

Flood Quote Request

Name: _____

Address: _____

Phone Number: (Home) _____ - _____ (Work) _____ - _____

Email Address: _____

Block # (If Known): _____ Lot# (If Known): _____ Parcel # (If Known): _____

Is this for a Loan Closing? Y___ N___ If so, Loan Closing Date: _____

Type Of Structure:

___ Single Family Residence ___ 2-4 Family Residence ___ Other Residential

___ Mobile Home ___ Non-Residential (Including Motel/Hotel) Type:

Type of Building:

___ One Floor ___ No Basement ___ Two Floors

___ Three or more Floors

___ Split Level ___ Manufactured (Mobile), Not doublewide Type:

If Building is Condo:

Condo Unit Owner: _____ Condo Association: _____ # of Units: _____

Please pick best description of condo building:

___ High Rise—3 or more floors; 5 or more units; not Townhouse or Rowhouse types

___ Low Rise—2 floors or less; less than 5 units; includes Townhouse and Rowhouse types

Foundation:

Total # of Floors (Including Basement/Enclosed areas): _____

Total Sq. Ft. of Crawlspace/Enclosure: _____

Type of Foundation:

___ Slab on Grade (If Crawlspace): # of vents: ___*

___ Elevated (Piers/Posts) Total Sq. In. of vents: ___*

___ Elevated (Crawlspace)

___# Basement/Enclosed Areas

*Within 1 foot above adjacent grade and 1 sq. in. of vent for 1 sq. ft. of enclosure needed to qualify for Floodproofing

Replacement Value of Structure: \$ _____

Date of Construction: _____ *** Flood Zone & Community #** (If known): _____

*Or substantial improvement date if it increased building's market value more than 50%

Coverages Desired:

Building: \$ _____ **Contents:** \$ _____ **Deductible:** \$ _____

Additional Comments:

Once Completed, Send This Form To Us!

Fax To: 419-229-3219

OR

Email To:

grant@sullivaninsuranceinc.com

OR

Mail to:

Sullivan Insurance/Grant Sullivan
PO Box 328
Lima, OH 45802