U.S. DEPARTMENT OF HOMELAND SECURITY
FEDERAL EMERGENCY MANAGEMENT AGENCY

National Flood Insurance Program

FLOOD INSURANCE PREFERRED RISK POLICY APPLICATION

IMPORTANT – PLEASE PRINT OR TYPE

O.M.B. No. 1660-0006 Expires August 31, 2013

CURRENT POLICY NUMBER
☐ NEW
☐ RENEWAL _____
IF NEW, LEAVE BLANK

POLICY TERM

DIRECT BILL INSTRUCTIONS:
☐ BILL INSURED ☐ BILL FIRST MORTGAGEE ☐ BILL SECOND MORTGAGEE ☐ BILL LOSS PAYEE ☐ BILL OTHER

POLICY PERIOD IS FROM _____ TO _____
12:01 A.M. LOCAL TIME AT THE INSURED PROPERTY LOCATION
WAITING PERIOD: ☐ STANDARD 30-DAY
☐ LOAN TRANSACTION OR LENDER REQUIRED – NO WAITING

AGENT INFORMATION

NAME, ADDRESS, PHONE NO., AND FAX NO. OF LICENSED PROPERTY OR CASUALTY INSURANCE AGENT OR BROKER:

PHONE NO.: _____ FAX NO.: _____
AGENCY NO.: _____
AGENT'S TAX ID: _____

INSURED MAILING ADDRESS

NAME, MAILING ADDRESS, AND PHONE NO. OF INSURED:

PHONE NO.: _____

DISASTER ASSISTANCE

IS INSURANCE REQUIRED FOR DISASTER ASSISTANCE? ☐ YES ☐ NO
IF YES, CHECK THE GOVERNMENT AGENCY:
☐ SBA ☐ FHA
☐ FEMA ☐ OTHER (SPECIFY): _____
CASE FILE NO.: _____

2ND MORTGAGEE/OTHER

IF SECOND MORTGAGEE, LOSS PAYEE, OR OTHER IS TO BE BILLED, THE FOLLOWING MUST BE COMPLETED, INCLUDING THE NAME, ADDRESS, PHONE NO., AND FAX NO.:
☐ SECOND MORTGAGEE ☐ DISASTER AGENCY (SPECIFY): _____
☐ LOSS PAYEE ☐ OTHER (SPECIFY): _____

PHONE NO.: _____ FAX NO.: _____
LOAN NO.: _____

FIRST MORTGAGEE

NAME, ADDRESS, PHONE NO., AND FAX NO. OF FIRST MORTGAGEE INCLUDING LOAN NO:

PHONE NO.: _____ FAX NO.: _____
LOAN NO.: _____

COMMUNITY

NAME OF COUNTY/PARISH: _____
COMMUNITY NO. AND SUFFIX FOR LOCATION OF PROPERTY INSURED: _____
_____ FLOOD INSURANCE RATE MAP ZONE: _____
INFORMATION SOURCE:
☐ COMMUNITY OFFICIAL ☐ FLOOD MAP ☐ MORTGAGEE
☐ OTHER (SPECIFY): _____
IS BUILDING LOCATED ON FEDERAL LAND? ☐ YES ☐ NO

PROPERTY LOCATION

IS INSURED LOCATION SAME AS INSURED MAILING ADDRESS? ☐ YES ☐ NO
IF NO, ENTER PROPERTY ADDRESS. IF RURAL, DESCRIBE PROPERTY LOCATION.
(DO NOT USE P.O. BOX)

BUILDING

BUILDING OCCUPANCY:
☐ SINGLE FAMILY
☐ 2-4 FAMILY
☐ OTHER RESIDENTIAL
☐ NON-RESIDENTIAL (INCL. HOTEL/MOTEL)

CONSTRUCTION DATE:
____/____/____
☐ BUILDING PERMIT DATE
☐ DATE OF CONSTRUCTION
☐ SUBSTANTIAL IMPR. DATE

INSURED'S PRINCIPAL RESIDENCE? ☐ YES ☐ NO

BUILDING TYPE (INCLUDING BASEMENT/ENCLOSURE):
☐ ONE FLOOR ☐ SPLIT LEVEL
☐ TWO FLOORS ☐ THREE OR MORE FLOORS
☐ MANUFACTURED (MOBILE) HOME/TRAVEL TRAILER ON FOUNDATION

CONDO FORM OF OWNERSHIP? ☐ YES ☐ NO
COVERAGE FOR CONDO UNIT? ☐ YES ☐ NO
TOWNHOUSE/ROWHOUSE CONDO UNIT? ☐ YES ☐ NO

CONTENTS LOCATED IN:
☐ ENCLOSURE ONLY (BASEMENT ONLY NOT ELIGIBLE)
☐ BASEMENT/ENCLOSURE AND ABOVE
☐ LOWEST FLOOR ONLY ABOVE GROUND LEVEL
☐ LOWEST FLOOR ABOVE GROUND LEVEL AND HIGHER FLOORS
☐ ABOVE GROUND LEVEL MORE THAN ONE FULL FLOOR

ESTIMATED REPLACEMENT COST AMOUNT $ _____

BUILDING USE:
☐ MAIN HOUSE/BUILDING
☐ DETACHED GUEST HOUSE
☐ DETACHED GARAGE
☐ AGRICULTURAL BUILDING
☐ WAREHOUSE
☐ POOLHOUSE, CLUBHOUSE, REC. BLDG.
☐ TOOL/STORAGE SHED
☐ OTHER: _____

BASEMENT, ENCLOSURE, CRAWLSPACE:
☐ NONE
☐ FINISHED BASEMENT/ENCLOSURE
☐ UNFINISHED BASEMENT/ENCLOSURE
☐ CRAWLSPACE
☐ SUBGRADE CRAWLSPACE

☐ MANUFACTURED (MOBILE) HOMES/TRAVEL TRAILERS LOCATED IN A MOBILE HOME PARK OR SUBDIVISION: CONSTRUCTION DATE OF MOBILE HOME PARK OR SUBDIVISION FACILITIES
☐ MANUFACTURED (MOBILE) HOMES/TRAVEL TRAILERS LOCATED OUTSIDE A MOBILE HOME PARK OR SUBDIVISION: DATE OF PERMANENT PLACEMENT

MAKE, MODEL, AND SERIAL NO. OF MANUFACTURED (MOBILE) HOME/TRAVEL TRAILER _____

NOTICE

THE FOLLOWING CONDITIONS SHOULD BE USED TO DETERMINE A BUILDING'S ELIGIBILITY FOR A PRP:

A) IS THE BUILDING LOCATED IN A SPECIAL FLOOD HAZARD AREA ON A FLOOD HAZARD BOUNDARY MAP, OR ON A FLOOD INSURANCE RATE MAP ZONE A, AE, A1-A30, AO, AH, A99, V, VE, V1-V30, AR, AR DUAL ZONES AR/AE, AR/AH, AR/AO, AR/A1-A30, AR/A? ☐ YES ☐ NO

B) DO ANY OF THESE CONDITIONS, ARISING FROM ONE OR MORE OCCURRENCES IN ANY 10-YEAR PERIOD, EXIST?
- TWO (2) LOSS PAYMENTS, EACH MORE THAN $1,000 ☐ YES ☐ NO
- THREE (3) OR MORE LOSS PAYMENTS, REGARDLESS OF AMOUNT ☐ YES ☐ NO
- TWO (2) FEDERAL DISASTER RELIEF PAYMENTS, EACH MORE THAN $1,000 ☐ YES ☐ NO
- THREE (3) FEDERAL DISASTER RELIEF PAYMENTS, REGARDLESS OF AMOUNT ☐ YES ☐ NO
- ONE (1) FLOOD INSURANCE CLAIM PAYMENT AND ONE (1) FLOOD DISASTER RELIEF PAYMENT (INCLUDING LOANS AND GRANTS), EACH MORE THAN $1,000 ☐ YES ☐ NO

INSURANCE IS AVAILABLE UNDER THIS APPLICATION ONLY IF ALL ANSWERS TO QUESTIONS A AND B ARE NO, EXCEPT FOR BUILDINGS ELIGIBLE UNDER THE 2-YEAR PRP ELIGIBILITY EXTENSION, FOR WHICH THE ANSWER TO QUESTION A MAY BE YES.

PREMIUM

ENTER SELECTED OPTION FROM THE PREMIUM TABLES IN THE FLOOD INSURANCE MANUAL

BUILDING AND CONTENTS COVERAGE COMBINATION

BUILDING: $
CONTENTS: $
PREMIUM: $

CONTENTS COVERAGE ONLY

AMOUNT: $
PREMIUM: $

SIGNATURE

(ONE BUILDING PER POLICY – BLANKET COVERAGE NOT PERMITTED)

THE ABOVE STATEMENTS ARE CORRECT TO THE BEST OF MY KNOWLEDGE. THE PROPERTY OWNER AND I UNDERSTAND THAT ANY FALSE STATEMENTS MAY BE PUNISHABLE BY FINE OR IMPRISONMENT UNDER APPLICABLE FEDERAL LAW.

SIGNATURE OF INSURANCE AGENT/BROKER: _____ DATE: _____ (MM/DD/YYYY)

NFIP COPY

PLEASE ATTACH TO NFIP COPY OF APPLICATION THE CHECK OR MONEY ORDER FOR THE TOTAL PREPAID PREMIUM MADE PAYABLE TO THE NATIONAL FLOOD INSURANCE PROGRAM.
SPECIAL NOTE TO INSURANCE AGENT: SEND ORIGINAL TO NFIP, KEEP SECOND COPY FOR YOUR RECORDS, GIVE THIRD COPY TO THE INSURED, AND FOURTH COPY TO MORTGAGEE.

U.S. DEPARTMENT OF HOMELAND SECURITY
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National Flood Insurance Program

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☐ BILL INSURED ☐ BILL FIRST MORTGAGEE ☐ BILL SECOND MORTGAGEE ☐ BILL LOSS PAYEE ☐ BILL OTHER

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PHONE NO.: _____ FAX NO.: _____
AGENCY NO.: _____
AGENT'S TAX ID: _____

INSURED MAILING ADDRESS

NAME, MAILING ADDRESS, AND PHONE NO. OF INSURED:

PHONE NO.: _____

DISASTER ASSISTANCE

IS INSURANCE REQUIRED FOR DISASTER ASSISTANCE? ☐ YES ☐ NO
IF YES, CHECK THE GOVERNMENT AGENCY:
☐ SBA ☐ FHA
☐ FEMA ☐ OTHER (SPECIFY): _____
CASE FILE NO.: _____

2ND MORTGAGEE/OTHER

IF SECOND MORTGAGEE, LOSS PAYEE, OR OTHER IS TO BE BILLED, THE FOLLOWING MUST BE COMPLETED, INCLUDING THE NAME, ADDRESS, PHONE NO., AND FAX NO.:
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☐ LOSS PAYEE ☐ OTHER (SPECIFY): _____

PHONE NO.: _____ FAX NO.: _____
LOAN NO.: _____

FIRST MORTGAGEE

NAME, ADDRESS, PHONE NO., AND FAX NO. OF FIRST MORTGAGEE INCLUDING LOAN NO:

PHONE NO.: _____ FAX NO.: _____
LOAN NO.: _____

COMMUNITY

NAME OF COUNTY/PARISH: _____
COMMUNITY NO. AND SUFFIX FOR LOCATION OF PROPERTY INSURED: _____
_____ FLOOD INSURANCE RATE MAP ZONE: _____
INFORMATION SOURCE:
☐ COMMUNITY OFFICIAL ☐ FLOOD MAP ☐ MORTGAGEE
☐ OTHER (SPECIFY): _____

IS BUILDING LOCATED ON FEDERAL LAND? ☐ YES ☐ NO

PROPERTY LOCATION

IS INSURED LOCATION SAME AS INSURED MAILING ADDRESS? ☐ YES ☐ NO
IF NO, ENTER PROPERTY ADDRESS. IF RURAL, DESCRIBE PROPERTY LOCATION.
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BUILDING

BUILDING OCCUPANCY:
☐ SINGLE FAMILY
☐ 2-4 FAMILY
☐ OTHER RESIDENTIAL
☐ NON-RESIDENTIAL (INCL. HOTEL/MOTEL)

CONSTRUCTION DATE:
____/____/____
☐ BUILDING PERMIT DATE
☐ DATE OF CONSTRUCTION
☐ SUBSTANTIAL IMPR. DATE

INSURED'S PRINCIPAL RESIDENCE? ☐ YES ☐ NO

BUILDING TYPE (INCLUDING BASEMENT/ENCLOSURE):
☐ ONE FLOOR ☐ SPLIT LEVEL
☐ TWO FLOORS ☐ THREE OR MORE FLOORS
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CONDO FORM OF OWNERSHIP? ☐ YES ☐ NO
COVERAGE FOR CONDO UNIT? ☐ YES ☐ NO
TOWNHOUSE/ROWHOUSE CONDO UNIT? ☐ YES ☐ NO

CONTENTS LOCATED IN:
☐ ENCLOSURE ONLY (BASEMENT ONLY NOT ELIGIBLE)
☐ BASEMENT/ENCLOSURE AND ABOVE
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☐ LOWEST FLOOR ABOVE GROUND LEVEL AND HIGHER FLOORS
☐ ABOVE GROUND LEVEL MORE THAN ONE FULL FLOOR

ESTIMATED REPLACEMENT COST AMOUNT $ _____

BUILDING USE:
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☐ DETACHED GUEST HOUSE
☐ DETACHED GARAGE
☐ AGRICULTURAL BUILDING
☐ WAREHOUSE
☐ POOLHOUSE, CLUBHOUSE, REC. BLDG.
☐ TOOL/STORAGE SHED
☐ OTHER: _____

BASEMENT, ENCLOSURE, CRAWLSPACE:
☐ NONE
☐ FINISHED BASEMENT/ENCLOSURE
☐ UNFINISHED BASEMENT/ENCLOSURE
☐ CRAWLSPACE
☐ SUBGRADE CRAWLSPACE

☐ MANUFACTURED (MOBILE) HOMES/TRAVEL TRAILERS LOCATED IN A MOBILE HOME PARK OR SUBDIVISION: CONSTRUCTION DATE OF MOBILE HOME PARK OR SUBDIVISION FACILITIES
☐ MANUFACTURED (MOBILE) HOMES/TRAVEL TRAILERS LOCATED OUTSIDE A MOBILE HOME PARK OR SUBDIVISION: DATE OF PERMANENT PLACEMENT

MAKE, MODEL, AND SERIAL NO. OF MANUFACTURED (MOBILE) HOME/TRAVEL TRAILER _____

NOTICE

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B) DO ANY OF THESE CONDITIONS, ARISING FROM ONE OR MORE OCCURRENCES IN ANY 10-YEAR PERIOD, EXIST?
- TWO (2) LOSS PAYMENTS, EACH MORE THAN $1,000 ☐ YES ☐ NO
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- TWO (2) FEDERAL DISASTER RELIEF PAYMENTS, EACH MORE THAN $1,000 ☐ YES ☐ NO
- THREE (3) FEDERAL DISASTER RELIEF PAYMENTS, REGARDLESS OF AMOUNT ☐ YES ☐ NO
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PREMIUM

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BUILDING AND CONTENTS COVERAGE COMBINATION

BUILDING: $
CONTENTS: $
PREMIUM: $

CONTENTS COVERAGE ONLY

AMOUNT: $
PREMIUM: $

SIGNATURE

(ONE BUILDING PER POLICY – BLANKET COVERAGE NOT PERMITTED)

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IF NEW, LEAVE BLANK

POLICY TERM

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POLICY PERIOD IS FROM _____ TO _____
12:01 A.M. LOCAL TIME AT THE INSURED PROPERTY LOCATION
WAITING PERIOD: ☐ STANDARD 30-DAY
☐ LOAN TRANSACTION OR LENDER REQUIRED – NO WAITING

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PHONE NO.: _____ FAX NO.: _____
AGENCY NO.: _____
AGENT'S TAX ID: _____

INSURED MAILING ADDRESS

NAME, MAILING ADDRESS, AND PHONE NO. OF INSURED:

PHONE NO.: _____

DISASTER ASSISTANCE

IS INSURANCE REQUIRED FOR DISASTER ASSISTANCE? ☐ YES ☐ NO
IF YES, CHECK THE GOVERNMENT AGENCY:
☐ SBA ☐ FHA
☐ FEMA ☐ OTHER (SPECIFY): _____
CASE FILE NO.: _____

2ND MORTGAGEE/OTHER

IF SECOND MORTGAGEE, LOSS PAYEE, OR OTHER IS TO BE BILLED, THE FOLLOWING MUST BE COMPLETED, INCLUDING THE NAME, ADDRESS, PHONE NO., AND FAX NO.:
☐ SECOND MORTGAGEE ☐ DISASTER AGENCY (SPECIFY): _____
☐ LOSS PAYEE ☐ OTHER (SPECIFY): _____

PHONE NO.: _____ FAX NO.: _____
LOAN NO.: _____

FIRST MORTGAGEE

NAME, ADDRESS, PHONE NO., AND FAX NO. OF FIRST MORTGAGEE INCLUDING LOAN NO:

PHONE NO.: _____ FAX NO.: _____
LOAN NO.: _____

COMMUNITY

NAME OF COUNTY/PARISH: _____
COMMUNITY NO. AND SUFFIX FOR LOCATION OF PROPERTY INSURED: _____
_____ FLOOD INSURANCE RATE MAP ZONE: _____
INFORMATION SOURCE:
☐ COMMUNITY OFFICIAL ☐ FLOOD MAP ☐ MORTGAGEE
☐ OTHER (SPECIFY): _____

IS BUILDING LOCATED ON FEDERAL LAND? ☐ YES ☐ NO

PROPERTY LOCATION

IS INSURED LOCATION SAME AS INSURED MAILING ADDRESS? ☐ YES ☐ NO
IF NO, ENTER PROPERTY ADDRESS. IF RURAL, DESCRIBE PROPERTY LOCATION.
(DO NOT USE P.O. BOX)

BUILDING

BUILDING OCCUPANCY:
☐ SINGLE FAMILY
☐ 2-4 FAMILY
☐ OTHER RESIDENTIAL
☐ NON-RESIDENTIAL (INCL. HOTEL/MOTEL)

CONSTRUCTION DATE:
____/____/____
☐ BUILDING PERMIT DATE
☐ DATE OF CONSTRUCTION
☐ SUBSTANTIAL IMPR. DATE

INSURED'S PRINCIPAL RESIDENCE? ☐ YES ☐ NO

BUILDING TYPE (INCLUDING BASEMENT/ENCLOSURE):
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CONDO FORM OF OWNERSHIP? ☐ YES ☐ NO
COVERAGE FOR CONDO UNIT? ☐ YES ☐ NO
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CONTENTS LOCATED IN:
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☐ LOWEST FLOOR ABOVE GROUND LEVEL AND HIGHER FLOORS
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ESTIMATED REPLACEMENT COST AMOUNT $ _____

BUILDING USE:
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☐ DETACHED GUEST HOUSE
☐ DETACHED GARAGE
☐ AGRICULTURAL BUILDING
☐ WAREHOUSE
☐ POOLHOUSE, CLUBHOUSE, REC. BLDG.
☐ TOOL/STORAGE SHED
☐ OTHER: _____

BASEMENT, ENCLOSURE, CRAWLSPACE:
☐ NONE
☐ FINISHED BASEMENT/ENCLOSURE
☐ UNFINISHED BASEMENT/ENCLOSURE
☐ CRAWLSPACE
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PREMIUM

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BUILDING AND CONTENTS COVERAGE COMBINATION

BUILDING: $
CONTENTS: $
PREMIUM: $

CONTENTS COVERAGE ONLY

AMOUNT: $
PREMIUM: $

SIGNATURE

(ONE BUILDING PER POLICY – BLANKET COVERAGE NOT PERMITTED)

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☐ FEMA ☐ OTHER (SPECIFY): _____

CASE FILE NO.: _____

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☐ LOSS PAYEE ☐ OTHER (SPECIFY): _____

PHONE NO.: _____ FAX NO.: _____

LOAN NO.: _____

FIRST MORTGAGEE

NAME, ADDRESS, PHONE NO., AND FAX NO. OF FIRST MORTGAGEE INCLUDING LOAN NO:

PHONE NO.: _____ FAX NO.: _____

LOAN NO.: _____

COMMUNITY

NAME OF COUNTY/PARISH: _____

COMMUNITY NO. AND SUFFIX FOR LOCATION OF PROPERTY INSURED: _____

_____ FLOOD INSURANCE RATE MAP ZONE: _____

INFORMATION SOURCE:

☐ COMMUNITY OFFICIAL ☐ FLOOD MAP ☐ MORTGAGEE

☐ OTHER (SPECIFY): _____

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PROPERTY LOCATION

IS INSURED LOCATION SAME AS INSURED MAILING ADDRESS? ☐ YES ☐ NO

IF NO, ENTER PROPERTY ADDRESS. IF RURAL, DESCRIBE PROPERTY LOCATION.
(DO NOT USE P.O. BOX)

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BUILDING OCCUPANCY:
☐ SINGLE FAMILY
☐ 2-4 FAMILY
☐ OTHER RESIDENTIAL
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CONSTRUCTION DATE:
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COVERAGE FOR CONDO UNIT? ☐ YES ☐ NO
TOWNHOUSE/ROWHOUSE CONDO UNIT? ☐ YES ☐ NO

CONTENTS LOCATED IN:
☐ ENCLOSURE ONLY (BASEMENT ONLY NOT ELIGIBLE)
☐ BASEMENT/ENCLOSURE AND ABOVE
☐ LOWEST FLOOR ONLY ABOVE GROUND LEVEL
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ESTIMATED REPLACEMENT COST AMOUNT $ _____

BUILDING USE:
☐ MAIN HOUSE/BUILDING
☐ DETACHED GUEST HOUSE
☐ DETACHED GARAGE
☐ AGRICULTURAL BUILDING
☐ WAREHOUSE
☐ POOLHOUSE, CLUBHOUSE, REC. BLDG.
☐ TOOL/STORAGE SHED
☐ OTHER: _____

BASEMENT, ENCLOSURE, CRAWLSPACE:
☐ NONE
☐ FINISHED BASEMENT/ENCLOSURE
☐ UNFINISHED BASEMENT/ENCLOSURE
☐ CRAWLSPACE
☐ SUBGRADE CRAWLSPACE

☐ MANUFACTURED (MOBILE) HOMES/TRAVEL TRAILERS LOCATED IN A MOBILE HOME PARK OR SUBDIVISION: CONSTRUCTION DATE OF MOBILE HOME PARK OR SUBDIVISION FACILITIES
☐ MANUFACTURED (MOBILE) HOMES/TRAVEL TRAILERS LOCATED OUTSIDE A MOBILE HOME PARK OR SUBDIVISION: DATE OF PERMANENT PLACEMENT

MAKE, MODEL, AND SERIAL NO. OF MANUFACTURED (MOBILE) HOME/TRAVEL TRAILER _____

NOTICE

THE FOLLOWING CONDITIONS SHOULD BE USED TO DETERMINE A BUILDING'S ELIGIBILITY FOR A PRP:

A) IS THE BUILDING LOCATED IN A SPECIAL FLOOD HAZARD AREA ON A FLOOD HAZARD BOUNDARY MAP, OR ON A FLOOD INSURANCE RATE MAP ZONE A, AE, A1-A30, AO, AH, A99, V, VE, V1-V30, AR, AR DUAL ZONES AR/AE, AR/AH, AR/AO, AR/A1-A30, AR/A? ☐ YES ☐ NO

B) DO ANY OF THESE CONDITIONS, ARISING FROM ONE OR MORE OCCURRENCES IN ANY 10-YEAR PERIOD, EXIST?

TWO (2) LOSS PAYMENTS, EACH MORE THAN $1,000 ☐ YES ☐ NO

THREE (3) OR MORE LOSS PAYMENTS, REGARDLESS OF AMOUNT ☐ YES ☐ NO

TWO (2) FEDERAL DISASTER RELIEF PAYMENTS, EACH MORE THAN $1,000 ☐ YES ☐ NO

THREE (3) FEDERAL DISASTER RELIEF PAYMENTS, REGARDLESS OF AMOUNT ☐ YES ☐ NO

ONE (1) FLOOD INSURANCE CLAIM PAYMENT AND ONE (1) FLOOD DISASTER RELIEF PAYMENT (INCLUDING LOANS AND GRANTS), EACH MORE THAN $1,000 ☐ YES ☐ NO

INSURANCE IS AVAILABLE UNDER THIS APPLICATION ONLY IF ALL ANSWERS TO QUESTIONS A AND B ARE NO, EXCEPT FOR BUILDINGS ELIGIBLE UNDER THE 2-YEAR PRP ELIGIBILITY EXTENSION, FOR WHICH THE ANSWER TO QUESTION A MAY BE YES.

PREMIUM

ENTER SELECTED OPTION FROM THE PREMIUM TABLES IN THE FLOOD INSURANCE MANUAL

BUILDING AND CONTENTS COVERAGE COMBINATION

BUILDING: $
CONTENTS: $
PREMIUM: $

CONTENTS COVERAGE ONLY

AMOUNT: $
PREMIUM: $

SIGNATURE

(ONE BUILDING PER POLICY – BLANKET COVERAGE NOT PERMITTED)

THE ABOVE STATEMENTS ARE CORRECT TO THE BEST OF MY KNOWLEDGE. THE PROPERTY OWNER AND I UNDERSTAND THAT ANY FALSE STATEMENTS MAY BE PUNISHABLE BY FINE OR IMPRISONMENT UNDER APPLICABLE FEDERAL LAW.

SIGNATURE OF INSURANCE AGENT/BROKER: _____ DATE: _____ (MM/DD/YYYY)

MORTGAGEE CERTIFICATION COPY

PLEASE ATTACH TO NFIP COPY OF APPLICATION THE CHECK OR MONEY ORDER FOR THE TOTAL PREPAID PREMIUM MADE PAYABLE TO THE NATIONAL FLOOD INSURANCE PROGRAM.
SPECIAL NOTE TO INSURANCE AGENT: SEND ORIGINAL TO NFIP, KEEP SECOND COPY FOR YOUR RECORDS, GIVE THIRD COPY TO THE INSURED, AND FOURTH COPY TO MORTGAGEE.

FLOOD INSURANCE
PREFERRED RISK POLICY APPLICATION
FEMA FORM 086-0-5

NONDISCRIMINATION

No person or organization shall be excluded from participation in, denied the benefits of, or subjected to discrimination under the Program authorized by the Act, on the grounds of race, color, creed, sex, age or national origin.

PRIVACY ACT

The information requested is necessary to process your Flood Insurance Application for a flood insurance policy. The authority to collect the information is Title 42, U.S. Code, Sections 4001 to 4028. Disclosures of this information may be made: to federal, state, tribal, and local government agencies, fiscal agents, your agent, mortgage servicing companies, insurance or other companies, lending institutions, and contractors working for us, for the purpose of carrying out the National Flood Insurance Program; to current Severe Repetitive Loss property owners and Preferred Risk Policy owners for the purpose of property loss history evaluation; to the American Red Cross for verification of nonduplication of benefits following a flooding event or disaster; to law enforcement agencies or professional organizations when there may be a violation or potential violation of law; to a federal, state or local agency when we request information relevant to an agency decision concerning issuance of a grant or other benefit, or in certain circumstances when a federal agency requests such information for a similar purpose from us; to a Congressional office in response to an inquiry made at the request of an individual; to the Office of Management and Budget (OMB) in relation to private relief legislation under OMB Circular A-19; and to the National Archives and Records Administration in records management inspections. Providing the information is voluntary, but failure to do so may delay or prevent issuance of the flood insurance policy.

GENERAL

This information is provided pursuant to Public Law 96-511 (Paperwork Reduction Act of 1980, as amended), dated December 11, 1980, to allow the public to participate more fully and meaningfully in the Federal paperwork review process.

AUTHORITY

Public Law 96-511, amended, 44 U.S.C. 3507; and 5 CFR 1320.

PAPERWORK BURDEN DISCLOSURE NOTICE

Public reporting burden for this data collection is estimated to average 8 minutes per response. The burden estimate includes the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and submitting this form. You are not required to respond to this collection of information unless a valid OMB control number is displayed on this form. Send comments regarding the accuracy of the burden estimate and any suggestions for reducing the burden to: Information Collections Management, Department of Homeland Security, Federal Emergency Management Agency, 500 C Street, SW, Washington, DC 20472, Paperwork Reduction Project (1660-0006).
NOTE: Do not send your completed form to this address.