AonEdge
Private Flood Insurance

EZ Flood® Commercial Flood Insurance Application

Use dropdown selection where applicable

Requested Effective Date:

Agency Code:

Commercial Flood Type: -

Applicant/Insured:

Mailing Address:

Property Address:
(If Different)

City/State/Zip:

City/State/Zip:

County:

UNDERWRITING INFORMATION

Coastal? Within 5 miles of salt water -

Closest Body of Water:

Flood Zone: -

Construction Type:

Pre-Firm? -

Year Built:

Foundation: -

Total Square Footage:

Pilings? -

# of Stories/Floors:
(Including Basement)

If RCBAP, # of Units:

Prior Flood Losses? -
In the past 5 years

Date(s) of Loss:

Amount(s) of Loss:

REQUESTED COVERAGE AMOUNT

Building Coverage $:

Contents Coverage $:

Building Deductible: -

Contents Deductible: -

Building Replacement Cost:

Contents Replacement Cost:

Loss of Rents Coverage Amount:

Annual Loss of Rents:

Note: The Applicant/Insured warrants the truthfulness of the information on this application. Any misrepresentation and/or concealment herein will void all coverages. Acceptance of this application does not bind the Underwriters to complete this insurance.

Applicant/Insured Signature:

Date:

Producer/Agent/Broker Signature:

Date:

Print Producer/Agent/Broker Name:

License No.

Submission Instructions
Email application to: ezfloodcommercial@aon.com with
Elevation Certificate (if available)
Copy of existing or renewal terms (if available)
Schedule of Locations / Statement of Values for multiple locations

EZ Flood® Commercial Flood Insurance Application

Complete For Formal Indication

First Mortgagee:		**Second Mortgagee:**	
Loan Number:		Loan Number:	
Address:		Address:	
City/State/Zip:		City/State/Zip:	

Agency Name:			
Address:		Telephone Number:	
City/State/Zip:		Email Address:	

Aon Edge Insurance Agency, Inc.

5005 Lyndon B Johnson Fwy, Suite 1500
Dallas, TX 75244
Phone 1-888-281-0684
Fax 1-866-528-3280
ezfloodcommercial@aon.com

Applicable in AL, AR, DC, LA, MD, NM, RI and WV

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)*include imprisonment, fines and denial of insurance benefits. *Applies to ME Only.

Applicable in CO

It is unlawful to knowingly provide false, incomplete, or misleading fact or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines and denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Applicable in FL and OK

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony (of the third degree)*. *Applies in FL Only.

Applicable in KS

Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge of belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for the person or commercial insurance, or claim for payment or the other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

Applicable in KY, NY, OH and PA

Any person who knowingly and with intent to defraud any insurance company or the other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties* (not to exceed five thousand dollars and the stated value of the claim for each such violation)*. * Applies to NY Only.

Applicable in ME, TN, VA and WA

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)*include imprisonment, fines and denial of insurance benefits. *Applies to ME Only.

Applicable in NJ

Any person who includes and false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Applicable in OR

Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing false statement as any material fact maybe violating state law.

Applicable in PR

Any person who knowingly and with intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than on claim for the same damage or loss shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars ($5,000) and not more than ten thousand dollars ($10,000), or a fixed term of imprisonment of three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5)years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

NOTICE TO THE INSURED: Any person who knowingly and with intent to defraud any insurance company or the other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties. [NY: not to exceed five thousand dollars and the stated value of the claim for each such violation] (Not applicable in CO, HI, NE, OH, OK, OR, or VT; in DC, LA, ME, TN, and VA, Insurance benefits may also be denied).

I understand that the insurance company is determining whether to provide a quotation for insurance coverage will rely on the information contained in the application and all other information being submitted. I hereby warrant, represent and confirm that, to the best of my knowledge, all information provided is complete, true and correct.

I also understand that no insurance will be in effect unless and until the insurance company or AON Edge as its agent, provided a quotation offering to provide insurance coverage and the insurance company or AON Edge as its agent, receives written notice that the terms and conditions contained in the insurance quotation provided are accepted.

Signature of Applicant (Insured) _____

Date _____