

North American Insurance Agency of Louisiana, Inc.

2255 North Highway 190

Covington, LA 70433

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(985) 871-5480

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FLOOD INSURANCE QUICK QUOTE FORM

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

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

Crawlspace/Enclosure
Total Sq. Ft.: _____

_____ Elevated (piers, piles or posts)

_____ Elevated (crawlspace/enclosure) _____

Crawlspace/Enclosure flood vents*:

_____ # of vents

_____ Total sq. in. of vents

(*Within 1 foot above adjacent grade & 1sq .in. of vent for 1 sq. ft. of enclosure needed to qualify for Floodproofing)

COVERAGE INFORMATION:

Deductible: _____

Building Coverage: _____

Contents Coverage: _____

ADDITIONAL COMMENTS: