

FloodPro User Guide



Table of Contents

• Logging In	Page 3	• Endorsements	Page 60
• Search of Policies	Page 4	• Cancellations	Page 71
• Creating a Quote / App	Page 6	• Report a Loss	Page 75
– Application and Property	Page 7	• Resource Materials	Page 83
– Mortgagee(s)	Page 13	• Training Library	Page 84
– Construction	Page 14	• News	Page 85
– Occupancy	Page 16	• Chat	Page 86
– Building	Page 20	• Help	Page 87
– Elevation Certificate	Page 24		
– Coverage and Premium	Page 25		
– DocuSign	Page 27		
• Renewing Policies	Page 58		



Logging In

The screenshot shows a login interface for the "FLOOD POLICY PROCESSING SYSTEM". It features two input fields for "User Name" and "Password", and a "Log In" button. Below the login fields, there is a section titled "Trouble Logging In?" with links for "Forgot User Name" and "Forgot Password". Red lines connect green callout boxes to the corresponding elements on the page.

LOG IN TO THE FLOOD POLICY PROCESSING SYSTEM

User Name:

Password:

Log In

Trouble Logging In?
[Forgot User Name](#) | [Forgot Password](#)

User Name

Password

Log In

User Name Recovery

Password Recovery

- To log into the Flood Policy Processing System enter the **User Name** and **Password** then click **Log In**.
- To recover the user name and/or password click on **Forgot User Name** and/or **Forgot Password**.



Search For Policies

The screenshot shows a web interface for searching policies. A green callout box labeled "Quick Search" points to the search input area. Another green callout box labeled "Submit" points to the search button. A third green callout box labeled "Policy Summary" points to the summary table below.

Policy Summary	
Policy Type:	Standard
Policy Number:	87046500702013
Policy Period:	02-27-2013 through 02-27-2014 ▼
Insured Name:	EASTWOOD, CLINT
Member ID:	
Address:	2088 FOOTHILL RD KALISPELL, MT 59901-8256
Policy Status:	In-Force
Select Policy Activity:	- Select One - ▼

- **Quick Search** is similar in function to a Google search. Simply enter part or the entire policy, quote number, insured name, mailing address. Then, press enter or the submit button.
- Once the steps have been followed the **Policy Summary** screen will be displayed.



Policy Status

Policy Search by Insured Information

Status:

Number:

☐ Search by Business Name Last, First

Insured Name:

Member ID:

Property Address 1:

Property Address 2:

Property City:

Property State:

Property Postal Code:

Policy Search Results

Number	Insured Name	Property Address	Status	Policy Type	Effective Date	Action
No records to display						

Additional Search Criteria

- To locate a Quote, Application or Policy and complete a **Traditional Search** select the desired **Policy Status** and **Additional Search Criteria**. Click **Search**.
- Results from the search will be listed below the **Policy Search Results** headers.
- Click **Clear** to remove the previous entries and enter your new search criteria. The first 10 search results will appear on Page 1. The search results will appear on up to 5 pages if needed.



Create a Quote/App

Create a Quote/App

The screenshot shows the FloodPro web application interface. At the top is a navigation bar with links: [Quote/App](#), [Search](#), [Reports](#), [Resource Materials](#), [Training Library](#), [News](#), and [Contact](#). Below the navigation bar, a dropdown menu is open for the [Quote/App](#) link, showing two options: [Create a Quote/App](#) (with a document icon) and [Search for Quote/App](#) (with a magnifying glass icon). The date "Wednesday, September 23, 2015" is displayed below the dropdown. The main content area features three large buttons: "Agent Dashboard" (with a speedometer icon), "Search For Quotes and Policies" (with a woman looking through binoculars), and "Create a Quote/App" (with a calculator and document icon). A green callout box with the text "Create a Quote/App" points to the "Create a Quote/App" button in the main content area.

- FloodPro combines the Quote and Application processes into one single process.
- To Create a Quote/app select the **Quote/App** button from the upper left hand side of the navigation bar.
- Two options will appear; **Create a Quote/App** and **Search for Quote/App**. Select **Create a Quote/App** to bring up a new application.
- The application can also be accessed from the Homepage by clicking on the **Create a Quote/App** picture button.



Applicant and Property

Applicant and Property: Heidi Kaibel - 555 Corporate Drive, Kalispell, Montana, 5...

Before Submitting Payment, the Primary Phone and Email fields are required.

On Renewal Bill To:

☐ This Applicant is a small business.
☐ This Applicant is a non-profit entity.
☐ This Applicant is a business/association

Last Name:
First Name:
Member ID:
(xxx)xxx-xxxx

Primary Phone: Type:
Alternate Phone: Type:
Email: ☐ No Email Address

☐ Add Secondary Applicant
☐ The following represents the legal/descriptive address

Property Address:

Postal Code:
City:
State:

Required

☐ The mailing address is different than the property address

Verify Address

- When completing the Application, it is important to remember that all of the boxes are designated as required information fields with the exception of **Member ID, Primary Phone, Alternate Phone and email.**
- Once the property address has been entered into the Quote/App a **Verify Address** button will appear.



Property Address Verification

Please accept the verified address to ensure proper flood insurance processing.

Recommended address:

**555 Corporate Dr
Kalispell, MT 59901-6074**

Accept Changes

Decline Changes

- A selection of the verify address button will cross check the property address listed against the US Postal Service database.
- If the US Postal Service lists the property under a different address a verification box will appear to **Accept Changes** or **Decline**.



Community

Community Information

Community: 300025 Panel: 1805 Suffix: J Zone: X

Flood Zone Determination

Current Community Information

Community Number:	300025	Community: KALISPELL, CITY OF
Panel Number:	1805	Community Status: Participating / Regular
Map Suffix:	J	Initial Map Date: 9-17-1980
	In feet	Current Map Date: 11-4-2015
Base Flood Elevation/Depth:		Rated Map Date: 11-4-2015
Flood Zone:	X	Elevation Datum: NAVD
County Name:	FLATHEAD COUNTY	Status: Complete
Grandfathering Type:	No Grandfathering	Zone Determination: 15722823

Hyperlink that opens the PDF version of the guaranteed zone determination

- If the property address in the quote / app has been verified, the community and flood zone information will automatically be provided in the **Community** section of the quote / app if available.
- To view the zone determination, click on the blue number located under the community name.



Policy

What Policy Type are you writing?

Policy:

Policy Type:

Waiting Period:

Effective Date:

Property Purchase Date:

Preferred Risk (PRP) = A lower-cost policy offering fixed combinations of building/contents coverage limits or contents-only coverage available for properties located in a B, C, X, AR and A99 Zones in Regular Program Communities that meets eligibility requirements based on the property's flood loss history.

Mortgage Portfolio Protection Program (MPPP) = A program designed to help lending institutions maintain compliance with the Flood Disaster Protection Act of 1973, as amended. Policies written under the MPPP can be placed only through a Write Your Own (WYO) Company.

Standard = Used to issue policies that do not qualify for the lower-cost Preferred Risk Policy or for insuring properties located in zones beginning with the letters A or V.

Tentative or Provisional = Used to issue policies for applications that fail to provide the NFIP with valid actuarial rating information and/or an elevation certificate.



What waiting period is applicable?

Policy: SFIP

Policy Type: Standard

Waiting Period: - Select One -

Effective Date:

Property Purchase Date:

Mortgagee(s):

- Select One -
- Standard - 30 Day Wait
- Lender Required - 30 Day Wait
- Loan Transaction - No Wait
- Map Revision - One Day
- Rollover / Renewal


Standard 30 Day Wait = Waiting period that is applied to a new policy when coverage is being voluntarily purchased.


Lender Required – 30 Day Wait = New policies obtained when a lender determines that flood insurance is required for an existing loan on a building that does not have flood insurance.


Loan Transaction – No Wait = Used when flood insurance is initially purchased in connection with making, increasing, extending, or renewal of a loan.


Map Revision – One Day = applies only where the Flood Insurance Rate Map is revised to show the building to be in an SFHA when it had not been in a Special Flood Hazard area as long as the application and premium are received within 13 months beginning on the effective date of a map revision.




Policy: SFIP Effective Date: 12-10-2016 

Policy Type: 

Waiting Period: 

Effective Date: 
mm-dd-yyyy

Property Purchase Date: 
mm-dd-yyyy

Enter the Date the Property was purchased

- Post-FIRM properties in Zones A, AE, A1-A30, AO, AH, V, VE and V1-V30 that are newly purchased or newly insured must be full-risk rated with an Elevation Certificate.
- Pre-FIRM properties in Zones A, AE, A1-A30, AO, AH, V, VE and V1-V30 that are newly purchased or newly insured the Elevation Certificate is Optional.



Mortgagee(s)

Mortgagee(s):

Is this Policy required for Disaster Assistance? No

Is insurance required under mandatory purchase? No

First Mortgagee Second Mortgagee Loss Payee Disaster Agency

Loan Number:

Mortgagee:

Address:

☐ Foreign Address

Postal Code:

City:

State:

Phone:

Enter up to Four mortgagee's including the Loan Number



Construction

Construction:

Manufactured (Mobile) Home?

Date of Construction Source:
mm-dd-yyyy

Original Construction Date:

Is the Building in the Course of Construction?

Is the Building Over Water?

Is the Building Located on Federal Land?

What is the Date of Construction Source?

Original Construction Date = Date used when construction began after 180 days of the building permit date.

Building Permit Date = Date used if construction began within 180 days of the building permit date.

Substantial Improvement Date = Used if the structure has been substantially improved. A building is substantially improved is any reconstruction, rehabilitation, addition, or other improvement of a structure in which the cost of which equals or exceeds 50% of the market value of the building before the start of construction of the improvement.

Manufacture (Mobile) Home located in a Mobile Home Park or Subdivision = applies if the manufactured (mobile) home or travel trailer is located inside a mobile home park or subdivision, Enter the construction date of the mobile home park or subdivision facilities.

Manufactured (Mobile) Home located outside a Mobile Home Park or Subdivision = Select this option if the manufactured (mobile) home or travel trailer is located outside a mobile home park or subdivision.



Construction: 07-01-1977 - Pre FIRM

Manufactured (Mobile) Home? No

Date of Construction Source: Original Construction Date

Original Construction Date: 07-01-1977

Is the Building in the Course of Construction? - Select One -

Is the Building Over Water? - Select One -

Is the Building Located on Federal Land? No

Construction: 07-01-1977 - Pre FIRM

Manufactured (Mobile) Home? No

Date of Construction Source: Original Construction Date

Original Construction Date: 07-01-1977

Is the Building in the Course of Construction? Yes

Is the Building Walled and Roofed? Yes

Is the Building Over Water? - Select One -

Is the Building Located on Federal Land? No

Is the Building in the Course of Construction? Select Yes or No.

If Yes, **Is it Walled and Roofed?** Select Yes or No

Construction: 07-01-1977 - Pre FIRM

Manufactured (Mobile) Home? No

Date of Construction Source: Original Construction Date

Original Construction Date: 07-01-1977

Is the Building in the Course of Construction? Yes

Is the Building Walled and Roofed? Yes

Is the Building Over Water? - Select One -

Is the Building Located on Federal Land? - Select One -

Occupancy:

- Not over Water
- Partially over Water
- Fully/Entirely over Water

Is the Building Over Water? Select Yes or No.

If Yes, **Is the structure Partially or Fully over water?**



Occupancy

Occupancy:

Occupancy:

The Insured(s) resides here

Number of Units:

Building Purpose:

Business Property:

Condo Form of Ownership:

Condo Description:

Rental Property:


Building:

Is coverage for the entire building?


Building Description:

Additional Building Description:

Single Family



Two To Four Family



[with Condos?](#)

What is the
Occupancy?

Single-Family Residence = A residential single-family building, or a single-family dwelling unit in a condominium building.

Two to Four Family = A residential building that contains 2 to 4 units. This includes apartment buildings and condominium buildings.

Other Residential Building = A residential building that contains more than 4 apartments/units, including hotels, motels, rooming houses where the normal occupancy of a guest is 6 months or more.

Non-Residential = Commercial or Non-habitation buildings, or a mixed-use building that does not qualify as a residential building.



Occupancy: Single Family

Occupancy:

☐ House of Worship

☐ Agricultural Structure

The Insured(s) resides here of the year. ⓘ

Number of Units:

Building Purpose:

Business Property:

Condo Form of Ownership:

Condo Description:

Rental Property:

[Need help with Condos?](#)

Occupancy: Single Family

Occupancy:

☐ House of Worship

☐ Agricultural Structure

The Insured(s) resides here of the year. ⓘ Primary Residence

To qualify for the discounted HFIAA Surcharge, primary residence verification must be received with the application. Click [here](#) to generate a copy of the documentation required.

- 0% - N/A:** • Non-Residential/Business Property/Non Tenant of Rental Property.
- 50% or less:** • Insured lives/will live in the home less than 50% of the year.
- 51% to 79%:** • Insured lives/will live in the home 51% to 79% of the year (Primary Residence).
- 80% or more:** • Insured lives/will live in the home 80% or more of the year (Principal Residence).

- Effective June 1st, 2014, a primary residence is defined as a building that will be lived in by the insured or the insured's spouse for more than half (or more than 50%) of the 365 days following the policy effective date.
- Please note that the Primary Residence definition for determining the appropriate premium rate for the Standard Flood Insurance Policy is not the same as the requirements of Section VII (V) of the Dwelling form. The Principal Residence 80% owner occupancy and 80% insured-to-value thresholds provided in the Standard Flood Insurance Section VII (V) of the Dwelling form will continue to govern whether or not a building qualifies for Replacement Cost Value or Actual Cash Value loss settlement for claims.



Building

Occupancy: Single Family

Occupancy: Single Family

☐ House of Worship

☐ Agricultural Structure

The Insured(s) resides here 51% to 79% of the year. [?](#) Primary Residence

To qualify for the discounted HFIAA Surcharge, primary residence verification must be received with the application. Click [here](#) to generate a copy of the documentation required.

Number of Units: 1

Building Purpose: 100% Residential

Business Property: - Select One -

Condo Form of Ownership: 100% Residential

Condo Description: 100% Non-Residential

Rental Property: - Select One -

[Need help with Condos?](#)

Is the structure dedicated entirely for residential, entirely as non-residential or is it of mixed use?



Occupancy: Single Family ⤴

Occupancy: Single Family ▼
☐ House of Worship
☐ Agricultural Structure

The Insured(s) resides here 51% to 79% ▼ of the year. 🔗 Primary Residence

To qualify for the discounted HFIAA Surcharge, primary residence verification must be received with the application. Click [here](#) to generate a copy of the documentation required.

Number of Units: 1

Building Purpose: 100% Residential ▼

Business Property: No ▼ 🔗

Condo Form of Ownership: - Select One -

Condo Description: Yes ▼ Need help with Condos?
No ▼

Rental Property: - Select One - ▼

Is the structure a business property? A business property is defined as a non-residential building that produces income, or a building designed as office or retail space, or for wholesale, hospitality or similar uses.



Building: ⬆

Is coverage for the entire building? Yes ▾

Building Description: - Select One - ▾

Additional Building Description: - Select One - ▾

Additions and Extensions Coverage: ▾ ?

Foundation: ▾

Is the floor below grade on all sides? ▾

Number of Floors: ▾

Attached Garage: ▾

Severe Repetitive Loss Property: ▾

Coverage and Premium: ⬆

Replacement Cost: \$ ▾

▾

- Select One -
- Select One -
- Main House
- Detached Guest House
- Detached Garage
- Agricultural Building
- Warehouse
- Poolhouse, Clubhouse, Recreation Building
- Tool/Storage Shed
- Barn
- Apartment Building
- Apartment - Unit
- Cooperative Building
- Cooperative - Unit
- Other

What is the building used for?



Building:

Is coverage for the entire building? Yes ▼

Building Description: Main House ▼

Additional Building Description: Brown House on the Corner

Additions and Extensions Coverage: Select One - ▼

Foundation: - Select One -

Is the floor below grade on all sides? Building does not have addition(s) or extension(s)
Coverage is for main building and addition(s) or extension(s)
Coverage does not include addition(s) or extension(s)
Coverage is for addition(s) or extension(s) only

Number of Floors:

Attached Garage: NO ▼

Severe Repetitive Loss Property: No ▼

How does the insured wish to insure an addition and extension if applicable?

The NFIP insures additions and extensions attached to and in contact with the building by means of a rigid exterior wall, a solid load-bearing interior wall, a stairway, an elevated walkway, or a roof. At the insured's option, additions and extensions connected by any of these methods may be separately insured.



Building: ⬆

Is coverage for the entire building? Yes ▼

Building Description: Main House ▼

Additional Building Description: Brown House on the Corner

Additions and Extensions Coverage: Building does not have addition(s) or extension(s) ▼ ?

Foundation: - Select One - ▼

Is the floor below grade on all sides? No ▼

Number of Floors: - Select One - ▼

Attached Garage: No ▼

Severe Repetitive Loss Property: No ▼

Foundation (green box with red arrow pointing to Foundation dropdown)

Number of Floors (green box with red arrow pointing to Number of Floors dropdown)

Attached Garage (green box with red arrow pointing to Attached Garage dropdown)

- What diagram number best describes your structure?
- How many floors are in the structure?
- Does the Structure have an Attached Garage? If so another section with garage information will appear.



Is the structure a severe repetitive loss property?

Building:

Is coverage for the entire building? Yes

Building Description: Main House

Additional Building Description: Brown House on the Corner

Additions and Extensions Coverage: Building does not have addition(s) or extension(s)

Foundation: - Select One -

Is the floor below grade on all sides? No

Number of Floors: - Select One -

Attached Garage: No

Severe Repetitive Loss Property: No

An Elevation Certificate is required to calculate a premium.

Do you have a Floodproofing or an Elevation Certificate? No

FLOOD ELEVATION SERVICES
THE National Coordinator of Elevation Certificates

Need an Elevation Certificate? [Learn More](#)

Elevation Certificate Estimate: **\$750.00**

Request Elevation Certificate

Tentative rates are available while an Elevation Certificate is being obtained.

Do you have a Floodproofing Certificate or an Elevation Certificate?

Severe Repetitive Loss is defined as a structure that has had 1 of the following paid flood loss criteria since 1978, regardless of ownership.

- * 4 or more separate claim payments of more than \$5,000 each (including building and contents payments).
- * 2 or more separate claim payments (building payments only) where the total of the payments exceeds the current value of the property.



Elevation Certificate

The **Elevation Certificate** section is made easier by simply entering all of the information from the Elevation Certificate.

Once the information from the Elevation Certificate is entered into the flood processing system, click the Determine Lowest Floor button to determine the Elevation Difference as well as determine the Floor for rating.

Elevation Certificate:

Certificate Signature Date: mm-dd-yyyy

A7. Building Diagram Number:

B9. Base Flood Elevation(s): in feet

Date Photos Taken: mm-dd-yyyy

SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)

C1. Building elevations are based on: [How do I complete this section?](#)

☐ Construction Drawings * ☐ Building Under Construction * ☐ Finished Construction

*A new Elevation Certificate will be required when construction of the building is complete.

C2. Elevations - Zones A1-A30, AE, AH, A (with BFE), VE, V1-V30, V (with BFE), AR, AR/A, AR/AE, AR/A1-A30, AR/AH, AR/AO. Complete Items C2.a-h below according to the building diagram specified in Item A7.

Benchmark Utilized: _____ Vertical Datum: _____

Indicate elevation datum used for the elevations in items a) through h) below.

☐ NGVD 1929 ☐ NAVD 1988 ☐ Other/Source:

Datum used for building elevations must be the same as that used for the BFE.

in feet

a) Top of bottom floor (including basement, crawlspace, or enclosure floor)

b) Top of the next higher floor

c) Bottom of the lowest horizontal structural member (V Zones only)

d) Attached garage (top of slab)

e) Lowest elevation of machinery or equipment servicing the building

f) Lowest adjacent (finished) grade next to building (LAG)

g) Highest adjacent (finished) grade next to building (HAG)

h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support

Lowest Floor - Base Flood = Elevation Difference

- =

Click to determine the Elevation Difference and to Determine the Lowest Floor for Rating



Coverage and Premium

The cost to replace property with the same kind of material and construction without deduction for depreciation

Building Coverage Requested

Contents Coverage Requested

Building Deductible

Content Deductible

Save and Calculate

Print Quote/App

Copy Quote/App

Cancel

Save the application

Print the Quote / Application

Copy the Quote / Application

Coverage and Premium: Building: \$249,000 - Contents: \$75,000

Replacement Cost: \$ 250,000

Replacement Cost Ratio: 100%

Building Coverage Amount: \$ 249,000

Building Deductible Amount: \$ 1,250

Content Coverage Amount: \$ 75,000

Content Deductible Amount: \$ 1,250

- Once all forms are completed, click **Save and Calculate** at the bottom of the **Quote/App**.
- After the **Quote/App** has been saved, click on the **Print** button at the bottom of the **Quote/App** to bring up a PDF file of the **Quote/App** that can be saved to a computer file or printed.



View or Enter
Memos

Print the Quote /
Application?

Critical Errors that
Must be Corrected

Optional errors

[Save Quote/App](#)
[Memos](#)
[Documents \(View/Upload\)](#)
[Print Quote/App](#)

Quote/App - 6313453

Validation Panel

- Warnings (1)**
 - [Building Description is missing or invalid.](#) ?
- Informational (1)**
 - [The current community information does not match the information provided by the flood zone determination vendor.](#) ?

Save the Quote /
Application

Upload or view
previously
uploaded
documents

Any missing or incorrect required information will appear as **Warnings** at the top of the application.

The application cannot be submitted until all of the **Warnings** have been cleared.

Missing or incorrect information that is not required will appear under the **Information** section.



DocuSign

- From FloodPro complete a quote/application
- Once complete click "Submit Payment"

FLOODPRO

Flood Insurance Processing System

[Quote/App](#) [FloodChoice](#) [Search](#) [Reports](#) [Resource Materials](#) [Training Library](#) [News](#) [Contact Us](#) [Help](#) [Administration](#) [Home](#) [Chat](#) [Log out](#) [Feedback](#)

Create a Quote/App

Welcome kaibelagency

Friday, January 5, 2018

[Save Quote/App](#)
[Memos](#)
[Documents \(View/Upload\)](#)
[Print Quote/App](#)

Quote/App - 6313559

This submission will remain an active quote for the earlier of 90 days, or until payment is received and applied to the policy.

Producer: HEIDI KAIBEL - KAIBEL'S INSURANCE AGENCY

Producer Number: 10068-12345-000-00001

Producer Name: HEIDI KAIBEL

Agency Phone: (406)756-8656

Email: heidi.kaibel@nationalfloodservices.com

Agency Name: KAIBEL'S INSURANCE AGENCY

Only Active Agent/Producers should be selected

Applicant and Property: JAMES T. KIRK - 142 WYONA AVE, LINDENHURST, New Yor...

Community: 360790 Panel: 0861 Suffix: H Zone: AE

Policy: SFIP Effective Date: 02-04-2018

Mortgagee(s):

Construction: 10-01-2000 - Post FIRM

Occupancy: Single Family

Building: Slab on Grade - One Floor

Elevation Certificate: Elevation Difference: 1

Coverage and Premium: Building: \$250,000 - Contents: \$35,000

Replacement Cost: \$ 275,000

Replacement Cost Ratio: 91%

Building Coverage Amount: \$ 250,000

Building Deductible Amount: \$ 1,250

Content Coverage Amount: \$ 35,000

Content Deductible Amount: \$ 1,250

Total Premium: \$1,099.00

This quote was rated with the information provided. Any new or additional information may void this quote, or result in a higher premium.

Quote Summary/Waiver

Save and Calculate

Print Quote/App

Submit Payment

Copy Quote/App

Cancel

Quick Search

Submission Requirements

To apply for a flood insurance policy, please be sure to submit the following items:

[Agent Signed Application](#)
[Premium](#)
[Elevation Certificate](#)
[Photos](#)
[Primary Residence Verification](#)

Deductible Options

Building	Contents	Premium
\$1,250	\$1,250	\$1,099
\$1,500	\$1,500	\$1,082
\$2,000	\$2,000	\$1,041
\$3,000	\$3,000	\$964
\$4,000	\$4,000	\$886
\$5,000	\$5,000	\$859
\$10,000	\$10,000	\$703

Proprietary & Confidential

27

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Flood Services®



Submit Payment

- Select the applicable form of payment and submit
- Choices include:
 - Check
 - eCheck
 - Credit Card

FLOODPRO
Flood Insurance Processing System

Quick Search
Enter Policy/Quote No, Name, or Address

Quote/App FloodChoice Search Reports Resource Materials Training Library News Contact Us Help Administration Home Chat Log out Feedback

Payment
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Friday, January 5, 2018

[Edit Quote/App](#)
[Documents \(View/Upload\)](#)
[Memos](#)

Application Payment
New Business - 6313559

Policy Number: 6313559
Insured Name: KIRK,JAMES T.
Property Address: 142 WYONA AVE
LINDENHURST, NY 11757-5939

Agency Information
Producer #: 10068-12345-000-00001
Alternate Agent #: n/a
Agency: Heidi Kaibel
Agent:
Address: 555 Corporate Drive
Kalspell MT,59901-0000

Payment Method

Premium Amount Owed: \$1,099.00

Select Payment Option: -- Select One --
-- Select One --
Check
Credit Card
eCheck

Print Quote/App Cancel

National
Flood Services



- From FloodPro complete a quote/application
- Once complete click “Submit Payment”

FLOODPRO

Flood Insurance Processing System

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[Policy](#) > [Misc pages](#) > [Make Payment](#)

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Friday, January 5, 2018

Upload Documents / Payment Confirmation

Please note that using the browser “back” button will cause payment failures or duplicate payments.

Quote/App Number: 6313559
Insured Name: KIRK, JAMES T.
Property Address:

You’re Almost Done!

Now upload any of the documents you have listed below and click next.

Upload Documents

What is this document related to?

Choose File

Elevation Certificate
☐ Previously uploaded
☐ Will provide later

Choose File

Photos
☐ Previously uploaded
☐ Will provide later

Choose File

Primary Residence Verification
☐ Previously uploaded
☐ Will provide later

Choose File

Supporting Document

*This documentation is required to process your application.

[Next](#)

Transaction Details

Policy Number: 87046502522018 (Ref# 6313559)
Transaction Date: 01-05-2018 at 10:05 AM
Admittance ID: 185000054
Approval Code: A1B1C1
Premium Amount: \$1,099.00
Account Charged: \$1,099.00
Balance: \$0.00
[Print Payment Confirmation](#)
[Print Proof of Purchase](#)

Upload Instructions

If the document is available at this time:

- 1) Click Choose File
- 2) Select the file from your computer

If you’ve already uploaded the document:

- 1) Check previously uploaded

If you plan to upload at a later date:

- 1) Check will upload later

Then Click Next

Document Upload Options

Upload Instructions



If documents are available for upload:

- Click the “Choose File” button
- Select the file from your desktop
- Click “Next” once complete

FLOODPRO

Flood Insurance Processing System

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Friday, January 5, 2018

Upload Documents / Payment Confirmation

Please note that using the browser “back” button will cause payment failures or duplicate payments.

Quote/App Number: 6313559
Insured Name: KIRK, JAMES T.
Property Address:

You’re Almost Done!

Now upload any of the documents you have listed below and click next.

Upload Documents

What is this document related to?

Choose File

File Not Chosen

Choose File

File Not Chosen

Choose File

primary_residence_verification.pdf

Choose File

File Not Chosen

Elevation Certificate
☐ Previously uploaded
☒ Will provide later

Photos ⓘ
☒ Previously uploaded
☐ Will provide later

Primary Residence Verification ⓘ
☐ Previously uploaded
☐ Will provide later

Supporting Document ⓘ

Transaction Details

Policy Number: 87046502522018 (Ref# 6313559)
Transaction Date: 01-05-2018 at 10:05 AM
Remittance ID: 185000054
Approval Code: A1B1C1
Premium Amount Owed: \$1,099.00
Account Charged: \$1,099.00
Balance: \$0.00

[Print Payment Confirmation](#)
[Print Proof of Purchase](#)

Upload Instructions

If the document is available at this time:

- 1) Click Choose File
- 2) Select the file from your computer

If you’ve already uploaded the document:

- 1) Check previously uploaded

If you plan to upload at a later date:

- 1) Check will upload later

Then Click Next

*This documentation is required to process your application.

Next



Agency Point of Contact Email

Once the “Next” button from the previous screen is clicked, the user will be asked to provide the point of contact at the agency who is completing the application.

The screenshot displays the FLOODPRO Flood Insurance Processing System interface. At the top, the logo "FLOODPRO" is prominently displayed, with the tagline "Flood Insurance Processing System" underneath. A navigation bar contains links for Quote/App, FloodChoice, Search, Reports, Resource Materials, Training Library, News, Contact Us, Help, and Administration. On the right side of the navigation bar, there are links for Home, Chat, Log out, and Feedback. A "Quick Search" box is located in the top right corner, with a placeholder text "Enter Policy/Quote No, Name, or Address" and a search button.

On the left side of the main content area, a sidebar displays a welcome message: "Welcome kaibelagency" and the date "Friday, January 5, 2018".

The main content area is titled "Email Submission Page". It displays the following information:

- Quote Number: 6313559
- Insured Name: KIRK, JAMES T.
- Property Address: 142 WYONA AVE, LINDENHURST, NY 11757-5939

Below this information, a section titled "You're almost done!" contains the following text:

In order to issue your policy, we require the following documentation and/or signatures:

- Elevation Certificate

Below the list, a message states: "In order to avoid further delays in processing the application, please provide the agency point of contact email address below; doing so will trigger an electronic request for the required documentation. The email addresses will only be used for this purpose."

At the bottom of this section, there are two input fields:

- Agency Point of Contact Email *
- Confirm Agent's Email *

At the bottom right of the form, there are two buttons: "Go Back" and "Submit".



- Once the “Agency Point of Contact” has been submitted the Electronic request complete screen will appear.
 - Step by Step instructions on how to proceed are provided
 - Click “Continue” to complete the process

The screenshot displays the FLOODPRO Flood Insurance Processing System interface. At the top, there is a navigation bar with links for Quote/App, FloodChoice, Search, Reports, Resource Materials, Training Library, News, Contact Us, Help, Administration, Home, Chat, Log out, FloodPro Classic, and Feedback. A search bar is also present. The main content area shows a welcome message for user 'hkaibel' on Friday, January 5, 2018. Below this, an 'Application Submission' section lists details: Quote Number 12184391, Insured Name KIRK, JAMES T., and Property Address 3007 CHAIN DR APT 5, MENASHA, WI 54952-1181. A 'Missing Documentation' box lists 'Elevation Certificate'. A central banner reads 'Electronic Request Complete' with the question 'What happens next?'. Below this, five numbered steps are shown with icons: 1. Look for the DocuSign email, 2. Click Review Documents, 3. Enter Insured's email address, 4. Sign and Upload Documentation, and 5. Click FINISH. A note explains that an electronic request has been sent via DocuSign and instructs the user to click the FINISH button. A 'Continue' button is at the bottom right.

FLOODPRO
Flood Insurance Processing System

Quick Search
Enter Policy/Quote No, Name, or Address

Welcome hkaibel
Friday, January 5, 2018

Application Submission
Quote Number: 12184391
Insured Name: KIRK, JAMES T.
Property Address: 3007 CHAIN DR APT 5
MENASHA, WI 54952-1181

Missing Documentation
• Elevation Certificate

Electronic Request Complete
What happens next?

1. Look for the DocuSign email
2. Click Review Documents
3. Enter Insured's email address
4. Sign and Upload Documentation
5. Click **FINISH**

*An electronic request for the required documentation and signatures has been sent by DocuSign to the email address provided. It's important to click the **FINISH** button to close the DocuSign envelope and complete the process.
After you have clicked the **FINISH** button, be sure to contact the insured so they know to check their email.

Congratulations! You're Done!

Continue



Agent Point of Contact Section - DocuSign

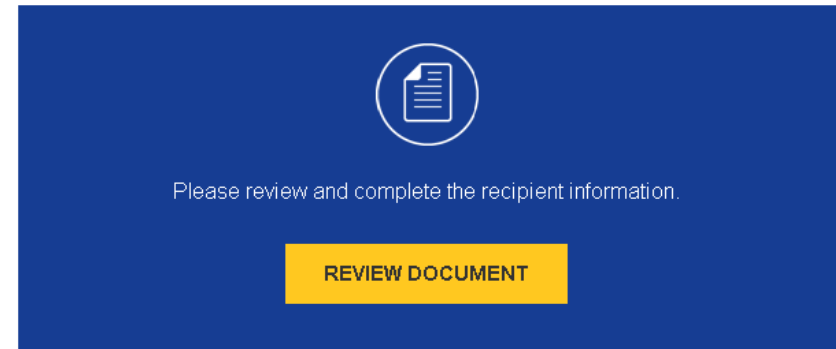
DocuSign will send the agency point of contact an email for the requested documentation/signatures needed to issue the policy.

!		From	Subject	R...	Size	C...	
▲ Date: Today							
		The Flood Processing Center via DocuSign	Document Request For Policy Number (8705...	F...	41 KB		



- The body of the email will include
 - Steps to complete the application process
 - Access to the DocuSign system to “Review Document”
- Click “Review Document” to proceed

The Flood Insurance Processing Center



The Flood Processing Center
saurabh.sharma.14@aon.com

The documentation in this email is required to issue your Flood Insurance policy. Follow these steps to complete the application process:

1. Click "REVIEW DOCUMENTS"
2. Electronically sign and/or upload all requested documentation
3. Click "FINISH"

It is extremely important that you review each document and click the FINISH button at the end; doing so will eliminate reminder emails being sent to you. Please be advised that failure to provide the necessary documentation and signatures within 10 days of this request may result in the delay of processing your New Business application.



Applicant's Signature

- If the applicant's signature is needed, DocuSign will request the email address for the applicant.
- The applicant's signature will only be required for the following:
 - Elevated Building Determination form for properties located in zones A and V
 - Condominium Association Bylaws
 - Primary Residence Verification

You have been asked to review and add recipient information.
Please enter the email address and name for the associated role and select 'Complete and Send'.

Role	Email	Name	
Applicant	<input type="text" value="james.kirk2017@outlook.com"/>	<input type="text" value="james.kirk2017@outlook.com"/>	Edit Private Message

COMPLETE AND SEND [Show Document](#)

Applicant's Name: JAMES T. KIRK
Property Address: 405 WATERSIDE DR
IRVING, TX, 75063-4254

An Elevation Certificate with current information is needed to complete the processing of the flood insurance application referenced above.

I am attaching the requested documentation.



- If the applicant's signature is needed, DocuSign will request the email address for the applicant.
- The applicant's signature will only be required for the following:
 - Elevated Building Determination form for properties located in zones A and V
 - Condominium Association Bylaws
 - Primary Residence Verification

Dear Agency:

Re: Request for Elevation Certificate

Policy Number: 870

Applicant's Name: JAN

Property Address: 405

IRV

An Elevation Certificate
application referenced

I am a

ADDRESSING COMPLETE

You have completed assigning your recipients.

SIGN

DONE

of the flood insurance



No Applicant Signature Required

- Place a check in the “Agree to Terms” check box
- Click “Continue”

Review Your Documents

The Flood Insurance Processing Center

Powered by **DocuSign**

The Flood Processing Center
NFS FloodPro Sandbox

The documentation in this email is required to issue your Flood Insurance policy. Follow these steps to complete the application process:
[View More](#)

Please read the [Electronic Record and Signature Disclosure](#).

☒ I agree to use electronic records and signatures.

CONTINUE **OTHER ACTIONS ▾**

Agree to terms

9493E1-79B0-473E-AAC1-5C4769B5DA38

DEMONSTRATION DOCUMENT ONLY
PROVIDED BY DOCUSIGN ONLINE SIGNING SERVICE
999 3rd Ave, Suite 1700 • Seattle • Washington 98104 • (206) 219-0200
www.docusign.com

Click to Continue

1/5/2018

Dear Agency:

Re: Request for Elevation Certificate


Policy Number: 87059564982018
Applicant's Name: ;
Property Address: ;
(

An Elevation Certificate with current information is needed to complete the processing of the flood insurance application referenced above.



Other Actions Include:

Please Review & Act on These Documents

**The Flood Processing Center**
NFS FloodPro Sandbox

The documentation in this email is required to issue your Flood Insurance policy. Follow application process:
[View More](#)

Click “Other Actions” for additional options

The Flood Insurance Processing Center
Powered by **DocuSign**

Please review the documents below.

DocuSign Envelope ID: 329493E1-79B0-473E-AAC1-5C4769B5DA38

DEMONSTRATION DOCUMENT ONLY
PROVIDED BY DOCUSIGN ONLINE SIGNING SERVICE
999 3rd Ave, Suite 1700 • Seattle • Washington 98104
www.docusign.com

Dear Agency:

Re: Request for Elevation Certificate

Policy Number: 87059564982018
Applicant's Name: |
Property Address: |

An Elevation Certificate with current information is needed to complete the processing of the flood insurance application referenced above.

☐ I am attaching the requested documentation.

CONTINUE **OTHER ACTIONS ▾**

- Finish Later
- Print & Sign
- Assign to Someone Else
- Decline to Sign
- Help & Support [↗](#)
- About DocuSign [↗](#)
- View History
- View Certificate (PDF) [↗](#)
- View Electronic Record and Signature Disclosure
- Session Information

Powered by **DocuSign**

[Change Language - English \(US\)](#) | [Terms Of Use & Privacy](#) | Copyright © 2018 DocuSign Inc. | V2R



- Clicking the “Start” button will take the agent step by step thru the documentation process.
- If additional documentation is required the agent may choose to attach the document by selecting the “I am attaching the requested documentation” radio button.
- Once the button has been selected a paperclip icon will display allowing the agent to attach the document.

START

DocuSign Envelope ID: 329493E1-79B0-473E-AAC1-5C4769B5DA38

DEMO
PROV
999 3r
www.d

Dear Agency:

Re: Request for Elevation Certificate

Policy Number: 87059564982018

Applicant's Name: HEIDI TEST

Property Address: 735 BETA DR

CLEVELAND, OH, 44143-2348

An Elevation Certificate with current information is needed to complete the p
application referenced above.

☐ I am attaching the requested documentation.



- If documentation has already been provided (i.e. fax, email, FloodPro) select “I have already provided the requested documentation”.

START

☐ I have already provided the requested documentation

Please send the appropriate documentation to us within 10 days of the date of this request to avoid further delays in processing the application.

Sincerely,

Underwriting Department
(440)446-1600

Elevation Certificate(1)_8.16.17.docx

1 of 1

FINISH



- To upload documentation click the paperclip icon and answer any applicable questions.

NEXT

DocuSign Envelope ID: 329493E1-79B0-473E-AAC1-5C4769B5DA38

DEMONSTRATION DOCUMENT ONLY
PROVIDED BY DOCUSIGN ONLINE SIGNING SERVICE
999 3rd Ave, Suite 1700 • Seattle • Washington 98104 • (206) 461-4000
www.docusign.com

Dear Agency:

Re: Request for Elevation Certificate

Policy Number: 87059564982018

Applicant's Name:

Property Address:

Click to upload
documentation

An Elevation Certificate with current information is needed to complete the processing of the flood insurance application referenced above.

☒ I am attaching the requested documentation.



Is the property address listed on the elevation certificate an exact match to the property address listed on the flood insurance application?

☐ Yes

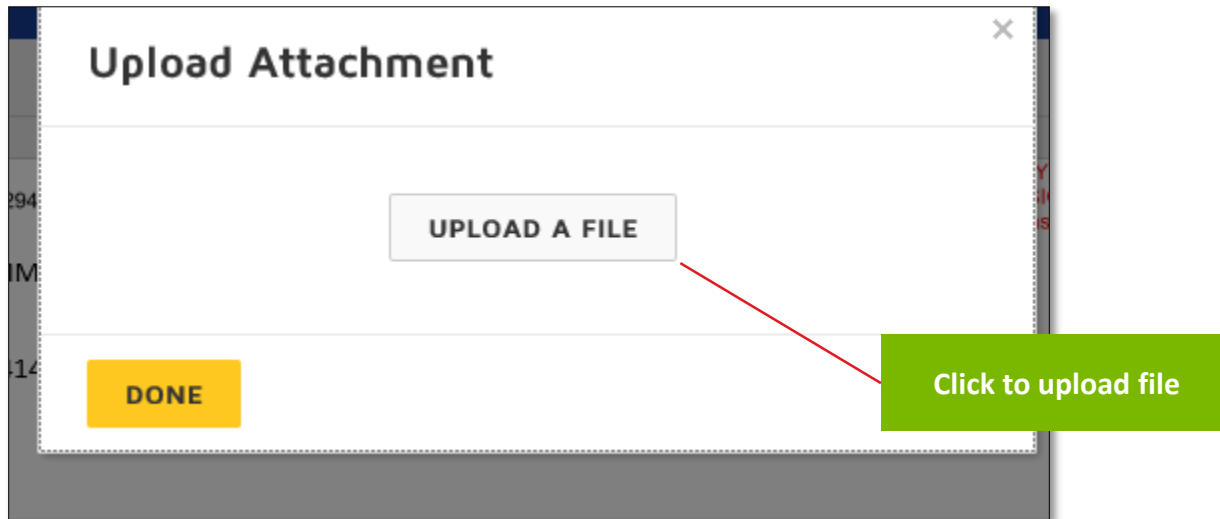
☐ No

Select the
applicable
answer



Applicant's Signature

- Once the upload document icon is selected, click the "Upload A File" button.
- Upload the file from your saved location
 - Multiple documents can be uploaded here





Once the document(s) have been uploaded, click the “Next” button.

NEXT

DocuSign Envelope ID: 329493E1-79B0-473E-AAC1-5C4769B5DA38

DEMONSTRATION DOCUMENT ONLY
PROVIDED BY DOCUSIGN ONLINE SIGNING SERVICE
999 3rd Ave, Suite 1700 • Seattle • Washington 98104 • (206) 219-0200
www.docusign.com


.

Dear Agency:

Re: Request for Elevation Certificate

Policy Number: 87059564982018
Applicant's Name: HEIDI TEST
Property Address: 735 BETA DR
CLEVELAND, OH, 44143-2348

An Elevation Certificate with current information is needed to complete the processing of the flood insurance application referenced above.

☒ I am attaching the requested documentation. 

Is the property address listed on the elevation certificate an exact match to the property address listed on the flood insurance application?


☒ Yes ☐ No



The agent point of contact will click the “Sign” button if prompted.

NEXT

An Elevation Certificate with current information is needed to complete the processing of the flood insurance application referenced above.


☒ I am attaching the requested documentation. 

Is the property address listed on the elevation certificate an exact match to the property address listed on the flood insurance application?

☐ Yes ☒ No

I certify that the elevation certificate provided is for the property located at:

and that the addresses are for the same property location.



Al Anderson
Feb 19, 2018

☐ I have already provided the requested documentation



The agent point of contact can choose to adopt a signature or draw one themselves.

Adopt Your Signature

Confirm your name, initials, and signature.

* Required

Full Name*

James T. Kirk

Initials*

JTK|

SELECT STYLE

DRAW

PREVIEW

DocuSigned by:

James T. Kirk

500C076413CF4DE...

DS

JTK

Change Style

By selecting Adopt and Sign, I agree that the signature and initials will be the electronic representation of my signature and initials for all purposes when I (or my agent) use them on documents, including legally binding contracts - just the same as a pen-and-paper signature or initial.

ADOPT AND SIGN

CANCEL



Attached documents will display at the bottom of the DocuSign form.

Please send the appropriate documentation to us within 10 days of the date of this request to avoid further delays in processing the application.

Sincerely,

Underwriting Department
(440)446-1600

Elevation Certificate(1)_8.16.17.docx1 of 1

U.S. DEPARTMENT OF HOMELAND SECURITY
FEDERAL EMERGENCY MANAGEMENT AGENCY
National Flood Insurance Program

ELEVATION CERTIFICATE
IMPORTANT: Follow the instructions on pages 1–9.

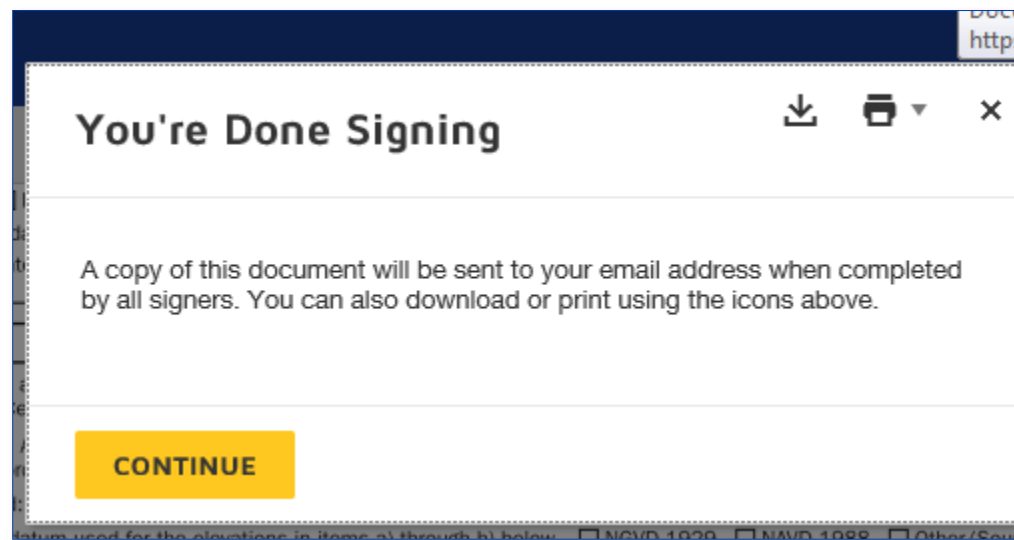
OMB No. 1660-0008
Expiration Date: July 31, 2015

SECTION A – PROPERTY INFORMATION		FOR INSURANCE COMPANY USE
A1. Building Owner's Name James T. Kirk		Policy Number:
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or R.O. Route and Box No.		Company NAIC Number:
City	State	ZIP Code
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) Section C Lot 15 B		
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) Residential		
A5. Latitude/Longitude: Lat. 40 40' 43" Long. 73 21' 26" Horizontal Datum: <input type="checkbox"/> NAD 1927 <input type="checkbox"/> NAD 1983		
A6. Attach at least 2 photographs of the building if the Certificate is being used to obtain flood insurance.		
A7. Building Diagram Number 6		
A8. For a building with a crawlspace or enclosure(s):		A9. For a building with an attached garage:
a) Square footage of crawlspace or enclosure(s) 875 sq ft		a) Square footage of attached garage NA sq ft
b) Number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade 4		b) Number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade NA
c) Total net area of flood openings in A8.b 880 sq in		c) Total net area of flood openings in A9.b NA sq in
d) Engineered flood openings? <input type="checkbox"/> Yes <input type="checkbox"/> No		d) Engineered flood openings? <input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION B – FLOOD INSURANCE RATE MAP (FIRM) INFORMATION				
B1. NFIP Community Name & Community Number Monument, Town of 080064		B2. County Name El Paso		B3. State CO
B4. Map/Panel Number 080064-0278	B5. Suffix F	B6. FIRM Index Date 03/17/1997	B7. FIRM Panel Effective/ Revised Date 03/17/1997	B8. Flood Zone(s) AE
				B9. Base Flood Elevation(s) (Zone AO, use base flood depth) 5



- Once the “Finish” button is clicked, the agent point of contact will receive the following confirmation.
- Click “Continue”





- The agent point of contact's portion is complete.
- DocuSign will now send an email to the applicant for signature if necessary.



You're done!

Thanks for using DocuSign.

After all recipients finish signing, you will receive an email with a link to the document.

Have questions? We're here to help.

How do I get back to my document?

Once all signers have finished signing the DocuSign document, you'll be notified via email. You can access the document by opening the completed notification email that is sent to you once all signers have finished signing.

Will this document be saved to my DocuSign account?

Yes, if you already signed up for a DocuSign account, go to www.docusign.net and log in with your email and password. Once logged in, select the Documents tab and you will see your documents.



The applicant will receive an email from DocuSign once the agent completes their portion.

Inbox


Filter ▾

The Flood Processing Center via DocuSign

[Document Request For Policy Number \(87059552242018 \)](#) 10:30 AM

The Flood Processing Center sent you a document to review and sign. REVIEW DOCUMENTS T...

The Flood Insurance Processing Center



The Flood Processing Center sent you a document to review and sign.

REVIEW DOCUMENTS

The Flood Processing Center


The documentation in this email is required to issue your Flood Insurance policy. Follow these steps to complete the application process:

1. Click "REVIEW DOCUMENTS"
2. Electronically sign and/or upload all requested documentation
3. Click "FINISH"




- From DocuSign the applicant should click in the “I agree to use electronic records and signatures” box.
- Then click the “Continue” button.

Please Review & Act on These Documents



The Flood Processing Center
NFS FloodPro SQA-C Sandbox

The documentation in this email is required to issue your Flood Insurance policy. Follow these steps to complete the application process:
[View More](#)



Please read the [Electronic Record and Signature Disclosure](#).

☒ I agree to use electronic records and signatures.

[CONTINUE](#)

[OTHER ACTIONS ▾](#)



To electronically sign the document the applicant should click on the signature icon.

X The applicant is signing below. (Fastest processing).

Applicant: Please read and sign if the agent has selected *The applicant is signing below.*

The property referenced above is my primary residence in which I and/or my spouse live in more than 50 percent of the 365 days following the policy effective date.



Click to electronically sign
the document

james kirk

Jan 13, 2018

PURSUANT TO 28 U.S.C. § 1746 I CERTIFY UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE UNITED STATES OF AMERICA THAT THE FOREGOING IS TRUE AND CORRECT. I UNDERSTAND THAT ANY FALSE STATEMENTS MAY CAUSE MY POLICY TO BE VOID, AND MAY BE PUNISHABLE BY FINE OR IMPRISONMENT UNDER APPLICABLE FEDERAL LAW



The applicant can adopt a signature or draw their own.

Adopt Your Signature

Confirm your name, initials, and signature.

* Required

Full Name*

James T. Kirk

Initials*

JTK|

SELECT STYLE

DRAW

PREVIEW

DocuSigned by:

James T. kirk

500C076413CF4DE...

DS

JTK

Change Style

By selecting Adopt and Sign, I agree that the signature and initials will be the electronic representation of my signature and initials for all purposes when I (or my agent) use them on documents, including legally binding contracts - just the same as a pen-and-paper signature or initial.

ADOPT AND SIGN

CANCEL



- The document has now been signed.
- The applicant will click “Finish” to complete the process.

Done! Select Finish to send the completed document.

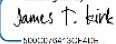
FINISH OTHER ACTIONS ▾

🔍 🔍 ⬇️ 🖨️ ?

✕ The applicant is signing below. (Fastest processing).

Applicant: Please read and sign if the agent has selected *The applicant is signing below.*

The property referenced above is my primary residence in which I and/or my spouse live in more than 50 percent of the 365 days following the policy effective date.

Not signed by:

50023176473024-4136
James T. Kirk
Jan 13, 2018

PURSUANT TO 28 U.S.C. § 1746 I CERTIFY UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE UNITED STATES OF AMERICA THAT THE FOREGOING IS TRUE AND CORRECT. I UNDERSTAND THAT ANY FALSE STATEMENTS MAY CAUSE MY POLICY TO BE VOID, AND MAY BE PUNISHABLE BY FINE OR IMPRISONMENT UNDER APPLICABLE FEDERAL LAW

The requested documentation has already been provided.

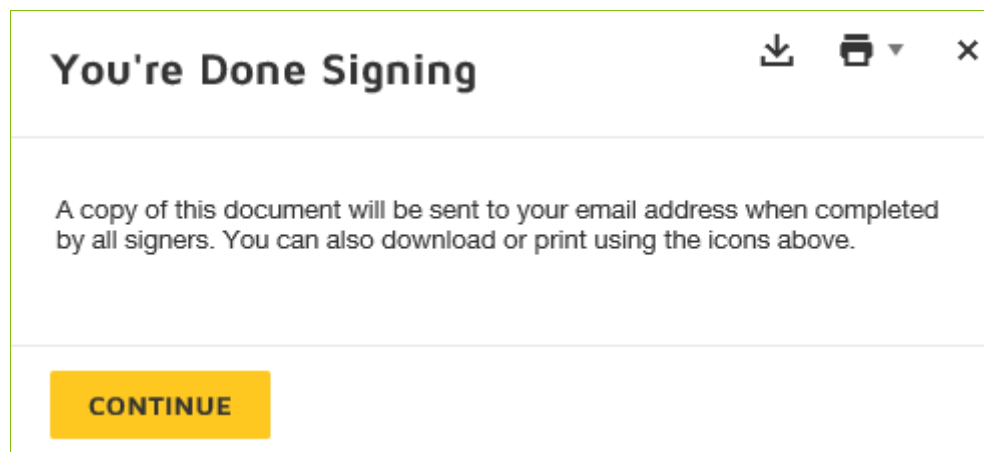
Primary Residence Verification. 11 22 17.docx 1 of 2

Powered by DocuSign

Change Language - English (US) | Terms Of Use & Privacy | Copyright © 2018 DocuSign Inc. | V2R

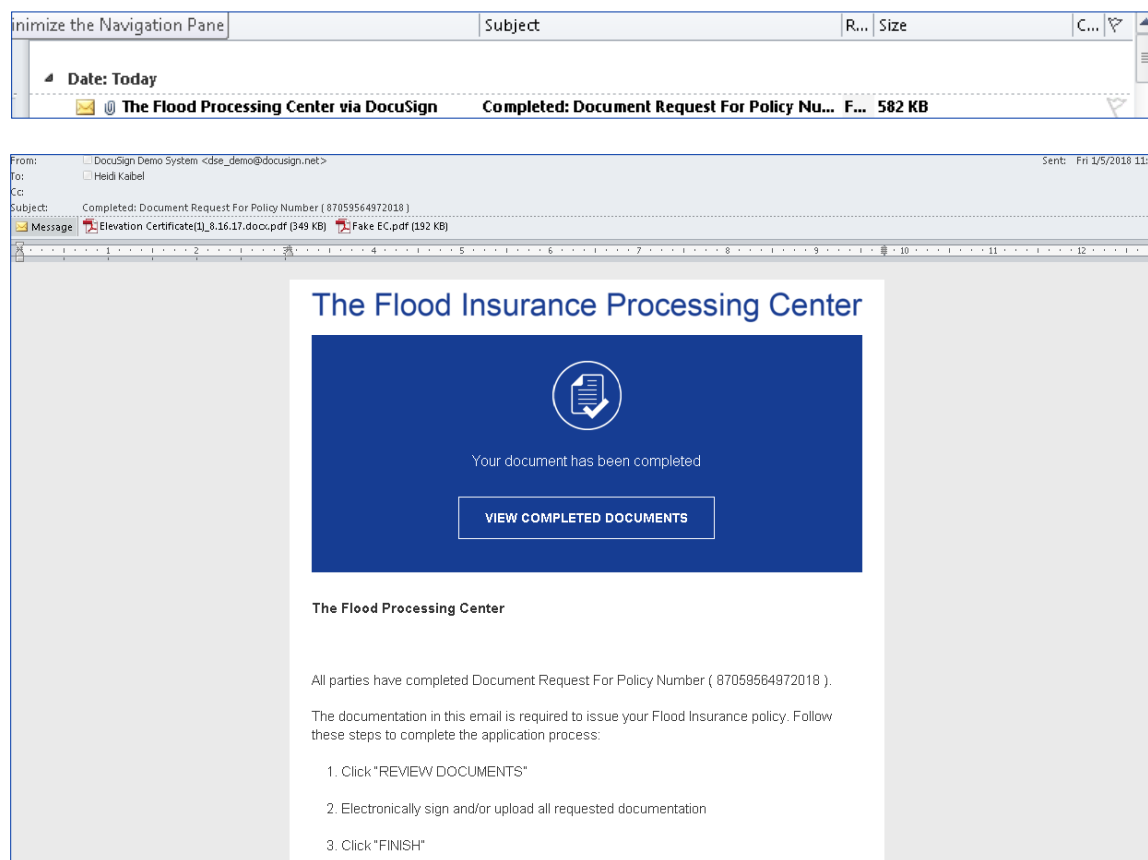


DocuSign will display a confirmation pop-up.

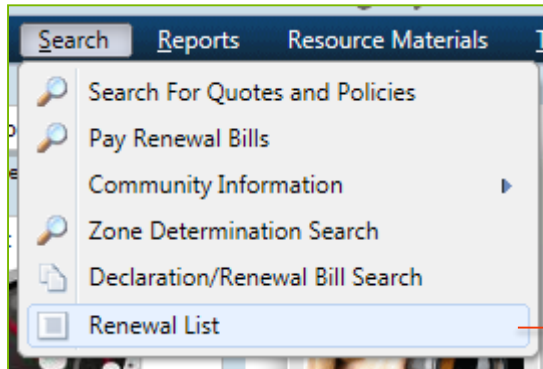




- The agent point of contact and applicant will receive an email from DocuSign indicating that the required documents have been submitted.
- Clicking “View Completed Documents” will display the forms.



Renewing Policies



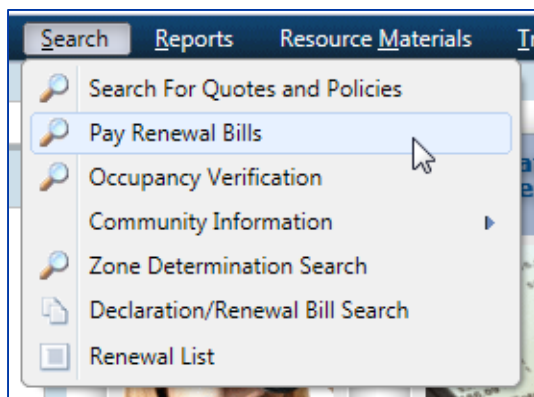
Renewal List

Renewal List						
Policy Number	Insured Name	Property Address	Expiration Date	Coverage and Premium	Inflation Coverage and Premium	Bill To
87046500832012	KEATON, ALEX P	328 GRAND AVE SABINA, OH 45169	06-10-2013	150k/60k \$388	200k/80k \$427	Mortgagee
87046500842012	WKRP	617 VINE ST FL 5 CINCINNATI, OH 45202	06-10-2013	350k/50k \$2,648	385k/53k \$2,765	Mortgagee
87046500942012	MONK, ADRIAN	1891 JEANE AVE PAHRUMP, NV 89048	10-10-2013	200k/100k \$4,321	220k/100k \$4,629	Mortgagee

Page 1 of 1 20 View 1 - 3 of 3

[Printer Friendly View](#)

- To view a list of policies that need to be renewed click on the Renewal List option from the Search menu on the home page.
- Four options will appear labeled **Search for Policies, Community Information, Zone information, and Declaration/Renewal Bill Search.**
- Select **Search for Policies** and click to bring up the **Policy Search** page.



Renewal Bill Search
To locate a Renewal Bill (additional search criteria may be entered) and click Search. Results from your search will be shown below. To conduct a new search, click 'Clear' to remove the previous entries and enter your new search criteria.

Renewal Search by Insured Information

Number: Last, First

Insured Name:

Property Address 1:

Property Address 2:

Property City:

Property State:

Property Postal Code:

Renewal Bill Search Results

Number	Insured Name	Property Address	Effective Date	Payment Option 1	Payment Option 2
87046500942013	MONK, ADRIAN	1891 Jeane Ave Pahrump, NV, 89048-1402	10-10-2013	<div>Coverage Building: \$220,000 Contents: \$100,000 Premium: \$4,629 <input type="button" value="Payment Options"/> <input type="button" value="Pay Now"/></div>	<div>Coverage Building: \$200,000 Contents: \$100,000 Premium: \$4,321 <input type="button" value="Payment Options"/> <input type="button" value="Payment Options"/> Company ACH Credit Card eCheck</div>

- To pay renewals click on **Pay Renewal Bills** from the search menu on the home page, then enter the applicable search criteria.
- A list of policies will appear under the **Renewal Bill Search Results**.
- Choose the **Payment Option**, then the appropriate payment option.



Endorsements

Policy Summary Policy Summary Screen

Policy Type: Standard
Policy Number: 87046500702013
Policy Period: 02-27-2013 through 02-27-2014
Insured Name: EASTWOOD, CLINT
Member ID:
Address: 2088 FOOTHILL RD KALISPELL, MT 59901-8256
Policy Status: In-Force

Select Policy Activity: Select Policy Activity

- Select One -
- Select One -
- Report Claim
- Cancellation Request
- Create Endorsement
- View Declaration
- Forward Declaration
- Add Elevation Certificate

Policy Summary | Bu | Policy Information

Insured Contact Information

Mailing Address:
Phone Number:
Bill To

Coverage and Premium Information

Building Coverage:	\$200,000
Building Deductible:	\$2,000.00
Contents Coverage:	\$35,000
Contents Deductible:	\$2,000.00
Location of Contents:	Lowest Floor Above Ground Level and Higher
Net Premium:	<u>\$1,219.00</u>

Mortgagee(s)

First Mortgagee:
Second Mortgagee:
Loss Payee:
Disaster Agency:

Return

Start the endorsement by using any of the search methods previously described.

If using the **Policy Summary** screen click on the **Select Policy Activity** tab then select **Create Endorsement**.



Again, the information from the policy summary page is organized the same way as the application. When creating an endorsement, information can be found in the same places. The **Renewal Bill Payor** for example, is under the Insured & Property section:

Create General Endorsement ? Save Calculate Submit Exit

Insured and Property: PATRICIA (CRL 998) - 301 E MIMOSA PL, MINNEAPOLIS, MN 55412-1000

Send Renewal Bill To:

This Applicant is a small business. ☐

This Applicant is a non-profit entity. ☐

This Applicant is a business/association. ☐

Last Name:

First Name:

Member ID:

Primary Phone:

Primary Phone Type:

Alternate Phone:

Alternate Phone Type:

Email:

Add Secondary Insured:

Select Renewal Bill Payor from the list

First Mortgagee
-- Select One --
Insured
Agent
First Mortgagee

The available choices will not include any person/entities that do not exist or the current payor.



Create General Endorsement

Insured and Property: PATRICIA CALHOUN - 301 E MIMOSA PL, MISSOULA, Montana, 59701-7908

Send Renewal Bill To:

This Applicant is a small business.

This Applicant is a non-profit entity.

This Applicant is a business/association.

Last Name:

First Name:

Member ID:

Primary Phone:

Primary Phone Type:

Alternate Phone:

Alternate Phone Type:

Email:

Add Secondary Insured:

The following represents the legal/descriptive address:

Property Address:

Postal Code:

City:

State:

The mailing address is different than the property address.

Under the Insured & Property category, the insured(s) name, property address, contact info and **mailing address** can also be updated.

If the mailing address is different from the property address, Select "Yes" next to this question, and additional fields will appear to add/edit the mailing address.

Click the **Verify Address** button to verify it through USPS.



Create General Endorsement ?

Save Calculate Submit Exit

Insured and Property: PATRICIA GUNN - 301 E MIMOSA PL, WINTER, Arkansas, 72754-2800

Community: 050013 - Panel: 0280 - Suffix: K - Zone: AE

Mortgagee: ARVEST BANK

Construction

Occupancy: Single Family

Building

Coverage and Premium: Building: 250000 - Contents: \$88,800

Replacement Cost: \$112,700

Replacement Cost Ratio: 222%

Building Coverage Amount: \$250,000

Building Deductible Amount: \$1,250

Content Coverage Amount: \$88,800

Content Deductible Amount: \$1,250

Location of Contents: Lowest Floor Only Above Ground Level

Transaction Details

Policy Effective Date: 11-17-2016

Policy Type: Standard

Waiting Period: Loan Transaction - No Wait

Loan Closing Date: 04/24/2017

Endorsement Effective Date: 04/24/2017

Make sure a location of contents is entered if contents are being added.

Select the appropriate waiting period.



Create General Endorsement ?

Save Calculate Submit Exit

Insured and Property: AISHA WILKIE - 768 WATER LILY LANE, WASHINGTON, District of Columbia, 20008-0000

Community: 110001 - Panel: 0039 - Suffix: C - Zone: AE

Mortgagee: CALIBER HOME LOANS INC - DC DHCD, C/O GWUL

Construction: 01-01-2015 - Post FIRM

Occupancy: Single Family

Building: Slab on Grade - Three Or More Floors

Elevation Certificate: Elevation Difference: 3

Coverage and Premium: Building: 250000 - Contents: \$0

Replacement Cost: \$137,000

Replacement Cost Ratio: 182%

Building Coverage Amount: \$250,000

Building Deductible Amount: \$2,000

Content Coverage Amount: \$0

Content Deductible Amount: \$0

Location of Contents: -- Select One --

Premium Due: **\$ 159**

View Preliminary Statement

Transaction Details

Policy Effective Date: 06-08-2016

Policy Type: Standard

Waiting Period: Loan Transaction - No Wait

Loan Closing Date: 04/28/2017

Endorsement Effective Date: 04/28/2017

Send a new renewal bill? No

Click the Calculate button to see the Premium difference with the changes made.

The View Preliminary Statement link will open a printable endorsement form showing these changes.



If there is something wrong with the information we are changing on the policy, the system will let you know when you select Calculate with a message asking for corrected information.

Policy Validation

END10003 - Endorsement effective date must be the same as the policy term inception date : (23)

The endorsement can be saved without correcting this information but any calculation of premium due or refunded will not be able to be completed.



A policy that does not currently have an **Elevation Certificate** added to the rating, can have one added later on (if zone and policy type allows it).

Create General Endorsement ? Save Calculate Submit Exit

Insured and Property: PATRICIA GILKIN - 301 E MIMOSA PL, HENDER, Arkansas, 72344-2908

Community: 050013 - Panel: 0280 - Suffix: K - Zone: AE

Mortgagee: ARVEST BANK

Construction: 10-01-1994 - Post FIRM

Occupancy: Single Family

Building: Slab on Grade - One Floor

Is coverage for the entire building? No

Building Description: Main House

Additional Building Description:

Additions and Extensions Coverage: Building does not have addition(s) or exte

Foundation: Slab on Grade

Is the floor below grade on all sides? No

Number of Floors: One Floor

Attached Garages: No

Do you have a Floodproofing or an Elevation Certificate? Yes

Elevation Certificate

Coverage and Premium: Building: \$124,000 - Contents: \$88,800

Transaction Details

Under the Building category, select “Yes” next to “Do you have an Elevation Certificate”.

The Elevation Certificate section will then appear below it.



Create General Endorsement ?

SaveCalculateSubmitExit

Elevation Certificate: Elevation Difference: 3

Completing the Elevation Certificate Section as completely as possible assists in calculating the most accurate Lowest Floor for Rating Purposes. The lowest floor for rating will be determined based on the information you provide here. The policy rating information needed will be stored in the policy record in FloodPro.

Certificate Signature Date:

05-25-2015

A7. Building Diagram Number:

1A-Slab on Grade

B9. Base Flood Elevation(s):

15

Date Photos Taken:

05-13-2015

SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)

C1. Building elevations are based on:

Finished Construction

*A new Elevation Certificate will be required when construction of the building is complete.

C2. Elevations – Zones A1–A30, AE, AH, A (with BFE), VE, V1–V30, V (with BFE), AR, AR/A, AR/AE, AR/A1–A30, AR/AH, AR/AO. Complete Items C2.a–h below according to the building diagram specified in Item A7.

Indicate elevation datum used for the elevations in items a) through h) below.

Elevation Datum:

NAVD 1988

Datum used for building elevations must be the same as that used for the BFE.

a) Top of bottom floor (including basement, crawlspace, or enclosure floor)

b) Top of the next higher floor

18.4

c) Bottom of the lowest horizontal structural member (V Zones only)

0

d) Attached garage (top of slab)

0

e) Lowest elevation of machinery or equipment servicing the building

0

f) Lowest adjacent (finished) grade next to building (LAG)

16.1

g) Highest adjacent (finished) grade next to building (HAG)

0

h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support

0

Lowest Floor

Base Flood

Elevation Difference

18.4

-

15

=

3

Determine Lowest Floor

After entering the Certificate Signature Date, the full form will appear for the information to be input as shown on the Elevation Certificate.

Once elevations are entered, click the Determine Lowest Floor button to see the elevation difference.

Proprietary & Confidential

66

National
Flood Services®



- To Submit the endorsement for processing, click the Submit button.
- This will prompt a message to appear, allowing the user to either continue editing the endorsement, or proceed with submitting it.

Create General Endorsement ?

Save Calculate **Submit** Exit

Insured and Property: AISHA MAIL BOX - 768 WATER LILY LANE, ...

Community: 110001 - Panel: 0039 - Suffix: C - Zone: AE

Mortgagee: CALIBER HOME LOANS INC - DC DHCD, C/O GWUL

Construction: 01-01-2015 - Post FIRM

Occupancy: Single Family

Building: Slab on Grade - Three Or More Floors

Elevation Certificate: Elevation Difference: 3

Coverage and Premium: Building: \$162,000 - Contents: \$0

Transaction Details

Submit Endorsement

The endorsement is ready to be submitted for processing!

If you need to make additional changes before you submit, click Continue Editing. Otherwise, click Submit Endorsement, and your request will be submitted for processing and you will not be able to make additional changes to the request.

Continue Editing Submit Endorsement

View Preliminary Statement

Submitted endorsements that require underwriter review, will be displayed under the Saved Endorsement tab on the right of the Policy Summary page.

Saved Endorsement

Endorsement - Pending Review

Created on 4/23/2017 3:35:46 PM by sandrast.

Last modified on 4/23/2017 3:35:46 PM by sandrast.



If the option to Pay Online is selected, the user will be brought to the payment screen to enter the Credit Card.

Endorsement Summary

Policy Type: Standard
Policy Number: 870579402912017
Term: 4-23-2017 through 4-23-2018
Insured Name: PRESCOTT, SUZANNE
Property Address: 1684 BOONE HALL DR
CHARLESTON, SC 29407-3048
Policy Status: In-Force
Amount Due: \$746.00
Payment Options: -- Select One -- Cancel

-- Select One --
Credit Card
eCheck

ACH (eCheck) will only be listed as an option if the user is set up with this functionality.

Please note that using the browser "back" button will cause payment failures or duplicate payments. Do not use the browser back button at anytime during the payment process.
To go back, use the cancel or return buttons.

Policy Number: 870579402912017
Policy Period: 04-23-2017 through 04-23-2018
Insured Name: PRESCOTT, SUZANNE
Property Address: 1684 BOONE HALL DR
CHARLESTON, SC 29407-3048
Policy Status: n/a
The required application documents (ex: Elevation Certificate, Photos, etc.) can be uploaded using the link on the left side of this page.
Your Transaction was approved.

Transaction Details

Policy Number: 870579402912017
Transaction Date: 04-23-2017 at 3:39 PM
Remittance ID: 958010248
Approval Code: A1B1C1
Account Charged: \$746.00

Print Confirmation Return

A successful payment will display this message.
A payment confirmation can be printed from here.



Cancellations

Policy Summary

Policy Type: Preferred Risk (PRP)
Policy Number: 87046502122016
Policy Period: 10-22-2016 through 10-22-2017
Insured Name: KIRK, JAMES T.
Member ID: 7896564789
Address: 350 LOVELY ST AVON, CT 06001-4021
Policy Status: In-Force

Select Policy Activity: **Select One -**

- Select One -
- Report Claim
- Cancellation Request**
- Create Endorsement
- View Declaration
- Forward Declaration
- Add Elevation Certificate

Policy Summary | **Select Policy Activity** | **Policy Information**

Insured Contact Information

Mailing Address: _____
Phone Number: _____
Bill To: _____

Coverage and Premium Information

Building Coverage: \$200,000
Building Deductible: \$1,250.00
Contents Coverage: \$80,000
Contents Deductible: \$1,250.00
Location of Contents: Lowest Floor Above Ground Level and Higher
Net Premium: \$400.00

Mortgagee(s) _____

First Mortgagee: _____
Second Mortgagee: _____
Loss Payee: _____
Disaster Agency: _____

[Return](#)

Policy Summary Screen

Select Policy Activity

Start the endorsement by using any of the search methods previously described.

If using the **Policy Summary** screen click on the **Select Policy Activity** tab then select **Cancellation Request**.



Policy Search

To locate a Quote, Application or Policy, select the desired Policy Status (additional search criteria may be entered) and click Search. Results from your search will be shown below. Choose from the available Actions for the appropriate Quote, Application or Policy. To conduct a new search, click 'Clear' to remove the previous entries and enter your new search criteria.

Policy Search by Insured Information

Status: All Statuses

Number: 87046502122016

☐ Search by Business Name

Insured Name: Last, First

Member ID:

Property Address 1:

Property Address 2:

Property City:

Property State: - Select One -

Property Postal Code:

Search Clear

Policy Search Results

Number	Insured Name	Property Address	Status	Policy Type	Effective Date	Action
87046502122016 Paid \$400	KIRK, JAMES T.	350 Lovely St Avon, CT, 06001-4021	In-Force	Preferred Risk Policy	10-22-2016	<div>Select Action X</div> <div>Select Action</div> <div>Cancel Policy</div> <div>Endorse Policy</div> <div>View Summary</div> <div>Report Claim</div>

Traditional Policy Search

Action Dropdown



Cancellation Request

Policy Type: Standard
Policy Number: 87046502382017
Policy Period: 11-1-2017 through 11-1-2018
Insured Name: KIRK, JAMES T.
MCCOY, LEONARD
Property Address: 555 CORPORATE DR
KALISPELL, MT 59901-6074

Policy Status: In-Force

Producer: Kaibel's Insurance Agency - Heidi Kaibel

Mortgagee(s): KHAN LOANS

Instructions

Cancellation Reason

Cancellation Reason: x

Cancellation Effective Date:

Make Check Payable to:

Name: KIRK, JAMES T.

Mailing Address Information

Mail Check to:

Address: ☐ Foreign Address

Postal Code:

City:

State:

[Go Back](#) [Calculate Refund](#) [Print Cancellation Form](#) [Upload Documents](#)

*If you've already submitted a request and want to upload additional documents, click the upload documents button

Instructions

- 1) Select Cancellation Reason
- 2) Enter Effective Date
- 3) Verify Payee Information
- 4) Calculate Refund
- 5) Print Cancellation Form
- 6) Upload Documents

Note: The calculated amount may change depending on the reason for the cancellation and/or when the information is received.

The **Cancellation Reason** dropdown will list the valid reasons for cancelling a policy in the Flood Program.

Producer: Kaibel's Insurance Agency - Heidi Kaibel**Mortgagee(s):** KHAN LOANS**Instructions**

Cancellation Reason:

Building Sold or Removed

mm-dd-yyyy

Cancellation Effective Date:

Make Check Payable to:

Insured

Name:

KIRK, JAMES T.

Mailing Address Information

Mail Check to:

Insured

Address:

555 CORPORATE DR

☐ Foreign Address

Postal Code:

59901-6074

City:

KALISPELL

State:

Montana

Cancellation
Effective DateMake Check Payable
To

Mail Check To:

Go Back

Calculate Refund

Print Cancellation Form

Upload Documents

*If you've already submitted a request and want to upload additional documents, click the upload documents button

Calculate Refund

Print Cancellation
Form**6) Upload Documents**

Note: The calculated amount may change depending on the reason for the cancellation and/or when the information is received.

**Building Sold or
Removed****Explanation**

Property is either sold, removed, destroyed, or physically altered and no longer meets the requirements of an eligible building.

Documentation Needed

- Cancellation Form - Signed by Agent of Record and **ALL** Insureds (note: If the insured is not a person, provide the title of the person signing the form), and

One of the following:

- HUD-1 Settlement Statement (Fastest Processing)
- Bill of Sale
- Proof of Removal
- Proof of Total Loss
- Court Doc for Foreclosed Building



Report A Loss

Policy Summary

Policy Type: Preferred Risk (PRP)
Policy Number: 87046502122016
Policy Period: 10-22-2016 through 10-22-2017
Insured Name: KIRK, JAMES T.
Member ID: 7896564789
Address: 350 LOVELY ST AVON, CT 06001-4021
Policy Status: In-Force

Select Policy Activity:

- Select One -
- Select One -
- Report Claim
- Cancellation Request
- Create Endorsement
- View Declaration
- Forward Declaration
- Add Elevation Certificate

Policy Summary

Bu

ent Information

Insured Contact Information

Mailing Address:
Phone Number:
Bill To

Coverage and Premium Information

Building Coverage: \$200,000
Building Deductible: \$1,250.00
Contents Coverage: \$80,000
Contents Deductible: \$1,250.00
Location of Contents: Lowest Floor Above Ground Level and Higher
Net Premium: [\\$400.00](#)

Mortgagee(s)

First Mortgagee:
Second Mortgagee:
Loss Payee:
Disaster Agency:

Return

Policy Summary
Screen

Select Policy Activity

Report A Loss by using any of the search methods previously described.

If using the **Policy Summary** screen click on the **Select Policy Activity** tab then **select Report Claim**.



Report a Loss

Search For
Quotes and
Policies

Create a
Quote/App

Cancel a
Policy

Report
a Loss

Verify
Occupancy

Visit the
Training Library



A second method to Report a Loss is to click on the **Report a Loss** Picture Icon from the home page.



Policy Search by Insured Information

Status:

In-force

Number:

8704650212016

☐ Search by Business Name

Last, First

Insured Name:

Member ID:

?

Property Address 1:

Property Address 2:

Property City:

Property State:

- Select One -

Property Postal Code:

Search

Clear

Policy Search Results

Number	Insured Name	Property Address	Status	Policy Type	Effective Date	Action
87046502122016 Paid \$400	KIRK, JAMES T.	350 Lovely St Avon, CT, 06001-4021	In-Force	Preferred Risk Policy	10-22-2016	<div>Select Action ×<div>Select ActionCancel PolicyEndorse PolicyView SummaryReport Claim</div></div>
87046502122016 Paid \$400	KIRK, JAMES T.	350 Lovely St Avon, CT, 06001-4021	In-	Preferred	016	

A third method to report a loss is to complete a traditional search then in the **Action** button click on **Report Claim**.

A screenshot of a "Claim Info" form with several green callout boxes pointing to specific fields. The callouts are: "Date of Notice" pointing to the "Date of Notice" field; "Date of Loss" pointing to the "Date of Loss" field; "Person Reporting Loss" pointing to the "First and Last Name" field; "Received Via" pointing to the "Received Via" dropdown; and "Reported By" pointing to the "Reported By" dropdown. The form fields are: "Date of Loss:" with a date input field (placeholder mm-dd-yyyy) and a calendar icon; "Date of Notice:" with a date input field containing "11-10-2016" and a calendar icon; "Person Reporting Loss:" with a text input field labeled "First and Last Name"; "Reported By:" with a dropdown menu showing "- Select One -"; and "Received Via:" with a dropdown menu showing "- Select One -".

Date of Notice

Claim Info:

Date of Loss:

Date of Notice:

Person Reporting Loss:

Reported By:

Received Via:

Date of Loss

Person Reporting Loss

Received Via

Reported By

- The **Claim Info** section starts with the entry of the **Date of Loss**. The **Date of Notice** field will be prefilled to the current date.
- Next enter the first and last name of the **Person Reporting** the **Loss**.
- Choose the individual that the loss was **Reported By**.
- Options include the insured or other. Indicate if the loss was **Received Via** phone, email, fax or text message.



Send Mail To:	Standard Mailing ▾	
Address:	350 LOVELY ST	
Postal Code:	06001-4021	
City:	AVON	
State:	Connecticut ▾	
Primary Email:		
Secondary Email:		
	(xxx)xxx-xxxx	
Primary Phone:		Type: - Select One - ▾
Secondary Phone:		Type: - Select One - ▾
Other Phone 1:		Type: - Select One - ▾
Other Phone 2:		Type: - Select One - ▾
Preferred Contact Methods:	- Select - Phone Email Mail	
Direct Deposit Requested:	No ▾	

- Indicate what location the Flood Processing Center should **Send Mail To**. Choices include Standard mailing address, Property address or a Temporary address.
- If a **Primary Email** and a **Secondary Email** is provided, the insured will receive email update on the status of the claim. Up to four contact numbers can be provided including a **Primary Phone, Secondary Phone, Other Phone 1 or Other Phone 2**. Next to the contact numbers indicate what type of number was entered. Choices include a mobile phone, home phone or an office phone.
- Click the dropdown list next to **Preferred Contact Methods** to indicate if the insured would prefer to be contacted via phone, email or mail.
- The final question asks if the insured would like to have **Direct Deposit Requested**.



The **Policy Summary** reviews the underwriting details of the structure including any **Prior Loss Info** as well as **Claims FAQ for your policyholders**.

Mortgagee(s):	
First Mortgagee:	Acme Inc
Second Mortgagee:	Not on File
Loss Payee:	Not on File
Disaster Agency:	Not on File
<input type="checkbox"/> Discrepancy in Mortgage Information	

Discrepancy in Mortgage Information

Any mortgagee listed on the policy will appear in the **Mortgagee(s)** section. If the mortgagee is incorrect place a check in the **Discrepancy in Mortgage Information** box.

[Claims FAQ for your policyholders](#)

Policy Summary

Building Coverage:	\$150,000
Building Deductible:	\$1,000
Contents Coverage:	\$50,000
Contents Deductible:	\$1,000
Condo Coverage:	Not a Condo
Flood Zone:	X
Occupancy:	Other Residential
Elevated:	No
Basement/Enclosure:	Finished Basement/Enclosure
Post-FIRM:	Yes
Principal Residence:	Yes
Insured Mailing Address:	
	5 MORTON ST APT 14
	NEW YORK, NY 10014-4005
Insured's Email	n/a
Agency Name:	Kaibel's Insurance Agency
Agency Phone:	(406)756-8656

Prior Loss Info

No Prior Losses



Adjuster Info:

Assigned Adjusting Firm:	Epic Adjusting Firm
Contact Information:	
Phone:	(406)270-1272
Email:	adjuster@eaf.com

Notes to the Adjusting Firm: 2500 max

This note will be sent to the adjusting firm.

Please review the claim information for accuracy prior to submitting this claim.

Submit Claim Cancel

Adjuster Contact
Information

Notes to the Adjusting Firm

- Information about the **Assigned Adjusting Firm** is found in the **Adjuster Info** section. Information includes **Contact Information** for the adjusting firm.
- The **Notes to the Adjusting Firm** box allows the user to enter notes and comments for the adjuster.

Before the notice of loss is submitted the user will be asked to **Review** the **Claim Information**.

To correct any information click **Cancel**.

To submit the notice of loss click **Continue**.

Review Claim Information

Review the following information and click "Continue" to submit claim.

Claims and Contact Info

Person Reporting Loss:	Heidi Kaibel
	Insured
Date of Loss:	10-01-2016
Date of Notice:	11-10-2016
Send Mail To:	350 LOVELY ST AVON, Connecticut 06001-4021
Primary Email:	kaibel@kaibel.com
Secondary Email:	n/a
Primary Phone:	(555)555-5555 Mobile
Secondary Phone:	n/a
Other Phone 1:	n/a
Other Phone 2:	n/a
Preferred Contact Methods:	Phone

Mortgagee(s)

First Mortgagee:	Not on File
Second Mortgagee:	Not on File
Mortgage Discrepancy:	No

Adjuster Info

Assigned Adjusting Firm:	Not on File
Adjuster Phone Number:	Not on File
Adjuster Email:	Not on File
Notes to Adjuster:	n/a

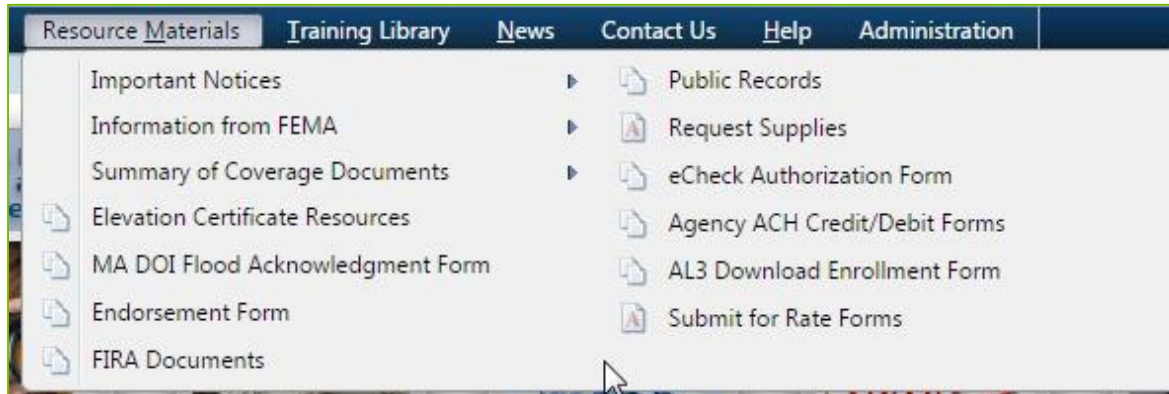
Cancel**Continue**

Continue

Cancel



Resource Materials



The **Resource Materials** menu offers a variety of useful links. From the drop down menu that appears, click on the appropriate document and a pop-up window will open with the document that was chosen.

Important Notices link to the primary residence verification form the insured can complete.

Community Status Book provides community status information directly from FEMA's official website.

Elevation Certificates Resources allows the request of an Elevation Certificate completed by a licensed engineer or land surveyor to be submitted.

Endorsement Form provides a printable endorsement form that can be completed and submitted to process a variety of endorsements.

FIRA Documents provides downloadable FEMA documents such as **Summary of Coverage** and the **Claims Handbook**.

Flood Manual provides an online copy of the **NFIP Flood Insurance Manual**.

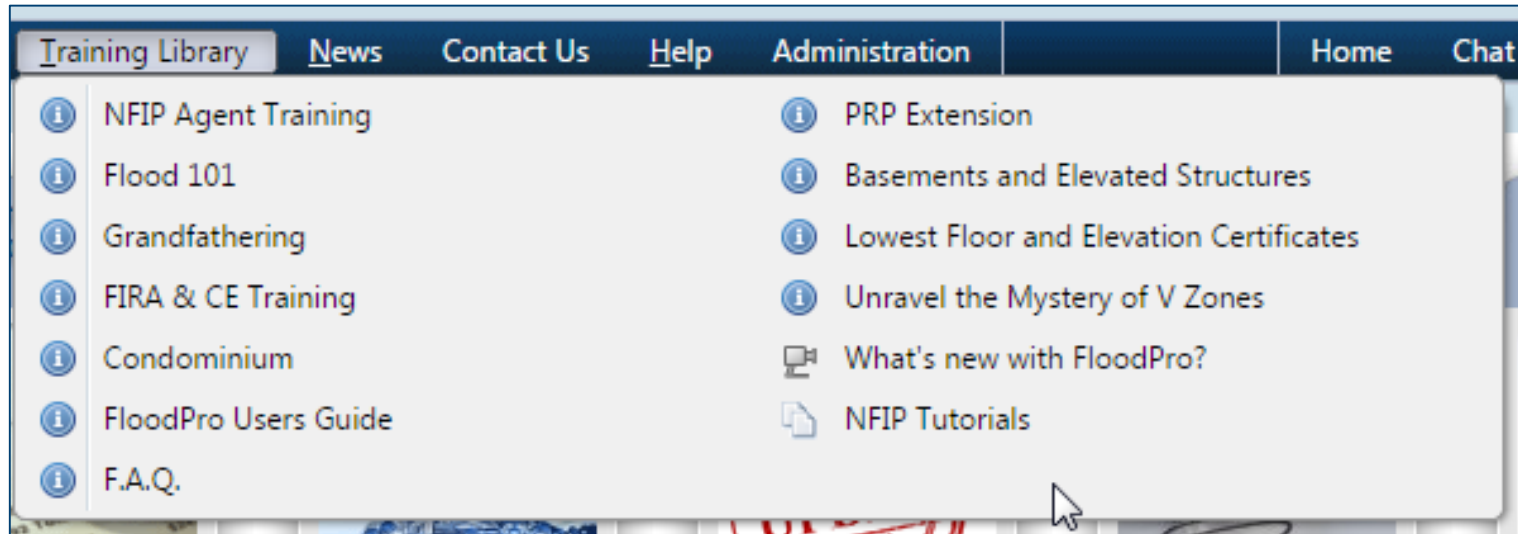
Policy Forms provides an online copy of the 3 different policy jackets for the NFIP.

Public Records takes you to the **NetrOnline** public records database.

Request Supplies sends a request for various forms and documents to the Flood Processing Center.



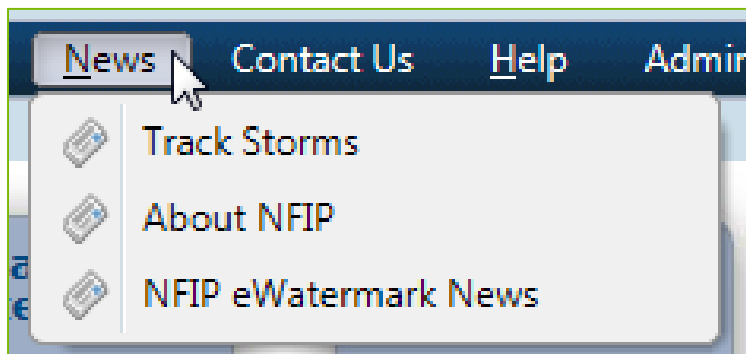
Training Library



- The **Training Library** contains training modules on various topics relevant to policy processing.
- To view the material, simply click on the **title** of the module.



News



The **Track Storms** tab links to the National Hurricane Center webpage. www.nhc.noaa.gov



Chat

Please answer these questions so we can help you in a timely manner.

* What is your name?

* What is your email address?

Name of Agency

Policy Number

Quote Number

Insured Name

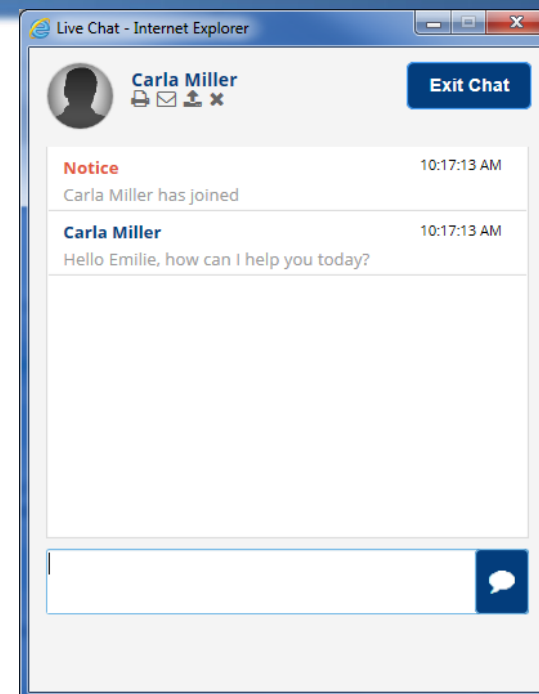
For Quote assistance please call: Customer Service 800-637-3846

For Submit for Rate Department call: 888-389-8659

For Agency Commission Statements or questions call: Agency Services at 866-796-7582

* How can we assist you?

Start Chat

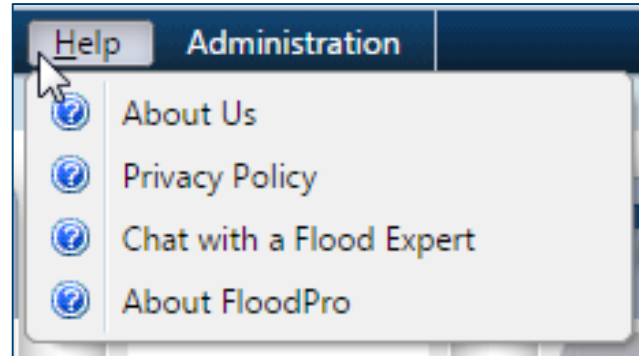


The **Chat** product provides and instant link to a live Customer Service Representative that can answer questions with regard to **Active Policy, Cancellations, Claims, Contact Information, Endorsements, Payment Status, and Renewal Status.**

To initiate a conversation with a Chat representative, select the topic of discussion and click on **Start Chat**. A representative will respond within seconds, and a message may be typed in the box provided.



Help



- The **Help** menu offers a variety of useful tools and information. To view any of the information or tools within the **Help** menu, select the **Help** button located in the middle of the dark blue navigation bar at the top of the webpage and click on the appropriate option.
- **About Us** provides additional information about **National Flood Services** from the National Flood Services website.
- **Chat with a Flood Expert** provides a link to chat with a member of our support team regarding any questions or concerns about new and existing flood insurance policies.
- **About FloodPro** provides **Product Information** about the FloodPro website.



National Flood Services (NFS)

PO Box 2057

Kalispell, MT 59903-2057

1-800-637-3846

ce@nationalfloodservices.com

www.nationalfloodservices.com



WYO Company



eBook

www.nfipchanges.com



Opt-in to NFS email communications

www2.floodresource.com/l/34032/2015-02-06/3gbb7p

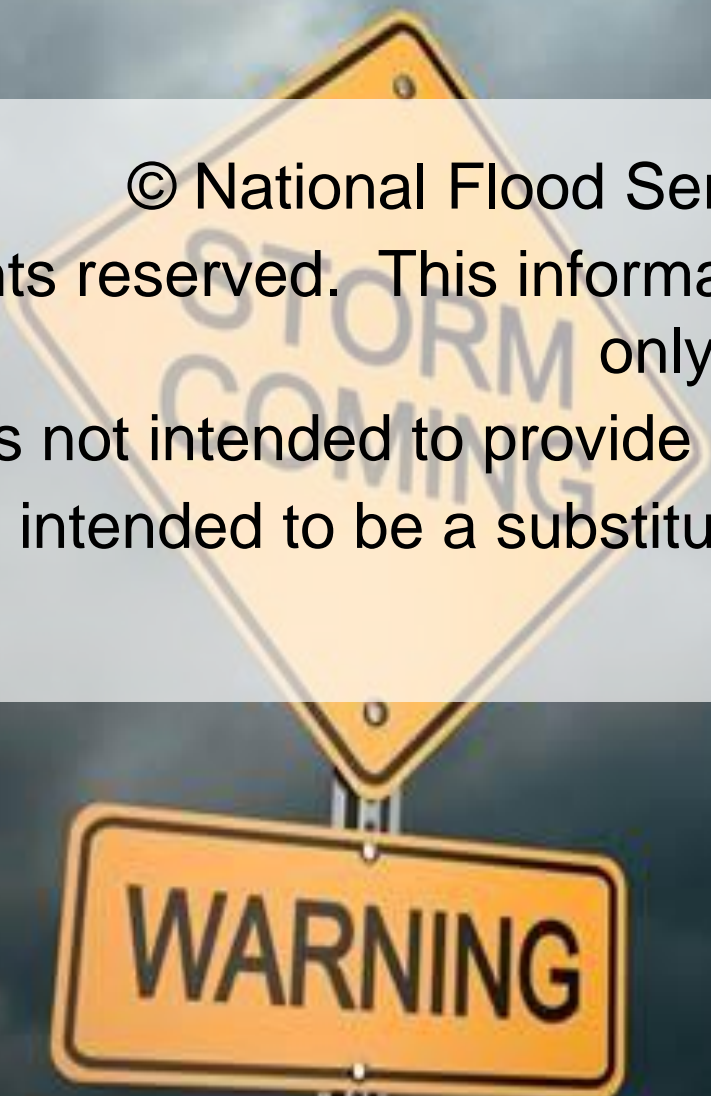


NFIP / FEMA Websites

www.nfipiservice.com

www.fema.gov/nfip

Please note: These materials may become dated as NFIP rules and regulations change.



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