



# Flood Solutions

P.O. Box 7908  
Kalispell, MT 59904  
Phone (888)784-2446  
Fax (406)257-5741

## Quote Form

Agency Name: \_\_\_\_\_ Agency #: \_\_\_\_\_  
 Agency Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Contact Name: \_\_\_\_\_ Fax: \_\_\_\_\_

Quote:  Application:

1. Insured Name(s): \_\_\_\_\_

2. Mailing Address: \_\_\_\_\_  
(Include City, State, & Zip+4)

3. Property Address: \_\_\_\_\_  
(Include City, State, & Zip+4)

Inside City Limits  Unincorporated Area  County Name: \_\_\_\_\_

4. Insured Phone Number: ( ) - \_\_\_\_\_ 5. Date of Construction: / /

6. Occupancy: Single Family  7. Number of Floors: 1 Floor   
 2-4 Family  2 Floors   
 Other Residential  3 or More   
 Non-Residential  Split Level

8. Foundation: Slab On Grade  Any Portion Sub-Grade on all Sides  Elevated

9. Mortgage Information: Loan #: \_\_\_\_\_ 10. Loan Closing: Yes  No

Name: \_\_\_\_\_

Address: \_\_\_\_\_

11. Est. Replacement Cost \$ \_\_\_\_\_

12. Coverage Amounts: Coverage Deductible

Building	\$ _____	\$ _____
Contents	\$ _____	\$ _____

Optional Flood Zone: \_\_\_\_\_ Elevation Data: BFE \_\_\_\_\_ LFE \_\_\_\_\_ LAG \_\_\_\_\_

**FAX TO 406-257-5741** (No Cover Necessary)