

**National Flood Insurance Program  
Rating Information and Elevated Building Determination Form**

Policy Number:

Insured Name:

Property Address:

Based on the guidelines of the National Flood Insurance Program, the above referenced property requires in-depth underwriting analysis to determine the premium. Before a policy can be issued for such a risk this form must be completed - please answer all questions - and submitted to the Underwriting department.

**The statement below must be signed by the insured.**

My building, located at the above property address, in FIRM Zone \_\_\_\_\_ constructed to have the lowest living floor elevated off the ground is:

- 1) Constructed on:    Piles, posts, or piers    Columns    Parallel shear walls    Solid perimeter walls
- 2) Size of enclosure/crawl space below the lowest elevated floor: \_\_\_\_\_ square feet
- 3) The enclosure/crawl space has \_\_\_\_\_ permanent openings (excluding doors/garage doors & windows) within 1 foot of the ground totaling \_\_\_\_\_ square inches. Date vents installed: \_\_\_\_\_
- 4) The enclosure/crawl space is enclosed using:    Insect screening/lattice    Certified breakaway walls  
    Solid wood frame walls    Concrete block/brick/masonry walls  
    Other, describe: \_\_\_\_\_
- 5) The enclosure is used for: \_\_\_\_\_ Year built: \_\_\_\_\_
- 6) The following machinery and equipment servicing the building (ex: Hot water heater//Washer & dryer) is located:    In the enclosure    Outside the enclosure

**Items:**

**Approximate Value:**


- 7) Dimensions/Size of attached garage: \_\_\_\_\_ ft. wide by \_\_\_\_\_ ft. deep  
     Number of permanent openings within 1 ft. of ground: \_\_\_\_\_  
     Square inches of vents: \_\_\_\_\_    Date vents installed: \_\_\_\_\_

I understand that my policy is being issued based on your reliance upon the accuracy of information and statements that I have furnished to you herein, and with my application for insurance. I understand that my building is being classified as an elevated building subject to and under the terms and conditions of the Standard Flood Insurance Policy and that, in consideration of reduced premium rate that will apply for my policy, coverage limitations (as specified in the policy) apply to the enclosed area below the lowest elevated floor of my building and to the contents and personal property located in this enclosed area. I understand and agree that this Elevated Building Determination Form is a part of my flood insurance policy.

\_\_\_\_\_  
Signature of Insured - Cannot be signed by Agent

\_\_\_\_\_  
Date

