

FLOOD PROCESSING CENTER

Rollover Department

P.O. Box 2057 ♦ Kalispell, Montana 59903-2057

Telephone: 866-796-9340 Fax: 406-755-4060

nfsrollover@nfs.stoneriver.com

DATE: _____

ATTENTION: _____

FAX #: _____

Number of pages (including cover page): 1

Insured:

Policy#:

Renew Date:

We received the above policy to set up as rollover from _____. The elevation certificate indicates that the building located at _____ was constructed slab on grade. However, there is a large difference of _____ between the top of slab measurement and the ground elevation which must be clarified.

If this building is constructed slab on grade please document the difference by choosing one of the following. Please mark, sign, and fax back the form.

- Slab is actually _____ feet thick.
- Stem wall Slab Foundation (perimeter wall poured and area filled in)
- Fill Dirt brought in to bring the house up but surrounding land is lower.
- Other _____

If the foundation has been incorrectly identified and the building is elevated with a crawlspace, please complete the following information.

Crawlspace size _____ square feet

Number of vents within 1 foot from ground _____

Total square inches of venting _____

Are there vents on more than 1 side of the building ___ Yes ___ No

Agent Signature

Date

