

MDIS Missouri Dental INSURANCE SERVICES

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Commercial Flood Insurance Quote Form

You may copy this form, for additional locations.

Waiting Period: Standard 30-Day Lender Required
 Loan Closing-No Wait Map Revision-One Day

Requested Effective Date: ____/____/____ SSN / Tax I.D. #: _____

Commercial Name: _____

Property Address: _____

Property City: _____ Property State: _____ Property Zip: _____

Date of Construction or Substantial Improvement: ____/____/____

Of floors in entire building: Single Floor 2 Floors 3 or More Floors
 Split Level Mobile

Foundation: Built on Slab at Ground Level Sub-Grade on all Sides-Unfinished
 Sub-Grade on all Sides-Finished Elevated-w/o Enclosure
 Elevated-w/Enclosure

Is the Building a Condominium? Yes No

Describe Building: _____

Is Property located in an unincorporated area of county? Yes No
Is the Building in the course of construction? Yes No
Is the Building Insured's principal residence? Yes No
Is building State Government Owned? Yes No
Is this policy required for Disaster Assistance? Yes No
Is garage attached to building? Yes No

Do You Have an Elevation Certificate? Yes No

Location of Contents: No Contents
 Basement & Above
 Enclosure & Above
 Lowest Floor Only-Above Ground Level
 Lowest Floor Above Ground Level & Higher
 Above Ground Level-More than One Floor

Est. Replacement Cost: _____ Bldg Coverage: _____ Bldg Ded: _____

Contents Coverage: _____ Contents Ded: _____

This form is to gather information for quoting coverage, this is NOT a confirmation of coverage.

A copy of our "Notice of Privacy Practice & Policies" is available upon request from the MDIS office or at the MDIS website, www.MDIS4DDS.com.