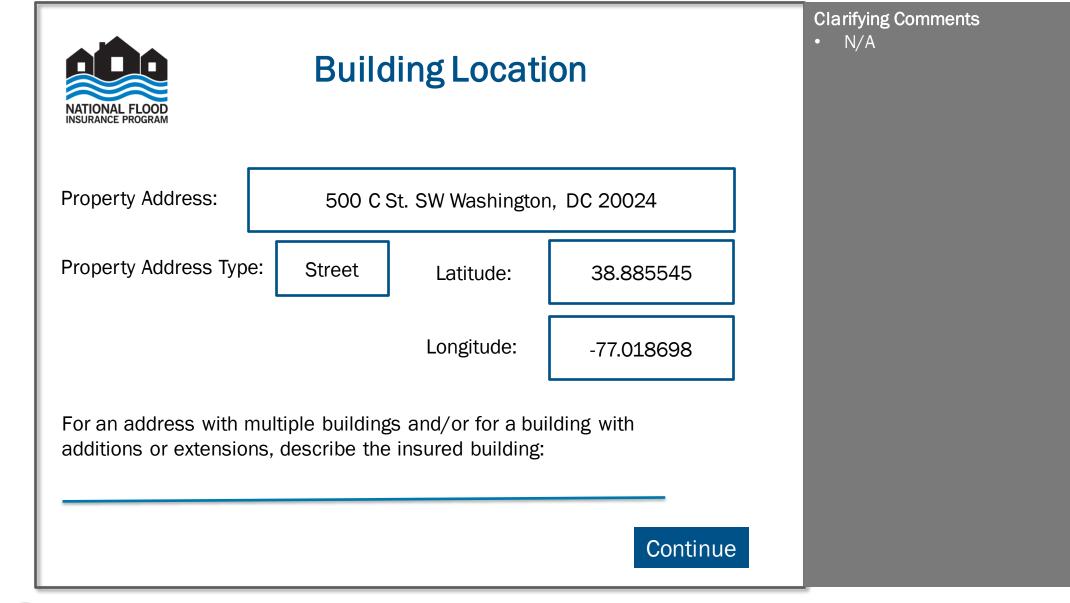
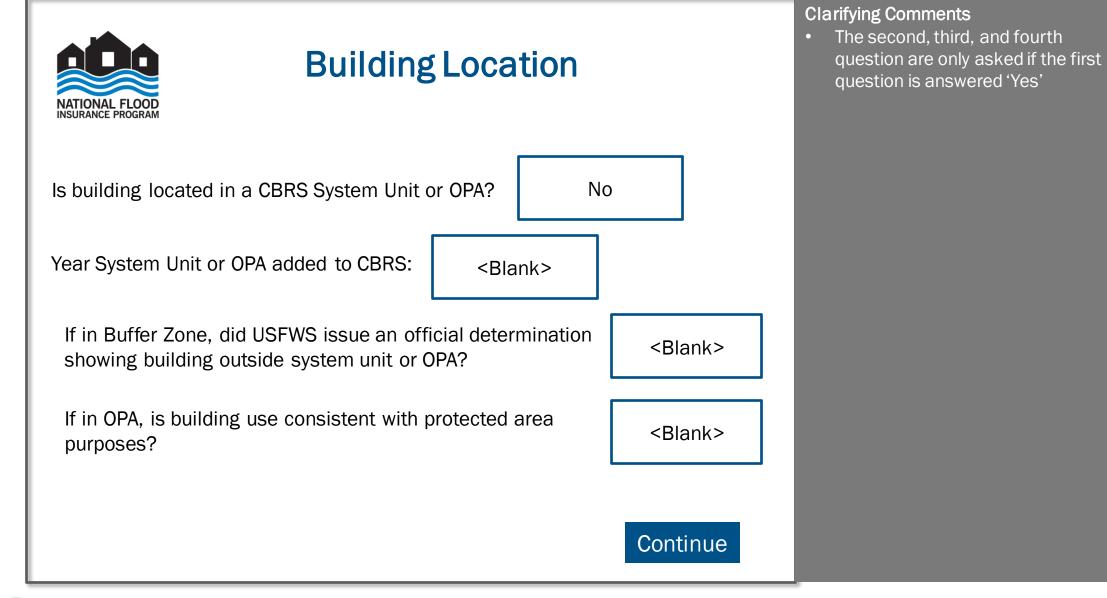
## **Digital Quote Experience**

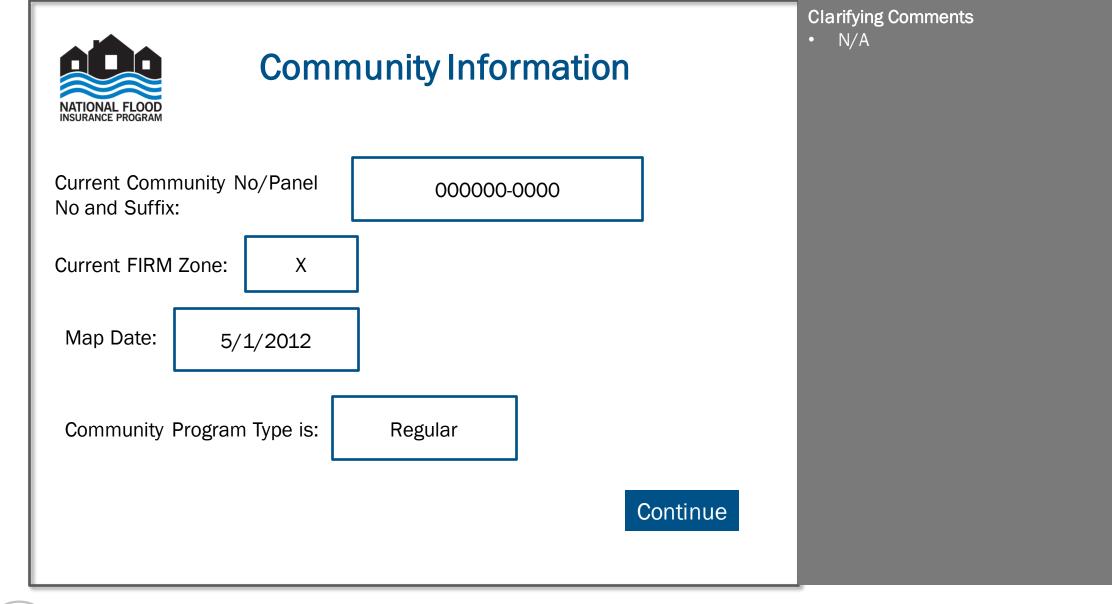




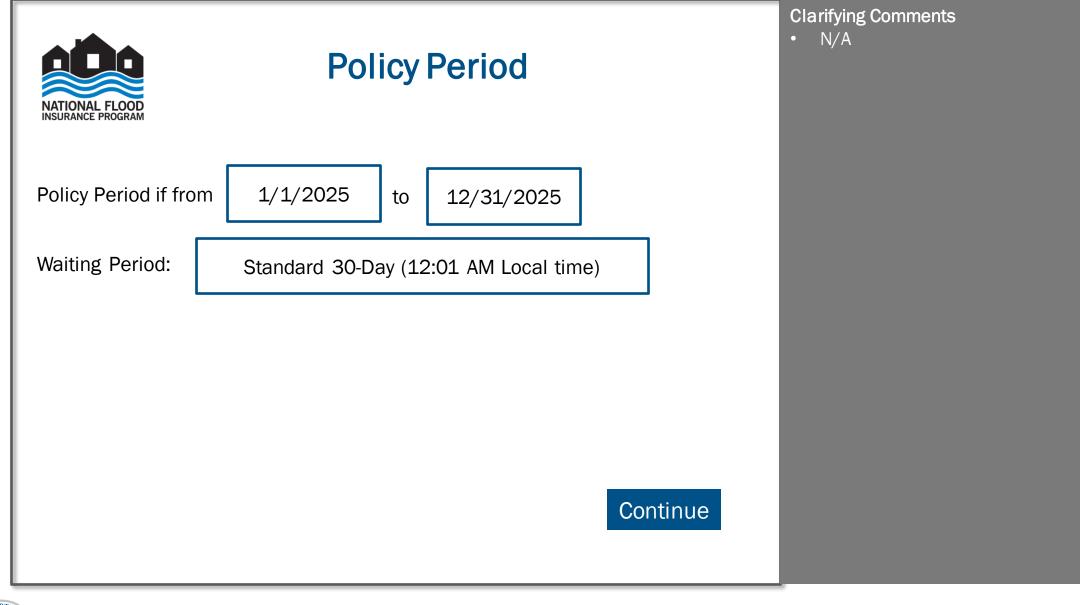




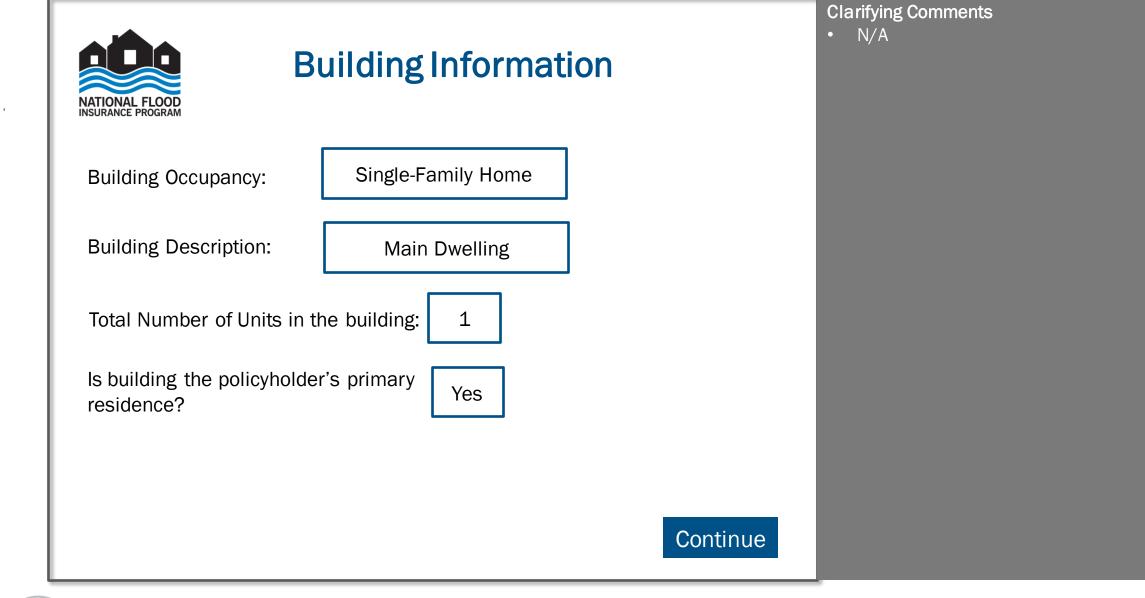




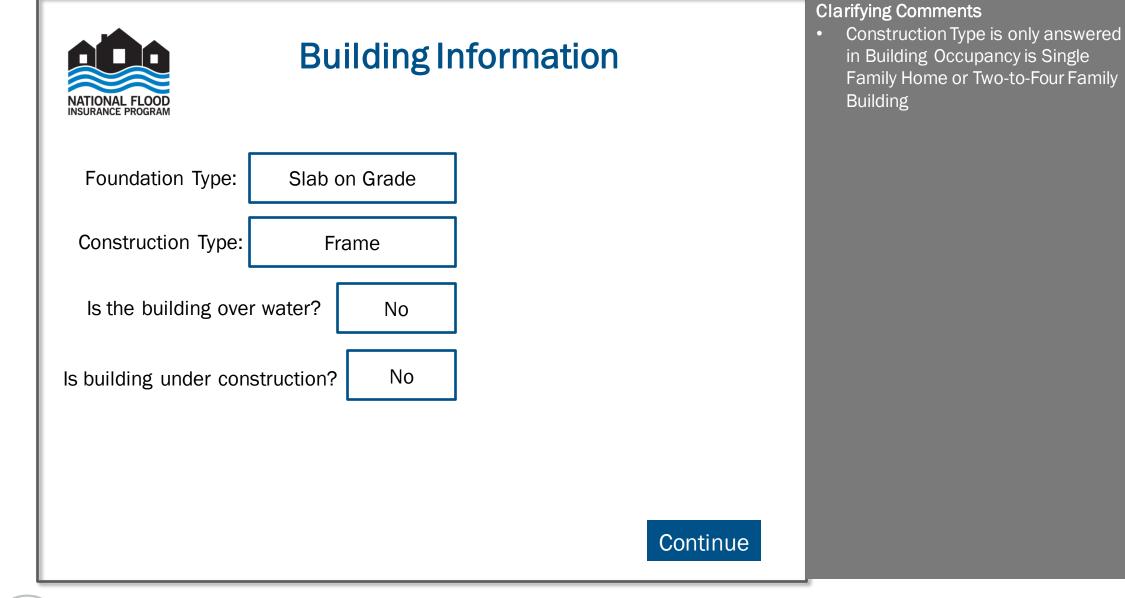






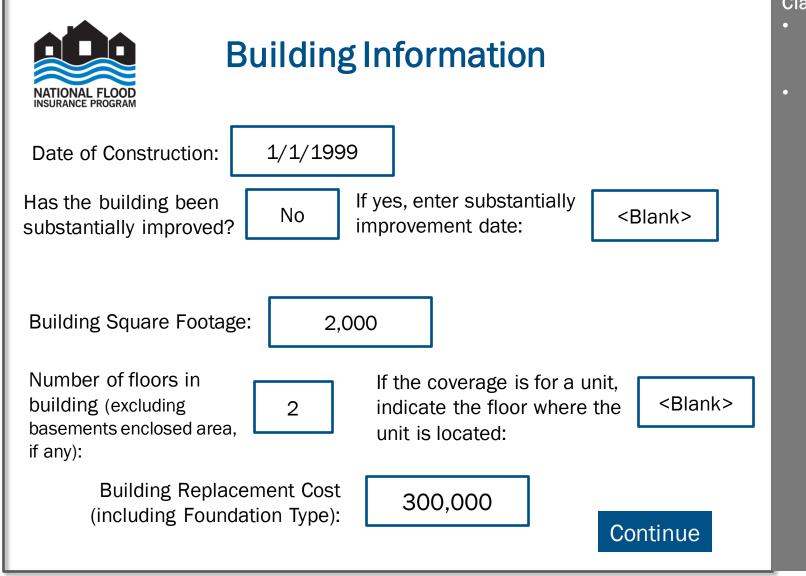








7



## 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.





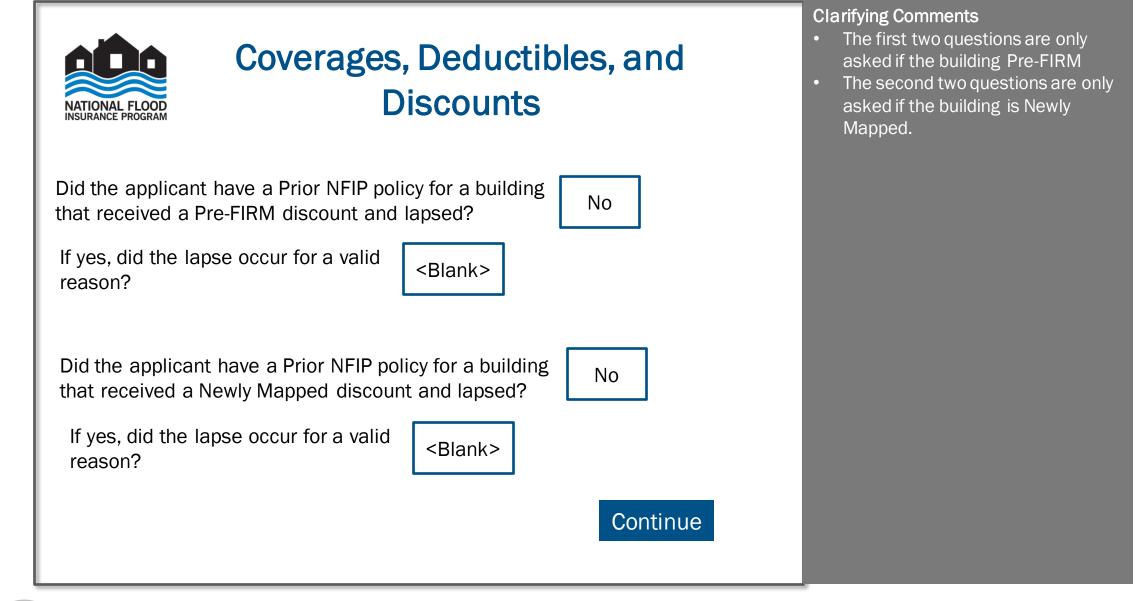
## **Building Information**

| Is the building eligible for machinery & equipment No  |  |  |  |  |
|--|--|--|--|--|
| Is the enclosure/crawlspace constructed with proper<br>flood openings or engineered openings? No |  |  |  |  |
| Is the building properly floodproofed? No  |  |  |  |  |
| Elevation Information  |  |  |  |  |
| Building Diagram Number: 1 Lowest Floor Elevation (in feet): 30                                  |  |  |  |  |
| Elevation (in feet): 25 First Floor Height (in feet): 5  |  |  |  |  |
| Continue   |  |  |  |  |

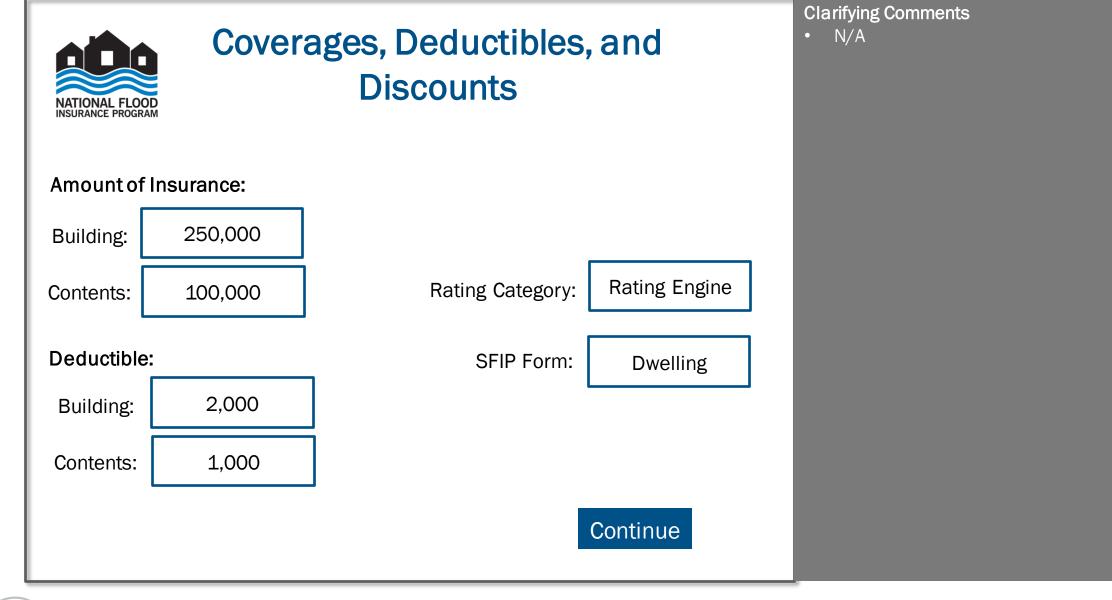


Clarifying Comments

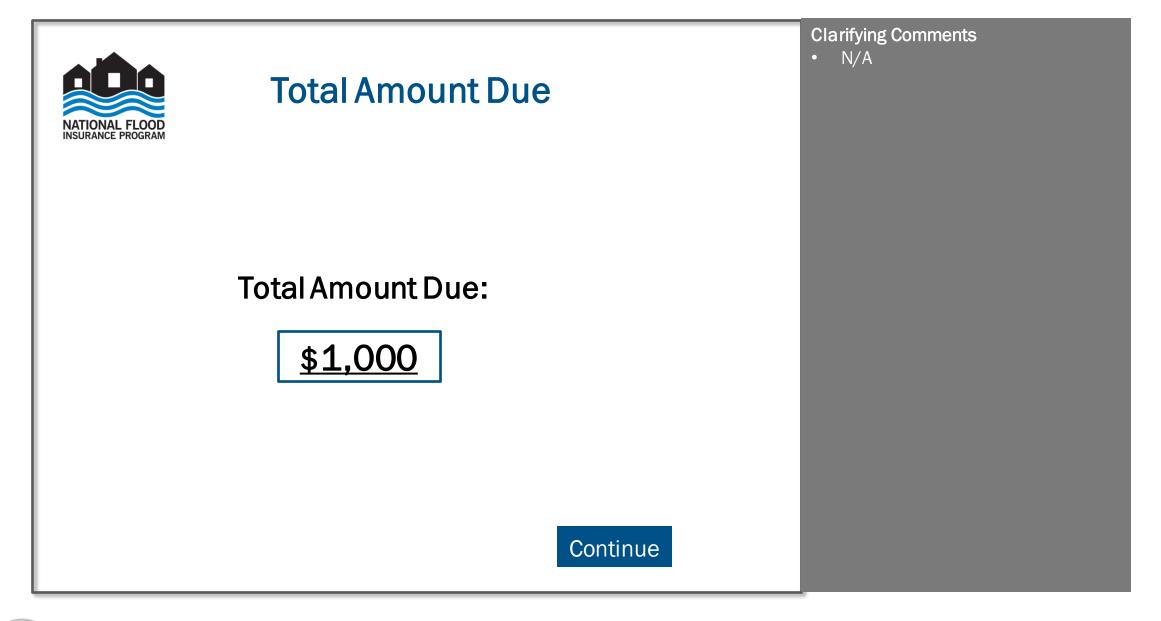
Elevation Information is optional.



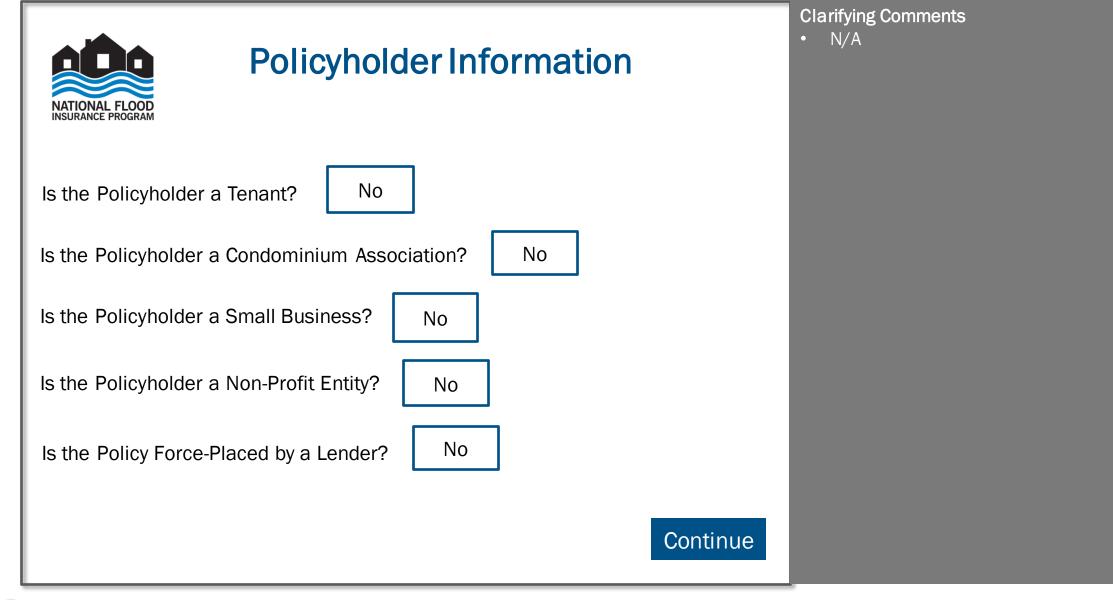






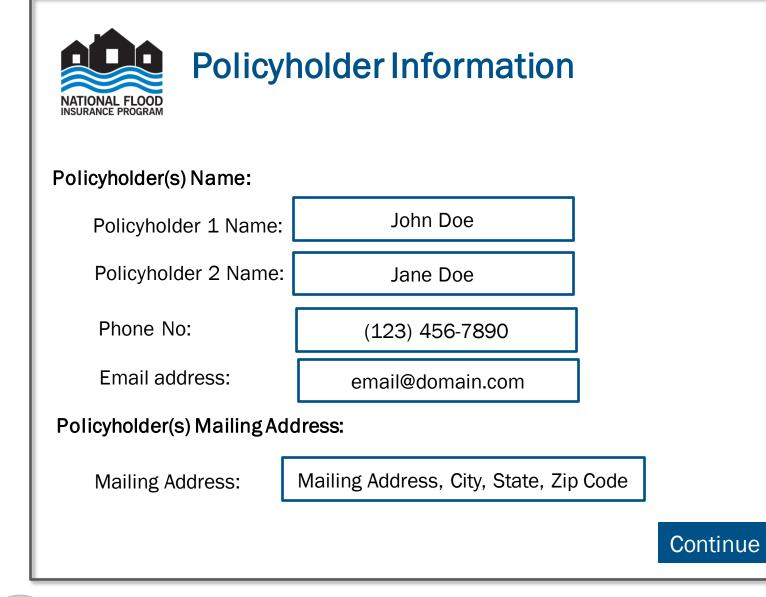








Clarifying CommentsN/A





| Building Information   | <ul> <li>Clarifying Comments</li> <li>'Number of Elevators' only required<br/>when Building Occupancy is<br/>Residential Condominium Building</li> <li>'If Manufactured/Mobile Home or<br/>Building provide id number'<br/>question is only required when</li> </ul> |
|--|--|
| Number of Elevators: <blank></blank>   | Building Occupancy is Residential<br>Manufactured/Mobile Home or<br>Non-Residential<br>Manufactured/Mobile Building.   |
| If Manufactured/Mobile Home or Building (including<br>Travel Trailer) provide identification number: |  |
| Is the building a rental property: No  |  |
| Continue   |  |



| NATIONAL FLO<br>INSURANCE PROG | Billing & Mortgagee/Payee                                    | Clarifying Comments <ul> <li>N/A</li> </ul> |
|--------------------------------|--|---|
| For renew                      | al, bill: Policyholder Payment Plan: Installment             |   |
| 1 <sup>st</sup> Mortg          | agee   |   |
| Name:                          | Bank XYZ Loan No. 123456789                                  |   |
| Address:                       | Mortgagee Address, City, St, Zip Code                        |   |
|                                | gagee/Other<br>Mailing Address of: 2 <sup>nd</sup> Mortgagee |   |
| Name:                          | Bank XYZ Loan No. 123456789                                  |   |
| Address:                       | Address, City, St, Zip Code Continue                         |   |

