



EVIDENCE OF FLOOD INSURANCE

DATE (MM/DD/YYYY)

THIS EVIDENCE OF FLOOD INSURANCE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE ADDITIONAL INTEREST NAMED BELOW. THIS EVIDENCE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS EVIDENCE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE ADDITIONAL INTEREST.

PRODUCER	CONTACT NAME:	
	PHONE (A/C. No. Ext):	FAX (A/C. No.):
NAMED INSURED AND ADDRESS	E-MAIL ADDRESS:	
	PRODUCER CUSTOMER ID #:	
	INSURER(S) AFFORDING COVERAGE	
	NAIC #	
	INSURER A :	
	INSURER B :	
INSURER C :		
EVIDENCE NUMBER:		
REVISION NUMBER:		
PAGE COUNT:		
THIS REPLACES PRIOR EVIDENCE DATED:		

PROPERTY INFORMATION (Use REMARKS, if more space is required)

LOCATION / DESCRIPTION

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS EVIDENCE OF PROPERTY INSURANCE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

COVERAGE / RISK INFORMATION

DATE OF CONSTRUCTION	CURRENT FLOOD ZONE	RATE FLOOD ZONE	GRANDFATHERED? Y / N	BUILDING OCCUPANCY TYPE		CONTENTS COVERAGE TYPE	
				<input type="checkbox"/> SINGLE FAMILY	<input type="checkbox"/> OTHER RESIDENTIAL	<input type="checkbox"/> RESIDENTIAL	
REPLACEMENT COST \$	CONDOMINIUM COVERAGE IS FOR (Check One):		# UNITS	<input type="checkbox"/> 2 - 4 FAMILY	<input type="checkbox"/> NON-RESIDENTIAL	<input type="checkbox"/> NON-RESIDENTIAL	
	<input type="checkbox"/> UNIT OWNER	<input type="checkbox"/> ASSOCIATION BUILDING					
PRIMARY POLICY		POLICY NUMBER:		EFFECTIVE DATE:		EXPIRATION DATE:	
INS LTR	COVERAGE	DEDUCTIBLE	TOTAL AMOUNT OF INSURANCE	MARKET	FORMS / POLICY TYPE		
	BUILDING			<input type="checkbox"/> NFIP / WYO	<input type="checkbox"/> DWELLING FORM POLICY	<input type="checkbox"/> MORTGAGE PORTFOLIO PROTECTION PROGRAM	
	CONTENTS			<input type="checkbox"/> PRIVATE / ALT. MARKET	<input type="checkbox"/> GENERAL PROPERTY FORM POLICY	<input type="checkbox"/> RESIDENTIAL CONDO BLDG ASSN. POLICY (RCBAP)	
EXCESS POLICY 1		POLICY NUMBER:		EFFECTIVE DATE:		EXPIRATION DATE:	
INS LTR	COVERAGE	DEDUCTIBLE	TOTAL AMOUNT OF INSURANCE	MARKET	FORMS / POLICY TYPE <input type="checkbox"/> INDICATES EXCESS POLICY IS A FOLLOWING FORM/POLICY TYPE		
	BUILDING			<input type="checkbox"/> NFIP / WYO	<input type="checkbox"/> DWELLING FORM POLICY	<input type="checkbox"/> MORTGAGE PORTFOLIO PROTECTION PROGRAM	
	CONTENTS			<input type="checkbox"/> PRIVATE / ALT. MARKET	<input type="checkbox"/> GENERAL PROPERTY FORM POLICY	<input type="checkbox"/> RESIDENTIAL CONDO BLDG ASSN. POLICY (RCBAP)	
	<input type="checkbox"/> BUSINESS INCOME	<input type="checkbox"/> EXTRA EXPENSE	<input type="checkbox"/> ADDITIONAL LIVING EXPENSE	If "YES", LIMIT: \$		<input type="checkbox"/> ACTUAL LOSS SUSTAINED	<input type="checkbox"/> # OF MONTHS:
EXCESS POLICY 2		POLICY NUMBER:		EFFECTIVE DATE:		EXPIRATION DATE:	
INS LTR	COVERAGE	DEDUCTIBLE	TOTAL AMOUNT OF INSURANCE	MARKET	FORMS / POLICY TYPE <input type="checkbox"/> INDICATES EXCESS POLICY IS A FOLLOWING FORM/POLICY TYPE		
	BUILDING			<input type="checkbox"/> NFIP / WYO	<input type="checkbox"/> DWELLING FORM POLICY	<input type="checkbox"/> MORTGAGE PORTFOLIO PROTECTION PROGRAM	
	CONTENTS			<input type="checkbox"/> PRIVATE / ALT. MARKET	<input type="checkbox"/> GENERAL PROPERTY FORM POLICY	<input type="checkbox"/> RESIDENTIAL CONDO BLDG ASSN. POLICY (RCBAP)	
	<input type="checkbox"/> BUSINESS INCOME	<input type="checkbox"/> EXTRA EXPENSE	<input type="checkbox"/> ADDITIONAL LIVING EXPENSE	If "YES", LIMIT: \$		<input type="checkbox"/> ACTUAL LOSS SUSTAINED	<input type="checkbox"/> # OF MONTHS:

REMARKS (Attach ACORD 101, Additional Remarks Schedule, if more space is required)**CANCELLATION**

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

ADDITIONAL INTEREST

NAME AND ADDRESS	LOAN NUMBER:	
	<input type="checkbox"/> MORTGAGEE	<input type="checkbox"/> ADDITIONAL INSURED
	<input type="checkbox"/> LOSS PAYEE	<input type="checkbox"/> NAMED ON POLICY (Check all that apply)
	<input type="checkbox"/> UNIT-OWNERS MORTGAGEE (Does not imply interest)	<input type="checkbox"/> PRIMARY
	<input type="checkbox"/> EXCESS POLICY 1	
	<input type="checkbox"/> EXCESS POLICY 2	
AUTHORIZED REPRESENTATIVE		

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