



Lexington Excess Flood Insurance - Renewal Verification Form

Please COMPLETE:

Named Insured: _____

Mailing Address: _____

Insured Property Address: _____

100% RCV of Bldg: \$ _____ Excess Covg. Limit: _____

ACV of Contents: \$ _____ Excess Covg. Limit: _____

RCV = Replacement Cost Value ACV = Actual Cash Value

ANY FLOOD LOSSES? Yes No

Loss Date: ___ / ___ / ___ Amount: Bldg: \$ _____ Contents: \$ _____

PLEASE NOTE: If there have been any flood claims, we will re-evaluate and will either re-confirm, revise or withdraw our renewal offer.

If the following is to be on the policy please provide:

1st Mortgagee:

2nd Mortgagee:

Loan #: _____

Loan #: _____

CONFIRMATION OF PRIMARY FLOOD COVERAGE:

Carrier: _____ Policy#: _____

Policy Effective Dates: ___ / ___ / ___ to ___ / ___ / ___

Coverage Limits: Bldg: \$ _____ Contents: \$ _____

PRIMARY COVERAGE MUST BE AT MAXIMUM AVAILABLE LIMITS:

- Residential: \$250,000 Building/\$100,000 Contents

Name of Person completing this form: _____

Agency Name: _____

Telephone: (_____) _____ Date Form Completed: ___ / ___ / ___

Comments/Notes: _____
