

**AMERICAN BANKERS INSURANCE COMPANY OF FLORIDA  
AMERICAN RELIABLE INSURANCE COMPANY**

Attn.: Flood Service Center  
8655 E. Via De Ventura, Scottsdale, Arizona 85260  
800.423.4403 / Fax 480.483.1675  
800.742.6837 / Fax 480.607.0739

AGENT ACCOUNT NUMBER					

NEW                      CURRENT POLICY NUMBER  
 RENEWAL                      IF NEW, LEAVE BLANK

**FLOOD INSURANCE  
PREFERRED RISK POLICY APPLICATION**

DIRECT BILL INSTRUCTIONS <input type="checkbox"/> BILL INSURED <input type="checkbox"/> BILL FIRST MORTGAGEE <input type="checkbox"/> BILL SECOND MORTGAGEE <input type="checkbox"/> BILL LOSS PAYEE <input type="checkbox"/> BILL OTHER	WAITING PERIOD <input type="checkbox"/> STANDARD 30-DAY <input type="checkbox"/> LOAN-NO WAITING
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ADDRESS, TELEPHONE NO., AND FAX NO. OF LICENSED PROPERTY OR CASUALTY INSURANCE AGENT OR BROKER  AGENCY NO. _____ AGENT'S TAX ID <input type="checkbox"/> T OR SSN <input type="checkbox"/> S _____	NAME, TELEPHONE NUMBER AND MAILING ADDRESS OF INSURED  LOAN NUMBER _____ NAME OF COUNTY/PARISH _____
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METHOD OF PAYMENT <input type="checkbox"/> CHECK <input type="checkbox"/> MASTERCARD <input type="checkbox"/> VISA <input type="checkbox"/> AMEX Plus 4-Digit Code From Front of Card: _____ <input type="checkbox"/> DINER'S CLUB Plus 3-Digit Code Printed on Back of Card: _____ CREDIT CARD #: _____ EXPIRATION DATE: _____	IF SECOND MORTGAGEE, LOSS PAYEE OR OTHER IS TO BE BILLED, THE FOLLOWING MUST BE COMPLETED, INCLUDING THE NAME, TELEPHONE NO., FAX NO., AND ADDRESS <input type="checkbox"/> 2ND MORTGAGEE <input type="checkbox"/> DISASTER AGENCY, SPECIFY _____ <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> IF OTHER, PLEASE SPECIFY _____
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NAME, TELEPHONE NO., FAX NO., AND ADDRESS OF FIRST MORTGAGEE, INCLUDING LOAN NUMBER  LOAN NUMBER _____	LOCATED IN AN UNINCORPORATED AREA OF THE COUNTY? <input type="checkbox"/> YES <input type="checkbox"/> NO
IS INSURED LOCATION SAME AS INSURED MAILING ADDRESS? <input type="checkbox"/> YES <input type="checkbox"/> NO    IF NO, ENTER PROPERTY ADDRESS. IF RURAL, DESCRIBE PROPERTY LOCATION. (DO NOT USE P.O. BOX)	COMMUNITY NUMBER AND SUFFIX FOR LOCATION OF PROPERTY INSURED _____
FLOOD INSURANCE RATE MAP ZONE _____	

BUILDING OCCUPANCY <input type="checkbox"/> SINGLE FAMILY <input type="checkbox"/> 2-4 FAMILY <input type="checkbox"/> OTHER RESIDENTIAL <input type="checkbox"/> NON-RESIDENTIAL (INCL. HOTEL/MOTEL)	BUILDING TYPE (INCLUDING BASEMENT/ENCLOSURE) <input type="checkbox"/> ONE FLOOR <input type="checkbox"/> SPLIT LEVEL <input type="checkbox"/> TWO FLOORS <input type="checkbox"/> THREE OR MORE FLOORS <input type="checkbox"/> MANUFACTURED (MOBILE) HOME/TRAVEL TRAILER ON FOUNDATION	CONTENTS LOCATED IN <input type="checkbox"/> ENCLOSURE ONLY (BASEMENT ONLY NOT ELIGIBLE) <input type="checkbox"/> BASEMENT/ENCLOSURE AND ABOVE <input type="checkbox"/> LOWEST FLOOR ONLY ABOVE GROUND LEVEL <input type="checkbox"/> LOWEST FLOOR ABOVE GROUND LEVEL AND HIGHER FLOOR <input type="checkbox"/> ABOVE GROUND LEVEL MORE THAN ONE FULL FLOOR	INSURED'S PRINCIPAL RESIDENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO  ESTIMATED REPLACEMENT COST AMOUNT \$ _____
CONSTRUCTION DATE / /	IS BUILDING: CONDO UNIT <input type="checkbox"/> YES <input type="checkbox"/> NO TOWNHOUSE/ROWHOUSE CONDO UNIT <input type="checkbox"/> YES <input type="checkbox"/> NO	MAKE, MODEL AND SERIAL NUMBER OF MANUFACTURED (MOBILE) HOME/TRAVEL TRAILER _____	

1-4 FAMILY RESIDENTIAL BUILDING & CONTENTS COVERAGE COMBINATIONS <sup>1</sup>					
With Basement/Enclosure			Without Basement/Enclosure		
Building	Contents	Premium <sup>2,3</sup>	Building	Contents	Premium <sup>2,3</sup>
\$ 20,000	\$ 8,000	\$ 137	\$ 20,000	\$ 8,000	\$ 112
\$ 30,000	\$ 12,000	\$ 163	\$ 30,000	\$ 12,000	\$ 138
\$ 50,000	\$ 20,000	\$ 205	\$ 50,000	\$ 20,000	\$ 180
\$ 75,000	\$ 30,000	\$ 232	\$ 75,000	\$ 30,000	\$ 207
\$ 100,000	\$ 40,000	\$ 263	\$ 100,000	\$ 40,000	\$ 233
\$ 125,000	\$ 50,000	\$ 279	\$ 125,000	\$ 50,000	\$ 249
\$ 150,000	\$ 60,000	\$ 294	\$ 150,000	\$ 60,000	\$ 264
\$ 200,000	\$ 80,000	\$ 331	\$ 200,000	\$ 80,000	\$ 296
\$ 250,000	\$ 100,000	\$ 352	\$ 250,000	\$ 100,000	\$ 317

ALL RESIDENTIAL CONTENTS ONLY <sup>1,2</sup>			
Contents Located Above Ground Level More Than One Floor		All Other Locations (Basement Only Not Eligible)	
Contents	Premium <sup>2</sup>	Contents	Premium <sup>2</sup>
\$ 8,000	\$ 39	\$ 8,000	\$ 61
\$ 12,000	\$ 53	\$ 12,000	\$ 86
\$ 20,000	\$ 81	\$ 20,000	\$ 116
\$ 30,000	\$ 93	\$ 30,000	\$ 131
\$ 40,000	\$ 105	\$ 40,000	\$ 146
\$ 50,000	\$ 117	\$ 50,000	\$ 156
\$ 60,000	\$ 129	\$ 60,000	\$ 166
\$ 80,000	\$ 153	\$ 80,000	\$ 181
\$ 100,000	\$ 177	\$ 100,000	\$ 196

NON-RESIDENTIAL BUILDING & CONTENTS COVERAGE COMBINATIONS <sup>1</sup>					
With Basement/Enclosure			Without Basement/Enclosure		
Building	Contents	Premium <sup>2,3</sup>	Building	Contents	Premium <sup>2,3</sup>
\$ 50,000	\$ 50,000	\$ 800	\$ 50,000	\$ 50,000	\$ 500
\$ 100,000	\$ 100,000	\$ 1,375	\$ 100,000	\$ 100,000	\$ 800
\$ 150,000	\$ 150,000	\$ 1,850	\$ 150,000	\$ 150,000	\$ 1,050
\$ 200,000	\$ 200,000	\$ 2,200	\$ 200,000	\$ 200,000	\$ 1,300
\$ 250,000	\$ 250,000	\$ 2,500	\$ 250,000	\$ 250,000	\$ 1,500
\$ 300,000	\$ 300,000	\$ 2,800	\$ 300,000	\$ 300,000	\$ 1,700
\$ 350,000	\$ 350,000	\$ 3,100	\$ 350,000	\$ 350,000	\$ 1,850
\$ 400,000	\$ 400,000	\$ 3,350	\$ 400,000	\$ 400,000	\$ 2,000
\$ 500,000	\$ 500,000	\$ 3,850	\$ 500,000	\$ 500,000	\$ 2,300

NON-RESIDENTIAL CONTENTS ONLY <sup>1,4</sup>			
Contents Located Above Ground Level More Than One Floor		All Other Locations (Basement Only Not Eligible)	
Contents	Premium <sup>2</sup>	Contents	Premium <sup>2</sup>
\$ 50,000	\$ 121	\$ 50,000	\$ 275
\$ 100,000	\$ 231	\$ 100,000	\$ 500
\$ 150,000	\$ 321	\$ 150,000	\$ 675
\$ 200,000	\$ 381	\$ 200,000	\$ 850
\$ 250,000	\$ 441	\$ 250,000	\$ 1,000
\$ 300,000	\$ 501	\$ 300,000	\$ 1,150
\$ 350,000	\$ 561	\$ 350,000	\$ 1,300
\$ 400,000	\$ 621	\$ 400,000	\$ 1,450
\$ 500,000	\$ 741	\$ 500,000	\$ 1,700

<sup>1</sup>Add the \$50.00 Probation Surcharge, if applicable  
<sup>2</sup>Premium includes Federal Policy Fee of \$11.00

<sup>3</sup>Premium includes ICC premium of \$1.00. Deduct this amount if the risk is a townhouse/rowhouse condominium unit.  
<sup>4</sup>Contents-only policies are not available for contents located in basement only.

NOTES: Condominium associations are not eligible for the Preferred Risk Policy. Individual condominium units are not eligible unless they qualify under one of the exceptions in "I. General Description" on page PRP 1 of the NFIP Flood Insurance Manual. The deductibles apply separately to building and contents. Building deductibles, \$500. Contents deductible, \$500.

<b>FAILURE TO ANSWER THE FOLLOWING QUESTIONS PROPERLY COULD RESULT IN VOIDANCE OF CONTRACT! THE FOLLOWING CONDITIONS SHOULD BE USED TO DETERMINE A BUILDING'S ELIGIBILITY FOR A PRP BASED ON ITS FLOOD LOSS HISTORY.</b>	ENTER SELECTED OPTION FROM THE PREMIUM TABLES ON THE BACK OF THIS FORM.
A) DO ANY OF THESE CONDITIONS, ARISING FROM ONE OR MORE OCCURRENCES, EXIST? 2 LOSS PAYMENTS, EACH MORE THAN \$1,000 3 OR MORE LOSS PAYMENTS, REGARDLESS OF AMOUNT 2 FEDERAL DISASTER RELIEF PAYMENTS, EACH MORE THAN \$1,000 3 FEDERAL DISASTER RELIEF PAYMENTS, REGARDLESS OF AMOUNT 1 FLOOD INSURANCE CLAIM PAYMENT AND 1 FLOOD DISASTER RELIEF PAYMENT (INCLUDING LOANS AND GRANTS), EACH MORE THAN \$1,000	BUILDING AND CONTENTS COVERAGE COMBINATION BUILDING: \$ _____ CONTENTS: \$ _____ PREMIUM: \$ _____  CONTENTS COVERAGE ONLY AMOUNT: \$ _____ PREMIUM: \$ _____
B) IS THE BUILDING LOCATED IN A SPECIAL FLOOD HAZARD AREA ON A FLOOD HAZARD BOUNDARY MAP, OR ON A FLOOD INSURANCE RATE MAP ZONE A, AE, A1-A30, AO, AH, A99, V, VE, V1-V30, AR, AR DUAL ZONES AR/AE, AR/AH, AR/AO, AR/A1-A30, AR/A?	

**(ONE BUILDING PER POLICY - BLANKET COVERAGE NOT PERMITTED)**  
THE ABOVE STATEMENTS ARE CORRECT TO THE BEST OF MY KNOWLEDGE. THE PROPERTY OWNER AND I UNDERSTAND THAT ANY FALSE STATEMENTS MAY BE PUNISHABLE BY FINE OR IMPRISONMENT UNDER APPLICABLE FEDERAL LAW.

SIGNATURE OF INSURANCE AGENT/BROKER <b>X</b>	DATE / /	SIGNATURE OF INSURED/PROPERTY OWNER <b>X</b>	DATE / /
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**\*\* CREDIT CARD DISCLAIMER:** 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.

**MAKE CHECKS OR MONEY ORDERS PAYABLE TO ABIC or ARIC.  
SEND ORIGINAL APPLICATION TO THE ADDRESS LISTED ABOVE. PLEASE MAKE A COPY FOR YOUR RECORDS.**

## **FLOOD INSURANCE PREFERRED RISK POLICY APPLICATION**

### **WARNING TO AGENTS AND INSURANCE APPLICANTS**

The National Flood Insurance Act of 1968, as amended, prohibits a flood insurance policy from being newly issued or renewed on a property officially declared as being in violation of Section 1316 of the Act.

### **NONDISCRIMINATION**

No person or organization shall be excluded from participation in, denied the benefits of, or subjected to discrimination under the Program authorized by the Act, on the grounds of race, color, creed, sex, age or national origin.

### **PRIVACY ACT**

The information requested is necessary to process your Flood Insurance Application for a flood insurance policy. The authority to collect the information is Title 42, U.S. Code, Sections 4001 to 4028. Disclosures of this information may be made: to federal, state, tribal, and local government agencies, fiscal agents, your agent, mortgage servicing companies, insurance or other companies, lending institutions, and contractors working for us, for the purpose of carrying out the National Flood Insurance Program; to current Repetitive Loss Target Group (RLTG) property owners and Preferred Risk Policy (PRP) owners for the purpose of property loss history evaluation; to the American Red Cross for verification of nonduplication of benefits following a flooding event or disaster; to law enforcement agencies or professional organizations when there may be a violation or potential violation of law; to a federal, state or local agency when we request information relevant to an agency decision concerning issuance of a grant or other benefit, or in certain circumstances when a federal agency requests such information for a similar purpose from us; to a Congressional office in response to an inquiry made at the request of an individual; to the Office of Management and Budget (OMB) in relation to private relief legislation under OMB Circular A-19; and to the National Archives and Records Administration in records management inspections. Solicitation of your Social Security Number (SSN) is authorized under Executive Order 9397. Providing the SSN, as well as the other information, is voluntary, but failure to do so may delay or prevent issuance of the flood insurance policy.

**EFFECTIVE DATE.** The Effective Date of this Policy must be at least 30 calendar days (date of application plus 30) after the date of a new application except as noted in the agent manual.

**LOSS IN PROGRESS.** The Policy does not cover loss resulting from a flood or mudflow occurrence already in progress on the date of this application. This Policy is subject to the National Flood Insurance Act of 1968 and any Acts Amendatory thereof, (the Regulations) issued by the Federal Insurance Administration pursuant to such statutes.

**LIMITATIONS OF PERIL.** Insurance is provided only (1) against the peril of flood as defined in the Policy, and (2) with respect to those coverages applied for herein and for which a specific amount of insurance is shown and unless otherwise provided, all conditions and provisions of this form and of the Policy shall apply separately to each coverage.

**MORTGAGEE GRACE PERIOD.** With respect to any mortgagee (or trustee) named in this application, this insurance shall continue in force for the benefit of such mortgagee (or trustee) for 30 days after mailing of written notice to the mortgagee (or trustee) of expiration of this Policy. This will provide coverage for approximately 30 days after the Policy expiration in the case of a nonrenewal.

## **FRAUD NOTICE**

**All States Except Florida:** Any person who knowingly and with intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime, and subject such person to criminal and civil penalties.

**Florida:** Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

## **NATIONAL FLOOD INSURANCE PROGRAM**