



To quote online go to: www.selectiveflood.com

Fax quote to: (855) 283-6876

Email to: FLOODNORTHEAST@SELECTIVE.COM



QUICK QUOTE FORM FOR (CT, MA, ME, NH, NY, RI, VT)

Please check one:	<input type="checkbox"/> Flood Zone Determination Only	<input type="checkbox"/> Zone and Quote
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AGENCY INFORMATION

Note: If the structure has been previously insured under the NFIP or another carrier, please fax a copy of prior policy, zone determination and the elevation certificate, if applicable.

Agency's Name: _____
 Agency Contact: _____ Agency ID #: _____
 Phone: _____ Fax: _____ Email: _____

Insured's Name: _____
 Mailing Address: _____ City _____ State _____ Zip _____
 Property Address: _____ City _____ State _____ Zip _____
 County _____ If Available, Block # _____ Lot # _____ Parcel # _____

Is this for a loan closing? YES NO Loan closing date _____ Primary Residence Y or N

RATING INFORMATION

Replacement Value of Structure \$ _____ Date of Construction*: _____
 (*Substantial improvement date if it increased bldg. market value > 50%): _____
 If Available: Flood Zone: _____ Community Number: _____

OCCUPANCY: (Please select the type of building.)
 Single Family 2 – 4 Family Other Residential: _____
 Mobile Home Non-Residential (Including Hotel/ Motel), Type: _____

TYPE OF BUILDING: (Please select the type of building.)
 One Floor, No Basement Two Floors Three or More Floors
 Split Level Manufactured (Mobile), Not a Doublewide

CONDO SECTION: (Please complete the below information.)
 Condo Unit Owner: _____ Condo Association: _____ # of Units: _____
 Please select one of the below options that best describes the condo building:
 High Rise – 3 or more floors; 5 or more units; not Townhouse or Rowhouse types
 Low Rise – 3 floors or less; less than 5 units; including Townhouse & Rowhouse types

FOUNDATION INFORMATION:

TOTAL # Floors in Entire Building (Include Basement/Enclosed areas):	
_____ Slab on Grade	_____ # Basement/Enclosed Areas
_____ Elevated (piers, piles or posts)	_____ Elevated (crawlspce/enclosure)
Certified flood venting within 1 foot of grade _____ # of vents _____	Total square inches of vents _____
Machinery and/or equipment below elevated floor- please list _____	
# of elevators below elevated floor _____	
For commercial and other residential risks- value of machinery and/or equipment below elevated floor _____	

Crawlspce/Enclosure Total Square Feet: _____

ATTACHED GARAGE INFORMATION:

Finished or Unfinished	Total Square Footage	Any Machinery or Equipment
# of Vents	Total square inches of Vents	

COVERAGE INFORMATION:
 Building Coverage: _____ Contents Coverage: _____ Deductible: _____