

For Office Use Only:

Producer: _____

This form is the property of

SMITH-REAGAN INSURANCE AGENCY
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SAN BENITO, TEXAS 78586
(956) 399-1353 FAX (956) 399-2185

FLOOD QUESTIONNAIRE

Applicant: _____ Home Phone: _____

Work Phone: _____

Mailing Address: _____ City: _____ State/Zip Code: _____

	INSURED	SPOUSE
Date of Birth	_____	_____
Social Security #	_____	_____
Occupation	_____	_____
Employer	_____	_____
Years Employed	_____	_____

Property Address: _____ County: _____

Building Construction Date: ____/____/____ Type of Construction: _____
MM DD YY

Number of Floors: _____ Basement? Yes or No: _____

OCCUPANCY TYPE			CONTENTS LOCATION IN BUILDING				
Single Family	<input type="checkbox"/>	Small Business	<input type="checkbox"/>	Basement only	<input type="checkbox"/>	Basement & Above	<input type="checkbox"/>
2 - 4 Family	<input type="checkbox"/>	Condominium	<input type="checkbox"/>	First Floor	<input type="checkbox"/>	First Floor & Above	<input type="checkbox"/>
Other Residential	<input type="checkbox"/>	All Other	<input type="checkbox"/>	Second Floor & Above	<input type="checkbox"/>		

Flood Zone: _____ (if available)

Elevation Information, (if necessary):

LOWEST FLOOR ELEVATION	BASE FLOOD ELEVATION	COMPARISON DIFFERENCE	FLOOD-PROOFED	
		±	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	_____	_____		

Replacement Cost
Building Value \$ _____ Building Coverage Desired \$ _____

Contents Value \$ _____ Contents Coverage Desired \$ _____

Signature of Person Requesting Coverage

Today's Date