COMMERCIAL FLOOD

01 / APPLICANT AND EXPOSURE PROFILE

Complete all applicable fields. Use Unknown or N/A as needed. Attach extra pages for multiple locations or schedules.

1. Applicant and contact

Legal applicant / business name

DBA / entity type

Primary contact / title

Phone / email

Mailing address / City / State / ZIP

Website / year established

Requested effective date

Annual gross revenue

Employee count / annual payroll

Describe the business, operations, customers, locations, and states / countries involved:

2. Initial exposure questions

Any prior flood, storm-surge, surface-water, or drainage loss? Select

Any basement, below-grade area, or property stored below ground? Select

Any building additions, substantial improvement, or new construction? Select

Any elevation certificate, flood-zone determination, or lender mandate? Select

Explain Yes / Unknown answers and any unusual exposures:

Provide current values and limits where available. These questions are an intake guide, not a carrier application.

3. Details for Commercial Flood

Insured location / building address

Ownership / occupancy type

Building use / total area / stories

Year built / construction type

Foundation / lowest floor elevation

Basement / enclosure use

Building replacement value / limit sought

Contents value / limit sought

Flood zone / source and determination date

Elevation certificate date (if available)

Deductible / lender or loan requirements

Business income / other needs to discuss

4. Controls and supporting detail

Utilities / critical equipment elevated above lowest level? Select

Drainage maintained and known water-entry points addressed? Select

Emergency flood preparation and evacuation plan? Select

Any openings, enclosures, or alterations affecting elevation rating? Select

Any prior flood claim, repetitive loss, or mitigation work? Select

Does a current flood policy or waiting-period concern apply? Select

Give building details, contents by floor, prior flood history, mitigation, and required effective date.

Availability, eligibility, and terms depend on underwriting. Additional carrier applications may be required.

5. Current and prior insurance

Current carrier (or None)

Policy number

Effective / expiration dates

Current limit / deductible / retention

Current annual premium (if applicable)

Requested changes / target limit

6. Claims, losses, or circumstances

Any relevant claim, loss, or demand in the past 5 years? Select

Any open dispute, investigation, known incident, or threatened claim? Select

Any cancellation, nonrenewal, declined application, or coverage lapse? Select

For each Yes: date, event, amount paid / reserved, current status, and corrective action. Attach details if needed.

7. Supporting documents

- [ ] Elevation certificate if available
- [ ] Flood-zone determination
- [ ] Building / floor photos
- [ ] Replacement cost information
- [ ] Prior flood declarations
- [ ] Prior flood claim details

Send completed forms and documents to info@mad-insurance.com. Do not include passwords, payment details, or SSNs.

I confirm the information is true and complete to the best of my knowledge. This questionnaire does not bind or change coverage. Carrier forms, underwriting, and approval may be required.

Applicant typed name / title

Date