_\_\_\_

### MAXIMUM BUILDING COVERAGE

Coverage Category	Emergency Program	Regular Program
Single family dwelling	35,000	250,000
2-4 family dwelling	35,000	250,000
Other residential	100,000	250,000
Non-residential	100,000	500,000

### MAXIMUM CONTENTS COVERAGE

Coverage Category	Emergency Program	Regular Program
Residential	10,000	100,000
Non-residential	100,000	500,000

Note: If the structure has been previously insured under the NFIP or another carrier, please fax a copy of prior policy and the elevation certificate, if applicable. \* Required to process quote. Additional information including an elevation certificate may be required to complete quote process.