SELECTIVE®

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To quote online go to: www.selectiveflood.com
Fax quote to: (877) 647-1797
Email to: Floodgreatlakes@selective.com

QUICK QUOTE FORM for (IA, IL, IN, MI, MN, OH, PA WI)

Please check one:	☐ Flood Zone Determination Only	☐ Zone and Quote

AGENCY INFORMATION

Note: If the structure has been previously insured under the NFIP or another carrier, please fax a copy of prior policy, zone determination and the elevation certificate, if applicable.

Agency's Name: _____

Agency Contact: _____ Agency ID #: _____

Phone: _____ Fax: _____ Email: _____

Insured's Name: _____

Mailing Address: _____ City _____ State _____ Zip _____

Property Address: _____ City _____ State _____ Zip _____

County _____ If Available, Block # _____ Lot # _____ Parcel # _____

Is this for a loan closing? ☐ **YES** ☐ **NO** **primary residence** yes☐ no☐ **Loan Closing Date:**

RATING INFORMATION

Replacement Value of Structure $ _____ Date of Construction*: _____

*(*Substantial improvement date if it increased bldg. market value > 50%):* _____

If Available: Flood Zone: _____ Community Number: _____

OCCUPANCY: (Please select the type of building.)

☐ Single Family ☐ 2 – 4 Family ☐ Other Residential: _____

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

TYPE OF BUILDING: (Please select the type of building.)

☐ One Floor, No Basement ☐ Two Floors ☐ Three or More Floors

☐ Split Level ☐ Manufactured (Mobile), Not a Doublewide

CONDO SECTION: (Please complete the below information.)

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

Please select one of the below options that best describes the condo building:

☐ High Rise – 3 or more floors; 5 or more units; not Townhouse or Rowhouse types

☐ Low Rise – 3 floors or less; less than 5 units; including Townhouse & Rowhouse types

FOUNDATION INFORMATION: **TOTAL # Floors in Entire Building** (Include Basement/Enclosed areas): _____

_____ Slab on Grade _____ # Basement/Enclosed Areas

_____ Elevated (piers, piles or posts) _____ Elevated (crawlspace/enclosure)

Crawlspace/Enclosure Total Square Feet:

Crawlspace/Enclosure flood vents*: _____ # of vents _____ Total square inches of vents

Sub-Grade Crawlspace (Floor of crawlspace within 2 feet of lowest Grade & within 5 feet of next higher floor)

*(*Within 1 foot above adjacent grade & 1 square inch of venting for 1 square foot of enclosure needed to qualify for Floodproofing)*

ATTACHED GARAGE INFORMATION:

Finished or Unfinished Total Square Footage Any Machinery or Equipment

# of Vents Total square inches of Vents

COVERAGE INFORMATION:

Building Coverage: _____ Contents Coverage: _____ Deductible: