

# Digital Quote Experience



**FEMA**



## Building Location

Property Address:

500 C St. SW Washington, DC 20024

Property Address Type:

Street

Latitude:

38.885545

Longitude:

-77.018698

For an address with multiple buildings and/or for a building with additions or extensions, describe the insured building:

---

Continue

Clarifying Comments

- N/A



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## Building Location

Is building located in a CBRS System Unit or OPA?

No

Year System Unit or OPA added to CBRS:

<Blank>

If in Buffer Zone, did USFWS issue an official determination showing building outside system unit or OPA?

<Blank>

If in OPA, is building use consistent with protected area purposes?

<Blank>

Continue

### Clarifying Comments

- The second, third, and fourth question are only asked if the first question is answered 'Yes'



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## Community Information

Current Community No/Panel  
No and Suffix:

000000-0000

Current FIRM Zone:

X

Map Date:

5/1/2012

Community Program Type is:

Regular

Continue

### Clarifying Comments

- N/A



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## Policy Period

Policy Period if from

1/1/2025

to

12/31/2025

Waiting Period:

Standard 30-Day (12:01 AM Local time)

Continue

Clarifying Comments

- N/A



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## Building Information

Building Occupancy:

Single-Family Home

Building Description:

Main Dwelling

Total Number of Units in the building:

1

Is building the policyholder's primary residence?

Yes

Continue

### Clarifying Comments

- N/A



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## Building Information

Foundation Type:

Slab on Grade

Construction Type:

Frame

Is the building over water?

No

Is building under construction?

No

Continue

### Clarifying Comments

- Construction Type is only answered in Building Occupancy is Single Family Home or Two-to-Four Family Building



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## Building Information

Date of Construction:

1/1/1999

Has the building been substantially improved?

No

If yes, enter substantially improvement date:

<Blank>

Building Square Footage:

2,000

Number of floors in building (excluding basements enclosed area, if any):

2

If the coverage is for a unit, indicate the floor where the unit is located:

<Blank>

Building Replacement Cost (including Foundation Type):

300,000

Continue

### Clarifying Comments

- 'If yes, enter substantially improvement date' is only answered if prior question is 'Yes'
- 'If coverage is for unit, indicate the floor where the unit is located' is only answered if Building Occupancy is Residential Unit or Non-Residential Unit.



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## Building Information

Is the building eligible for machinery & equipment mitigation discount?

No

Is the enclosure/crawlspace constructed with proper flood openings or engineered openings?

No

Is the building properly floodproofed?

No

### Elevation Information

Building Diagram Number:

Lowest Floor Elevation (in feet):

Elevation (in feet):

First Floor Height (in feet):

Continue

### Clarifying Comments

- Elevation Information is optional.



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## Coverages, Deductibles, and Discounts

Did the applicant have a Prior NFIP policy for a building that received a Pre-FIRM discount and lapsed?

No

If yes, did the lapse occur for a valid reason?

<Blank>

Did the applicant have a Prior NFIP policy for a building that received a Newly Mapped discount and lapsed?

No

If yes, did the lapse occur for a valid reason?

<Blank>

Continue

### Clarifying Comments

- The first two questions are only asked if the building Pre-FIRM
- The second two questions are only asked if the building is Newly Mapped.



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# Coverages, Deductibles, and Discounts

## Amount of Insurance:

Building:

Contents:

## Deductible:

Building:

Contents:

Rating Category:

SFIP Form:

[Continue](#)

## Clarifying Comments

- N/A





## Total Amount Due

Total Amount Due:

**\$1,000**

Continue

### Clarifying Comments

- N/A





## Policyholder Information

Is the Policyholder a Tenant?

No

Is the Policyholder a Condominium Association?

No

Is the Policyholder a Small Business?

No

Is the Policyholder a Non-Profit Entity?

No

Is the Policy Force-Placed by a Lender?

No

Continue

### Clarifying Comments

- N/A



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## Policyholder Information

### Policyholder(s) Name:

Policyholder 1 Name:

John Doe

Policyholder 2 Name:

Jane Doe

Phone No:

(123) 456-7890

Email address:

email@domain.com

### Policyholder(s) Mailing Address:

Mailing Address:

Mailing Address, City, State, Zip Code

Continue

### Clarifying Comments

- N/A



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## Building Information

Number of Elevators:

<Blank>

If Manufactured/Mobile Home or Building (including Travel Trailer) provide identification number:

<Blank>

Is the building a rental property:

No

Continue

### Clarifying Comments

- 'Number of Elevators' only required when Building Occupancy is Residential Condominium Building
- 'If Manufactured/Mobile Home or Building provide id number' question is only required when Building Occupancy is Residential Manufactured/Mobile Home or Non-Residential Manufactured/Mobile Building.



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# Billing & Mortgagee/Payee

For renewal, bill:

Policyholder

Payment Plan:

Installment

## 1<sup>st</sup> Mortgagee

Name:

Bank XYZ

Loan No.

123456789

Address:

Mortgagee Address, City, St, Zip Code

## 2<sup>nd</sup> Mortgagee/Other

Name and Mailing Address of:

2<sup>nd</sup> Mortgagee

Name:

Bank XYZ

Loan No.

123456789

Address:

Address, City, St, Zip Code

Continue

### Clarifying Comments

- N/A



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