



# FLOOD QUESTIONNAIRE

[Blank input field]

Policyholder

Policy Number

Date of Loss

[Blank input field]

[Blank input field]

[Blank input field]

Best Contact Number

Alternate Contact Number

Email Address

Mailing Address [Blank input field]

[Blank input field]

[Blank input field]

[Blank input field]

Address

City

State

Zip Code

Agent Information [Blank input field]

[Blank input field]

[Blank input field]

Name

Phone Number

Email Address

## OWNERSHIP QUESTIONS

What year was the risk constructed? [Blank input field]

If mortgage is paid off, please give date: [Blank input field]

Year Purchased: [Blank input field]

Risk:  
Owned  Rented  Leased

Do you have a homeowner's policy?  
Yes  No

Name deed is in: [Blank input field]

If yes, with what company? [Blank input field]

What is the name of all current mortgage companies

If yes, did you have damage not caused by the flood?  
Yes  No

[Blank input field]

Describe any renovations done since purchased:

[Blank input field]

## RESIDENCE QUESTIONS

Residence Type:

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

How many months of the year do you live here?

[Blank input field]

Lived here since?

[Blank input field]

Check One:

- Primary Residence
- Rental Property
- Seasonal Residence

If Seasonal where is your Primary Residence

[Blank input field]

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

Number of floors in building including basement

[Blank input field]

Is building a split level

Yes  No

How many rooms are in this building

[Blank input field]

Foundation:

- Piles
- Slab-on-grade
- Piers
- Block Wall

## 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, Date(s) Flooded \_\_\_\_\_

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 NFIP Claims Handbook and the ICC Coverage Pamphlet?  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 \_\_\_\_\_