

AGENCY NAME _____
ADDRESS _____
City _____ State _____ Zip _____
TELEPHONE _____



**TOKIO MARINE
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 ☐ NO ☐ 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: _____

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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.