



**American Bankers Insurance Company of Florida**

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Website: [www.abicflood.com](http://www.abicflood.com)

Name of Insured: \_\_\_\_\_

Property Location: \_\_\_\_\_  
(Address) (City) (State) (Zip Code)

Effective Date: Loan Closing \_\_\_\_\_ 30 day wait \_\_\_\_\_ Map Revision/(1-day) \_\_\_\_\_ or Rollover/Renewal \_\_\_\_\_

Mailing Address (if different from property location): \_\_\_\_\_

Mortgagee Clause Name & Address: \_\_\_\_\_

**Essential Rating Elements**

1. **Community Name & Number:** \_\_\_\_\_ **Flood Zone** \_\_\_\_\_
2. **Elevation Certificate:**  Yes  No (After 10/1/13 all properties in a SFHA must provide an EC)
3. **Construction Date:** \_\_\_\_\_ **Date of Purchase:** \_\_\_\_\_ **Principal/Primary Residence:**  Yes  No
4. **Occupancy type:**  Single Family  2-4 Family  Non-Residential  Other Residential
5. **Building Use:** ex: main house, guest house, detached garage, club house, Other: \_\_\_\_\_
6. **Condominium building:**  Yes  No **Number of Units:** \_\_\_\_\_
7. **Condominium unit owner:**  Yes  No
8. **Number of Floors:** (include the basement/enclosure/crawlspace in # of floors) \_\_\_\_\_
9. **Foundation:**  Slab on Grade  Basement  Crawlspace  Walkout Basement  Subgrade crawlspace  
 Elevated- no enclosure  Elevated with an enclosure
10. **Garage, Enclosure, and/or Basement:**  Finished  Unfinished
11. **Garage:**  None  Attached  Detached; Size sq ft: \_\_\_\_\_ # of Vents: \_\_\_\_\_ Size of each vent: \_\_\_\_\_
12. **Enclosure/Crawlspace:** Size sq ft \_\_\_\_\_ # of Vents \_\_\_\_\_ Size of each vent \_\_\_\_\_ Total venting area \_\_\_\_\_ (sq in)
13. **Elevators**  Yes  No # of Elevators \_\_\_\_\_
14. **Other Machinery & Equipment servicing building** \_\_\_\_\_  
**Location** \_\_\_\_\_ **Value** \_\_\_\_\_
15. **Building Coverage Limit:** \$ \_\_\_\_\_ **Replacement Cost:** \$ \_\_\_\_\_
16. **Contents Coverage Limit** \$ \_\_\_\_\_ **Location of Contents:**  N/A (no contents)  Basement only  
 Basement and above  Lowest floor only-above ground level  Lowest floor only-above ground level & higher floors  
 Above ground level-more than one full floor
17. **Deductible:**  \$1000 (standard post-FIRM)  \$2000 (standard pre-FIRM)  \$3000  \$4000  \$5000  
Higher deductibles for Other Residential and Non Residential only  \$10,000  \$15,000  \$20,000  \$25,000  
 \$50,000 (only when insuring building & contents)
18. **Mobile Home:** complete Part 2 of Application.  
Date of Construction: In park – date park was established. Outside of park – date of placement: \_\_\_\_\_
19. **If EC is required and not provided; policy will be rated as Provisional or Tentative.**

**MUST BE PROVIDED:**

**Agency Name:** \_\_\_\_\_ **Agency phone number:** \_\_\_\_\_

**Agency ID:** \_\_\_\_\_ **Email:** \_\_\_\_\_ **Agency fax number:** \_\_\_\_\_

**Flood Quote/Application Disclosure**

Premium quotations are based on the rating factors as shown on the quote/application. This quote must comply with the Federal Emergency Management Agency rules and rates and may be revised in accordance with applicable policy provisions. It is not a contract, binder of coverage, nor coverage recommendations. All coverages are subject to the terms, provisions, exclusions and conditions in the policy and its endorsements. If you have any questions, please contact the Flood Service Center.

Flood Service Center Hours: 6:00 am to 4:00 pm (Arizona Time)