

**American Reliable Insurance Company and
American Bankers Insurance Company of Florida**

PREFERRED RISK FLOOD INSURANCE APPLICATION FOR RESIDENCES

Personal Information (Please Print Clearly)

Your Name _____
 *Social Security Number _____
 Mailing Address _____
 City _____
 County _____ State _____ ZIP _____
 Telephone Number (____) _____

*Information Regarding Disclosure of Your Social Security Number under Public Law 93-579 Section 7(b): Solicitation of the Social Security Number (SSN) is authorized under provisions of E.O. 9397, dated November 22, 1943. The disclosure of your SSN is voluntary. However, policyholder information is provided to the Federal Government and since many persons appearing in administrative records possess identical names, the use of your SSN would provide for your precise identification.

Is property location same as your mailing address

Yes No If not, what is property address? (If rural location, please describe.)

Is building your principal residence? Yes No

Residential Building Information (Check One)

Single Family 2-4 Family

Building Type, including basement (Check One)

1 Floor 2 Floors 3 or More Floors
 Split Level Manufactured (Mobile) Home

Mortgage Information

Is purchase of flood insurance related to loan closing?

Yes No If yes, give date ____/____/____

Lender's Name _____

Lender's Address _____

Construction Date of Building

____/____/____

If Mobile Home, Provide This Information

Make _____ Model _____

Serial Number _____

FAILURE TO ANSWER THE FOLLOWING QUESTION PROPERLY COULD VOID THE POLICY.

During ownership of this property, have you ever received flood disaster relief payments or had a flood claim?

No Yes

Select Your Coverage (Check Only One Box. No other building/contents combinations available)

Building Without Basement/Contents	Premium**
<input type="checkbox"/> \$ 20,000 building / \$ 5,000 contents	\$106.00
<input type="checkbox"/> \$ 30,000 building / \$ 8,000 contents	\$131.00
<input type="checkbox"/> \$ 50,000 building / \$12,000 contents	\$171.00
<input type="checkbox"/> \$ 75,000 building / \$18,000 contents	\$196.00
<input type="checkbox"/> \$100,000 building / \$25,000 contents	\$221.00
<input type="checkbox"/> \$125,000 building / \$30,000 contents	\$236.00
<input type="checkbox"/> \$150,000 building / \$38,000 contents	\$251.00
<input type="checkbox"/> \$200,000 building / \$50,000 contents	\$281.00
<input type="checkbox"/> \$250,000 building / \$60,000 contents	\$301.00

Do you have a basement?

No.
 Yes. Add \$25 to the premiums listed above.

Total Submitted

\$ _____

**Includes government policy fee and ICC coverage.

Signature of Insured

X _____

Date ____/____/____

Method of Payment

Check/Money Order
 Credit Card MasterCard® VISA®

Credit Card # _____

Expiration Date ____/____

This policy is not subject to cancellation for reasons other than those set forth in the National Flood Insurance Program Rules and Regulations. In matters involving billing disputes, cancellation is not available other than for billing processing error or fraud.

Before Mailing, Have You:

- Answered all questions and selected your coverage above?
- Signed and dated your completed form?

If check or money order is enclosed, make payable to American Reliable Insurance Company or American Bankers Insurance Company of Florida.

Simplified form developed by American Bankers Insurance Company of Florida, one of the U.S. government's top National Flood Insurance Program providers.

FOR AGENT USE (MUST BE COMPLETED.)

FLOOD ZONE (CIRCLE ONE) **B** **C** **X**
 COMMUNITY NO. _____ MAP PANEL _____
 SUFFIX _____ EFFECTIVE DATE ____/____/____

AGENT ACCT # _____ / AGENT PHONE # _____

AGENT'S SIGNATURE _____ / DATE _____