



A copy of your current policy is required for a quote

Questionnaire for Flood Insurance Quote

1178 Fay Blvd. Port St. John, Florida 32927

Phone: 321-633-1500 / Fax: 321-633-3731

Email: tammy@thecanopyagency.com



NOTE: You are responsible for any personal information you email to us until it reaches our servers. If this is a concern please fax, mail or hand deliver this form to us. FAX to 321-633-3731 Drop off – After hours slot available in door.

Applicant Information:

Name _____ DOB _____ Email _____ Today's date _____
 Mailing Address _____ Phone _____ How did you find us? _____
 Insured Location _____ City _____ State _____ Zip _____
 Current Carrier _____ Renewal Date: _____ Renewal Premium \$ _____
 Have you **ever** filed a flood claim? ___ Yes ___ No If yes, when? _____ Type? _____ Amount paid? \$ _____
 Do you have a mortgage? If yes, who? _____ Is your insurance escrowed? ___ Yes ___ No
 Is flood insurance required by your mortgage company? ___ Yes ___ No
 Is the home owned by a ___ trust ___ estate ___ corporation? Are you conducting any business on the premises? ___ Yes ___ No
 Have you ever been cancelled, non-renewed, or declined flood coverage? ___ Yes ___ No
 Why are you shopping? _____
 Have you ever been a first party in a lawsuit against an insurance carrier? ___ Yes ___ No If Yes, why? _____

Building Information:

___ Single Family home ___ 2-4 family home ___ manufactured home ___ other residential ___ non-residential
 Primary Residence? ___ Yes ___ No Seasonal/Secondary? ___ Yes ___ No
 Is building: elevated? ___ Yes ___ No; flood proofed? ___ Yes ___ No Is there a basement or crawlspace? ___ Yes ___ No
 If the building is above ground are openings enclosed? ___ Yes ___ No
 Is there an attached garage? ___ Yes ___ No If "yes" is there equipment (water heater, A/C, etc.) on the floor? ___ Yes ___ No
 What flood zone is building in? ___ A ___ AE ___ X ___ B ___ C ___ V ___ Other
 Do you have: a survey? ___ Yes* ___ No; an elevation certificate? ___ Yes* ___ No ***If "yes", please attach copy**

Help us determine the replacement cost of your building (not required if we insure it):

How many full bathrooms? ___ half bathrooms? ___ custom cabinetry? ___ Yes ___ No upgraded fixtures? ___ Yes ___ No
 Upgraded Kitchen? ___ Yes ___ No Granite countertops? ___ Yes ___ No custom cabinets? ___ Yes ___ No
 upgraded appliances? ___ Yes ___ No
 Household flooring % ___ carpet ___ ceramic tile ___ hardwood ___ laminate ___ vinyl ___ other _____
 Household wall finish % ___ paint ___ wallpaper ___ tile ___ paneling ___ other _____
 Enclosed porch? ___ Yes ___ No Screen porch? ___ Yes ___ No Covered patio? ___ Yes ___ No
 Central heat and air? ___ Yes ___ No Window unit? ___ Yes ___ No Portable heating? ___ Yes ___ No
 Fireplace? ___ Yes ___ No Outbuilding? ___ Yes ___ No Shed? ___ Yes ___ No

Would you like us to shop your auto insurance for you also? ___ Yes ___ No
 Would you be interested in a homeowner's insurance quote? ___ Yes ___ No