

**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.

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

**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.

**FOR AGENT USE (MUST BE COMPLETED.)**

FLOOD ZONE (CIRCLE ONE)	B	C	X	AGENT ACCT # _____ / AGENT PHONE # _____
COMMUNITY NO. _____	MAP PANEL _____	AGENT'S SIGNATURE _____ / DATE _____		
SUFFIX _____	EFFECTIVE DATE ____/____/____			