

FLOOD QUESTIONNAIRE

Please take a few minutes and fill out this form to the best of your knowledge. There are several forms that I have to turn in with the completed paperwork. All of these questions have a place on those forms. The more complete this questionnaire is, the more complete my paperwork will be and less chance your flood carrier will reject our final report.

Insured: _____ Today's Date: _____

Loss
Address: _____

Mailing Address: _____

Primary Residence: _____

Date of Loss: _____ Insurance Company: NFIP Direct or _____

Policy Number: _____

At times like these, it can be difficult to contact each other. Please list some alternative phone numbers where I may be able to reach you or leave a message: _____

What is your email address: _____

Who is your mortgage with? _____

Name Deed is in? _____

Please list any additional mortgage/liens? _____

Do you know what flood zone (A, AE, X, C) you live in? If so, please list this: _____

What is the Square Footage of Your Home? _____ Square Feet

When was your home built? _____ When did you buy it? _____

What is the purpose of this house? _____ Primary Residence _____ Rental Property _____ Seasonal Residence

If Seasonal Residence, how many days a year do you live here? _____

Do you occasionally or permanently rent any portion of the Risk? _____ Yes _____ No _____ N/A

If this is a Rental Property, do you own the contents? _____ Yes _____ No _____ N/A

Have you since the purchase made any alterations or major repairs to the house?

Date	Description	Cost	Type		
			Repair	Recon	Improv
			Repair	Recon	Improv
			Repair	Recon	Improv
			Repair	Recon	Improv
			Repair	Recon	Improv

Please tell us about your last three floods? You can approximate dates and costs.

Date	Amount of Loss	Insured?	Repairs Completed?
		___ Yes ___ No	___ Yes ___ No ___ Not Claimed
		___ Yes ___ No	___ Yes ___ No ___ Not Claimed
		___ Yes ___ No	___ Yes ___ No ___ Not Claimed

Other Insurance Besides Flood:

Carrier: _____

Policy Number: _____

Building Limit: _____ Contents Limit: _____

Cover Flood? Yes No Policy Type: Homeowners Dwelling Fire Tenant

Have you had any insurance claims on your house that were not flood related?

Date	Amount of Loss	Insured?	Repairs Completed?
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Claimed
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Claimed
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Claimed

Finally, I have questions about the Flood

What is the nearest body of water? _____ How far away? _____

Water came in on ____/____/____ at _____ am/pm and receded on ____/____/____ at _____ am/pm

The water was _____ feet _____ inches outside and _____ feet _____ inches inside the house.

What is the name of your General Contractor? _____

What is their address? _____

Telephone number _____ Cell number _____

While I finish measuring your home, please list your damaged appliances:

Stove

Age:	Make	Model Number	Serial Number
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Refrigerator:

Age:	Make	Model Number	Serial Number
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Dishwasher:

Age:	Make	Model Number	Serial Number
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Hot Water Heater

Age:	Make	Model Number	Serial Number
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Air Conditioner:

Age:	Make	Model Number	Serial Number
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Furnace:

Age:	Make	Model Number	Serial Number
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THANK YOU for the time and patience. This will help process your paperwork as quickly as possible.

Please sign here > _____ Date: _____