

AGENCY NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
TELEPHONE \_\_\_\_\_



**TOKIOMARINE  
HIGHLAND**

APPLICANT/INSURED \_\_\_\_\_

PROPERTY ADDRESS \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

MAILING ADDRESS Same as property address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**REQUIRED UNDERWRITING INFORMATION FOR QUOTING**

TYPE OF COVERAGE REQUESTED  Primary Flood  Excess Flood  CBRA

OCCUPANCY  Single Family  Low-Rise  High-Rise  Tenant  HOA  Commercial Type: \_\_\_\_\_  
 Apartment Complex Property Manager: \_\_\_\_\_

Date/Year Built \_\_\_\_\_ # of Stories \_\_\_\_\_ # of units \_\_\_\_\_

Foundation  Slab  Basement  Enclosure  Pilings  Crawlspace

Flood Zone \_\_\_\_\_ BFE \_\_\_\_\_ LFE \_\_\_\_\_ Elevation Difference \_\_\_\_\_

Building Replacement Cost \$ \_\_\_\_\_

Any prior losses  NO  YES Date of Loss(es): \_\_\_\_\_ Amount of Loss(es): \$ \_\_\_\_\_

Description of loss(es): \_\_\_\_\_

REQUESTED COVERAGE AMOUNT

Building: _____	Deductible: _____
Contents: _____	Deductible: _____
ALE/BI: _____	Deductible: 15 DAYS
Homeowner Carrier: _____	Is risk built over water <input type="checkbox"/> NO <input type="checkbox"/> YES

**REQUIRED UNDERWRITING INFORMATION TO BIND**

INSPECTION CONTACT  
Name \_\_\_\_\_ Phone # \_\_\_\_\_

MORTGAGEE/ADDITIONAL INSURED  
 First  Second  Additional Insured  
Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Loan #: \_\_\_\_\_

MORTGAGEE/ADDITIONAL INSURED  
 First  Second  Additional Insured  
Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Loan #: \_\_\_\_\_

Requested Date of Coverage: \_\_\_\_\_

The Applicant/Insured acknowledges, represents and understands the following:

- The information provided in this Application is material to the Insurer's decision to accept this risk and to provide the requested insurance. Further, this information was entirely relied upon by the Insurer in accepting the risk and providing such insurance.
- The information provided in this Application, including but not limited to, the information regarding prior losses, is true and correct in all matters.
- It is agreed that this Application shall be the basis of the contract should a policy be issued and will be attached to and become a part of the policy.
- Any misrepresentation, omission, concealment of fact, or incorrect statement may prevent recovery under the policy or may render the policy void.

*Note: The Applicant/Insured warrants the truthfulness of the information on this application. Any misrepresentation and/or concealment herein will void all coverage.*

Applicant/Insured Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Producer Signature: \_\_\_\_\_ License #: \_\_\_\_\_ Date: \_\_\_\_\_

Surplus Lines Broker(if applicable): \_\_\_\_\_ SLB License #: \_\_\_\_\_

#### SOUTH CAROLINA NOTICE OF INSURER'S RIGHT TO CANCEL

THE INSURER CAN CANCEL THIS POLICY FOR WHICH YOU ARE APPLYING WITHOUT CAUSE DURING THE FIRST 120 DAYS. THAT IS THE INSURER'S CHOICE. AFTER THE FIRST 120 DAYS, THE INSURER CAN ONLY CANCEL THIS POLICY FOR REASONS STATED IN THE POLICY.

**Please email all submissions to [ExcessFloodQuote@tmhighland.com](mailto:ExcessFloodQuote@tmhighland.com).**