



FLOOD QUESTIONNAIRE

Policyholder

Policy Number

Date of Loss

Best Contact Number

Alternate Contact Number

Email Address

Mailing Address

Address

City

State

Zip Code

Agent Information

Name

Phone Number

Email Address

OWNERSHIP QUESTIONS

What year was the risk constructed?

If mortgage is paid off, please give date:

Year Purchased:

Risk:

Owned Rented Leased

Do you have a homeowner's policy?

Yes No

Name deed is in:

If yes, with what company?

What is the name of all current mortgage companies

If yes, did you have damage not caused by the flood?

Yes No

RESIDENCE QUESTIONS

Residence Type:

Single Family 2-4 Family
5 or more Family Mobile Home
Condo Unit Business

Describe any renovations done since purchased:

Number of floors in building including basement

How many months of the year do you live here?

Is building a split level

Yes No

Lived here since?

How many rooms are in this building

Check One:

Primary Residence Rental Property

Seasonal Residence

If Seasonal where is your Primary Residence

Foundation:

Piles Piers
Slab-on-grade Block Wall

Do you occasionally or permanently rent any portion of the risk? Yes No

FLOODWATER QUESTIONS

What area(s) of your property have been flooded?

Entire House House Partially Flooded Detached Garage Basement A/C Unit
Shed Crawlspace Utility Room or finished area below elevated floor

Has this home ever been flooded before? Yes No

If yes, were repairs made to the property?

Where did the water come from?

Tidal surge Accumulation of rain Velocity flow Low velocity flow or ponding

River(name)

Lake (name)

Distance from risk

Date water entered building

Date water left building

Length of time water remained in building

Water height: Exterior

Interior

Are you hiring a General Contractor? Yes No

If yes:

Name

Address

Phone Number

Where would you like the settlement/advance check sent:

Did you receive a copy of the Flood Claims Handbook? Yes No

Did the Adjuster offer you an Advance Payment towards your loss? Yes No

If an Advance is not requested, please explain why:

Additional Comments

Signature of Insured _____

Date

Printed Name _____