



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.

INSURANCE AGENT / 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

* 12:01 A.M. LOCAL TIME AT THE INSURED PROPERTY LOCATION

DATE OF CONSTRUCTION	CURRENT FLOOD ZONE	FLOOD RISK / RATED ZONE	GRANDFATHERED? <input type="checkbox"/> Y / <input type="checkbox"/> 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	POLICY FORM	PRODUCT TYPE	PREFERRED RISK POLICY ELIGIBILITY EXTENSION
	BUILDING			<input type="checkbox"/> NFIP / WYO	<input type="checkbox"/> DWELLING FORM	<input type="checkbox"/> STANDARD POLICY	<input type="checkbox"/> GROUP FLOOD INSURANCE POLICY
	CONTENTS			<input type="checkbox"/> PRIVATE / ALT. MARKET	<input type="checkbox"/> GENERAL PROPERTY FORM	<input type="checkbox"/> PREFERRED RISK POLICY	<input type="checkbox"/> MORTGAGE PORTFOLIO PROTECTION PROGRAM POLICY
					<input type="checkbox"/> RESIDENTIAL CONDO BLDG ASSOCIATION POLICY FORM		
EXCESS POLICY 1		INDICATES EXCESS POLICY IS A "FOLLOWING FORM" POLICY TYPE		POLICY NO:		* EFFECTIVE DATE:	
INS LTR	COVERAGE	DEDUCTIBLE	TOTAL AMOUNT OF INSURANCE	MARKET	POLICY FORM	PRODUCT TYPE	PREFERRED RISK POLICY ELIGIBILITY EXTENSION
	BUILDING			<input type="checkbox"/> NFIP / WYO	<input type="checkbox"/> DWELLING FORM	<input type="checkbox"/> STANDARD POLICY	<input type="checkbox"/> GROUP FLOOD INSURANCE POLICY
	CONTENTS			<input type="checkbox"/> PRIVATE / ALT. MARKET	<input type="checkbox"/> GENERAL PROPERTY FORM	<input type="checkbox"/> PREFERRED RISK POLICY	<input type="checkbox"/> MORTGAGE PORTFOLIO PROTECTION PROGRAM POLICY
					<input type="checkbox"/> RESIDENTIAL CONDO BLDG ASSOCIATION POLICY FORM		
	BUSINESS INCOME	EXTRA EXPENSE	ADDITIONAL LIVING EXPENSE	IF "YES", LIMIT: \$		ACTUAL LOSS SUSTAINED	# OF MONTHS:
EXCESS POLICY 2		INDICATES EXCESS POLICY IS A "FOLLOWING FORM" POLICY TYPE		POLICY NO:		* EFFECTIVE DATE:	
INS LTR	COVERAGE	DEDUCTIBLE	TOTAL AMOUNT OF INSURANCE	MARKET	POLICY FORM	PRODUCT TYPE	PREFERRED RISK POLICY ELIGIBILITY EXTENSION
	BUILDING			<input type="checkbox"/> NFIP / WYO	<input type="checkbox"/> DWELLING FORM	<input type="checkbox"/> STANDARD POLICY	<input type="checkbox"/> GROUP FLOOD INSURANCE POLICY
	CONTENTS			<input type="checkbox"/> PRIVATE / ALT. MARKET	<input type="checkbox"/> GENERAL PROPERTY FORM	<input type="checkbox"/> PREFERRED RISK POLICY	<input type="checkbox"/> MORTGAGE PORTFOLIO PROTECTION PROGRAM POLICY
					<input type="checkbox"/> RESIDENTIAL CONDO BLDG ASSOCIATION POLICY FORM		
	BUSINESS INCOME	EXTRA EXPENSE	ADDITIONAL LIVING EXPENSE	IF "YES", LIMIT: \$		ACTUAL LOSS SUSTAINED	# OF MONTHS:

REMARKS (ACORD 101, Additional Remarks Schedule, may be attached 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-OWNER'S MORTGAGEE (Does not imply interest)	<input type="checkbox"/> PRIMARY <input type="checkbox"/> EXCESS POLICY 2
		<input type="checkbox"/> EXCESS POLICY 1
AUTHORIZED REPRESENTATIVE		

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