



# FLOOD INSURANCE WAIVER OF RESPONSIBILITY

JOB AID – JANUARY 2022

## GET FLOOD INSURANCE WAIVER

When a quoted premium is present a new option will appear in the right rail called “Get Flood Insurance Wavier”. This option allows the agent to download a Waiver of Responsibility form.

The wavier form reduces the agents liability when the insured choses to not purchase federal flood insurance or does not purchase the coverage recommended by the agent.

The waiver form contains the standard waiver language and is pre-filled with WYO name, agent information, applicant name, property address, coverage amounts, and quoted premium.

The waiver form contains a spot for the agent and applicant’s signatures.

# GET FLOOD INSURANCE WAIVER

Policy Management Search for quotes, policies, names & addresses + Create Quote Rollover Policy ?

### POLICY BUILDER

1593061

Application Notes Documents

Please provide all applicable information you have about the property and the insured for the quote.

**AGENT**  
Company: **Fire Insurance Exchange**  
A-Max Insurance Services Inc  
[Change Producer](#)

**TRANSACTION DETAILS**  
Waiting Period: Standard 30 day wait  
Effective Date: 02/02/2023

**INSURED**  
Individual(s) Betty C  
Ruohonen  
Phone: (406) 555-1244  
Email: Betty@gmail.com

**ANOTHER INSURED**  
 Include Another Insured  
 Mailing address is different than property address

**PROPERTY ADDRESS**

<input type="radio"/>	\$150,000	\$60,000	--
<input type="radio"/>	\$250,000	\$100,000	\$717
<input checked="" type="radio"/>	\$200,000	\$80,000	\$684

[More Coverage and Deductible Options](#)

**PREMIUM**  
Total Premium: \$684  
Previously Paid: \$0

**Premium Due \$684** [Details](#)

Deductibles: \$2,000 / \$2,000  
Rate Type: Risk Rating 2.0  
Effective: 2/2/2023  
Payment Due Date: 1/12/2023

[Sign Application](#)

Sign Application must be clicked to begin start of appropriate waiting period.

[Download Application](#)

Get Flood Insurance Wavier [↓](#)

If a quoted premium is present, the "Get Flood Insurance Waiver" option appears



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Effective Date: 02/02/2023

**INSURED**

Individual(s) Betty C  
Ruohonen

Phone: (406) 555-1244 + Alternate Phone

Email: Betty@gmail.com

**ANOTHER INSURED**

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Previously Paid	\$0
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Get Flood Insurance Waiver ⬇

**EZ Flood® Preferred**  
Private primary flood insurance for lower-risk properties

- Average savings of 37% over NFIP
- No federal surcharge or assessments

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[Show all](#)



# GET FLOOD INSURANCE WAIVER



Foremost Insurance Company  
Grand Rapids, MI

**Agent Contact Information**  
A-Max Insurance Services Inc  
3020 Fry Rd  
Dba A-Max Auto Insurance  
Katy, TX 77449-6240  
(281) 398-1000  
Insurer NAIC Number 21660

**Application Number** 1593061  
**Requested Effective Date** 02/02/2023

## Name and Property Location

**Name and Mailing Address**  
Betty C Ruohonen  
15847 ABERDEEN TRAILS DR  
HOUSTON, TX 77095-3766

**Property Location**  
15847 ABERDEEN TRAILS DR  
HOUSTON, TX 77095-3766

## WAIVER OF RESPONSIBILITY

	<b>Coverage</b>	<b>Deductible</b>	Replacement Cost Value	\$246,900
<b>Building</b>	\$200,000	\$2,000	<b>Total Premium</b>	<b><u>\$684</u></b>
<b>Contents</b>	\$80,000	\$2,000		

## SELECTION OR REJECTION OF FEDERAL FLOOD INSURANCE COVERAGE

I hereby certify that my insurance agent has offered me flood insurance coverage available from the NFIP and I have elected to take the action(s) indicated below. I acknowledge that my rejection of this coverage will apply to all future renewals, continuations, and changes unless I notify my agent otherwise in writing

### By declining Federal Flood Insurance:

- I reject flood insurance coverage for the building and contents at the property address listed above.
- I reject flood insurance coverage for contents at the property listed above.
- I reject flood insurance coverage for the building at the property address above (for condominium unit owners and tenant-occupied buildings).
- I understand there is a 30-day waiting period before flood coverage takes effect, should I elect to purchase flood insurance in the future.

\_\_\_\_\_  
*Signature of Insurance Agent/Producer*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Signature of Policy Holder*

\_\_\_\_\_  
*Date*