



FLOOD INSURANCE

COVERAGE REQUEST FORM

Lender: _____

Phone: _____ **Fax:** _____

Submitted By: _____ **Date:** _____

Code	Loan #	Prop Type	Mortgagor's Name, Property Address (City, State, Zip) <i>Please indicate mailing address on separate line if different from property address.</i>	Insurance Amount	Effective Date	Termination Date

Codes:

- A = Add**
- C = Change**
- T = Terminate**
- F = Flat Cancel**

Property Types:

- RU= Residential**
- RC= Condo**
- CB= Nonresidential / Commercial**
- MH= Mobile Home**



Signature

Date

7400 New LaGrange., Suite 412
Louisville, KY 40222
Phone: 888.685.8442
Fax: 502.894.9059

Fax Completed Form to 502-894-9059 or Email to
epike@leeandmason.com or sdespain@leeandmason.com