



To quote online go to: www.selectiveflood.com

Fax quote to: (877) 647-1548

Email to: Floodnewjersey@selective.com

QUICK QUOTE FORM FOR: (NJ)

Please check one:

☐ Flood Zone Determination Only

☐ Zone and Quote

AGENCY INFORMATION

Note: If the structure has been previously insured under the NFIP or another carrier, please fax a copy of prior policy, zone determination and the elevation certificate, if applicable.

Agency's Name: _____
Agency Contact: _____ Agency ID #: _____
Phone: _____ Fax: _____ Email: _____

Insured's Name: _____
Mailing Address: _____ City _____ State _____ Zip _____
Property Address: _____ City _____ State _____ Zip _____
County _____ If Available, Block # _____ Lot # _____ Parcel # _____

Is this for a loan closing?

☐ YES ☐ NO

Primary Residence yes ☐ no ☐

Loan Closing
Date: _____

RATING INFORMATION

Replacement Value of Structure \$ _____ Date of Construction*: _____
(*Substantial improvement date if it increased bldg. market value > 50%): _____
If Available: Flood Zone: _____ Community Number: _____

OCCUPANCY: (Please select the type of building.)

☐ Single Family ☐ 2 – 4 Family ☐ Other Residential: _____
☐ Mobile Home ☐ Non-Residential (Including Hotel/ Motel), Type: _____

TYPE OF BUILDING: (Please select the type of building.)

☐ One Floor, No Basement ☐ Two Floors ☐ Three or More Floors
☐ Split Level ☐ Manufactured (Mobile), Not a Doublewide

CONDO SECTION: (Please complete the below information.)

Condo Unit Owner: _____ Condo Association: _____ # of Units: _____
Please select one of the below options that best describes the condo building:
☐ High Rise – 3 or more floors; 5 or more units; not Townhouse or Rowhouse types
☐ Low Rise – 3 floors or less; less than 5 units; including Townhouse & Rowhouse types

FOUNDATION INFORMATION:

TOTAL # Floors in Entire Building (Include Basement/Enclosed areas): _____

_____ Slab on Grade _____ # Basement/Enclosed Areas
_____ Elevated (piers, piles or posts) _____ Elevated (crawl space/enclosure)
Crawl space/Enclosure Total Square Feet: _____

Crawl space/Enclosure flood vents*: _____ # of vents _____ Total square inches of vents
Sub-Grade Crawl space (Floor of crawl space within 2 feet of lowest Grade & within 5 feet of next higher floor)
(*Within 1 foot above adjacent grade & 1 square inch of venting for 1 square foot of enclosure needed to qualify for Floodproofing)

ATTACHED GARAGE INFORMATION:

Finished or Unfinished

Total Square Footage

Any Machinery or Equipment

of Vents

Total square inches of Vents

COVERAGE INFORMATION:

Building Coverage: _____ Contents Coverage: _____ Deductible: _____