

APPLICATION

I. USE OF THE FORM

The National Flood Insurance Program (NFIP) Flood Insurance Application form, or a similar form for Write Your Own (WYO) Companies, must be used for all flood insurance policies, except for Preferred Risk Policies (PRP). See the PRP section in this manual. For a Scheduled Building Policy, an Application must be completed for each building and/or contents for which coverage is requested. See the Scheduled Building Policy subsection in this section.

The flood insurance rate to be applied to a building insured under the NFIP is determined by establishing the following:

- Whether the building is Post-FIRM construction or Pre-FIRM construction.
- The building description with regard to:
 - Building occupancy;
 - Building type;
 - Basement type;
 - Elevated building type.
- The flood risk zone.
- Building elevation data.
- Whether the building is a Non-Primary residence.
- Whether the building is a 1–4 Family Severe Repetitive Loss (SRL) property.

II. COMPLETING PART 1 OF THE FLOOD INSURANCE APPLICATION FORM

The following are instructions for completing Part 1 of the Flood Insurance Application form.

A. Application Type

☐ NEW ☐ RENEWAL ☐ TRANSFER (NFIP ONLY)

PRIOR POLICY #: _____

Check the appropriate box to indicate if the Application is for a NEW policy, RENEWAL, or TRANSFER (Direct or WYO) of an existing policy. If the Application is for a renewal or transfer, enter the prior 10-digit policy number.

Select NEW:

- If applying for a new policy.

Select RENEWAL:

- If renewing an existing policy by application.

Select TRANSFER (NFIP ONLY):

- If the agent/producer moves his or her book of business from one insurer to another, or when an insurer acquires another's book of business.

- If the agent/producer is transferring an individual policy within the NFIP (Direct or WYO). For additional guidance, refer to the Transfer of Business subsection in the General Rules section of this manual.

B. Billing

| | | |
|---------|---|--|
| BILLING | FOR RENEWAL, BILL: | |
| | <input type="checkbox"/> INSURED | <input type="checkbox"/> LOSS PAYEE |
| | <input type="checkbox"/> FIRST MORTGAGEE | <input type="checkbox"/> OTHER (AS SPECIFIED IN THE "2ND MORTGAGEE/OTHER" BOX BELOW) |
| | <input type="checkbox"/> SECOND MORTGAGEE | |

Check the appropriate box to indicate who should receive the renewal bill.

C. Policy Period

| | | | |
|---------------|---|---|--|
| POLICY PERIOD | POLICY PERIOD IS FROM ____/____/____ TO ____/____/____ | | |
| | 12:01 A.M. LOCAL TIME AT THE INSURED PROPERTY LOCATION. | | |
| | WAITING PERIOD: <input type="checkbox"/> STANDARD 30-DAY | | |
| | <input type="checkbox"/> REQUIRED FOR LOAN TRANSACTION – NO WAITING PERIOD | | |
| | <input type="checkbox"/> MAP REVISION (ZONE CHANGE FROM NON-SFHA TO SFHA) – 1 DAY | | |
| | | <input type="checkbox"/> TRANSFER (NFIP ONLY) – NO WAITING PERIOD | |
| | | PROPERTY PURCHASED ON OR AFTER 07/06/2012: <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| | | IF YES, INDICATE THE PROPERTY PURCHASE DATE: ____/____/____ | |

Enter the policy effective date and policy expiration date (month/day/year). Check the box for the applicable waiting period. The effective date of the policy is determined by adding the appropriate waiting period, if applicable, to the date of application listed in the "Signature" section. The standard waiting period is 30 days. For additional guidance on exceptions to the standard waiting period, refer to the Effective Date subsection in the General Rules section of this manual.

Check YES if the property was purchased on or after 07/06/2012, and indicate the property purchase date. Otherwise, check NO.

Property purchase does not apply to inheritances, gifts, transfers of ownership without purchase, assignments to an estate or trust, or at the time of foreclosure.

D. Agent/Producer Information

| | | | |
|----------------------------|---|----------------------|-----------------------|
| AGENT/PRODUCER INFORMATION | NAME AND MAILING ADDRESS OF AGENT/PRODUCER: | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | AGENCY NO.: _____ | AGENT'S TAX ID: _____ |
| | | PHONE NO.: _____ | FAX NO.: _____ |
| | | EMAIL ADDRESS: _____ | |

Enter the agent/producer or agency name, mailing address, agency number, tax ID number, phone number, fax number, and email address.

E. Insured Information

| | |
|---------------------|--------------------------------------|
| INSURED INFORMATION | NAME AND MAILING ADDRESS OF INSURED: |
| | PHONE NO.: _____ |

Enter the name, mailing address, and telephone number of the insured.

F. Property Location

| | |
|-------------------|---|
| PROPERTY LOCATION | NOTE: ONE BUILDING PER POLICY – BLANKET COVERAGE NOT PERMITTED. IS INSURED PROPERTY LOCATION SAME AS INSURED'S MAILING ADDRESS? <input type="checkbox"/> YES <input type="checkbox"/> NO IF NO, ENTER PROPERTY ADDRESS. IF RURAL, ENTER LEGAL DESCRIPTION, OR GEOGRAPHIC LOCATION OF PROPERTY (DO NOT USE P.O. BOX). |
| | FOR AN ADDRESS WITH MULTIPLE BUILDINGS AND/OR FOR A BUILDING WITH ADDITIONS OR EXTENSIONS, DESCRIBE THE INSURED BUILDING: _____ |
| | |

Check YES if the location of the property being insured is the same as the insured's mailing address entered in the "Insured Information" section of the form. Leave the rest of the section blank unless there is more than 1 building at the property location.

If NO is checked, provide the address or location of the property to be insured.

Property location must be given as a street address, legal description, or geographic location. Property location cannot be a post office box or rural route number.

For an address with multiple buildings at the same location, describe the one building to be insured (barn, silo, etc.). Submit a sketch showing the location of the insured building to assist the NFIP in matching the policy number to the specific building insured.

If applying for insurance for an addition or extension separately, describe the addition or extension to be insured.

G. 1st Mortgagee

| | |
|---------------|--|
| 1ST MORTGAGEE | NAME AND MAILING ADDRESS OF FIRST MORTGAGEE: |
| | LOAN NO.: _____ |

Enter the name, mailing address, and loan number of the first mortgagee.

For condominium association applicants, do not enter the mortgagees for the individual condominium unit owners.

H. 2nd Mortgagee/Other

| | |
|-------------------------|---|
| 2ND MORTGAGEE/ OTHER | NAME AND MAILING ADDRESS OF <input type="checkbox"/> 2ND MORTGAGEE <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> OTHER IF OTHER, SPECIFY: _____ |
| | LOAN NO.: _____ |

Identify the second mortgagee, loss payee or other by checking the appropriate box. Enter the name, mailing address, and loan number.

For condominium association applicants, do not enter the mortgagees for the individual condominium unit owners.

If more than 1 additional mortgagee or disaster assistance agency exists, provide the requested information on the insurance agency's letterhead and attach the letterhead to the Application form.

I. Disaster Assistance

| | |
|---------------------|--|
| DISASTER ASSISTANCE | IS INSURANCE REQUIRED FOR DISASTER ASSISTANCE? <input type="checkbox"/> YES <input type="checkbox"/> NO |
| | IF YES, CHECK THE GOVERNMENT AGENCY: <input type="checkbox"/> SBA <input type="checkbox"/> FEMA <input type="checkbox"/> FHA |
| | <input type="checkbox"/> OTHER (SPECIFY): _____ |
| | CASE FILE NO.: _____ |

Check YES if flood insurance is being required for disaster assistance. Identify the Government (disaster) agency and enter the insured's case file number; otherwise, check NO.

J. Community

• Rating Map Information

| | |
|-----------|--|
| COMMUNITY | RATING MAP INFORMATION |
| | NAME OF COUNTY/PARISH: _____ |
| | COMMUNITY NO./PANEL NO. AND SUFFIX: _____ - _____ |
| | FIRM ZONE: _____ |
| | COMMUNITY PROGRAM TYPE IS: <input type="checkbox"/> REGULAR <input type="checkbox"/> EMERGENCY |

Enter the Flood Insurance Rate Map (FIRM) information that will be used for rating. Use the current map information, unless the grandfathering rule applies.

Enter name of the county or parish where the property is located. (Not all communities that have been assigned NFIP community numbers are participating in the NFIP. Policies may not be written in non-participating communities.)

Enter the community identification number, map panel number, and revision suffix of the map that will be used for rating for the community where the building is located. When there is only 1 panel (i.e., a flat map), the community number will consist of only 6 digits. Use the FIRM in effect and that has been published at the time of presentment of premium and completion of the Application.

NOTE: The postal address of the insured building may not reflect the community where the property is located. Therefore, do not rely on the postal

address when determining community status and identification.

In addition, because of possible changes in the FIRM, do not rely on information from a prior policy as accurately reflecting the current FIRM information.

The current community number may also be obtained from a flood zone determination or by checking the NFIP Community Status Book online (<http://www.fema.gov/national-flood-insurance-program/national-flood-insurance-program-community-status-book>) or contacting the insurer or a local community official.

Enter the FIRM zone in the space provided. If the program type is Emergency, leave this area blank.

If the community program type is Regular and the building is Pre-FIRM construction, enter the FIRM zone, if known; otherwise, enter UNKNOWN and follow the Alternative Rating procedure explained in the Rating section of this manual. UNKNOWN cannot be used for manufactured homes or other buildings located in a community having flood zones V or V1–V30 (VE).

Check if the community is in the Regular Program or the Emergency Program.

NOTE: If the community contains a Coastal Barrier Resources System (CBRS) or Otherwise Protected Area (OPA), see the CBRS section in this manual for additional guidance.

• Grandfathering Information

| | |
|---|--|
| GRANDFATHERING INFORMATION | |
| GRANDFATHERED? | <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, <input type="checkbox"/> BUILT IN COMPLIANCE OR |
| <input type="checkbox"/> CONTINUOUS COVERAGE (PROVIDE PRIOR POLICY NUMBER IN BOX ABOVE) | |
| CURRENT COMMUNITY NO./PANEL NO. AND SUFFIX: _____ - _____ | |
| CURRENT FIRM ZONE: _____ | CURRENT BFE: _____ |

Check YES if the grandfathering rule is being applied, and complete this section; otherwise, check NO.

If YES:

- Check whether the building is eligible for grandfathering under the built-in-compliance or the continuous-coverage provision.
- If grandfathering under continuous coverage, enter the prior policy number in the Application Type section.
- Enter the current community identification number, map panel number, suffix, FIRM zone, and, if applicable, the BFE. Do not use this map information for rating.

NOTE: In the case of the acquisition of a new policy or the assignment of a policy in connection with the purchase of a property located in Zone A, AE, A1–A30, AO, AH,V, VE, V1–V30, or D and rated using Pre-FIRM subsidized rates, the NFIP grandfather rule for “continuous coverage” cannot be used.

K. Building

• Building Occupancy

| | |
|-----------------|--|
| BUILDING | BUILDING OCCUPANCY |
| | <input type="checkbox"/> SINGLE FAMILY |
| | <input type="checkbox"/> 2–4 FAMILY |
| | <input type="checkbox"/> OTHER RESIDENTIAL |
| | <input type="checkbox"/> NON-RESIDENTIAL (INCLUDING HOTEL/MOTEL) |

Check the type of occupancy for the building (i.e., Single Family, 2–4 Family, Other Residential, or Non-Residential [including hotel/motel]).

- Single Family – This is a residential single-family building, or a single-family dwelling unit in a condominium building; incidental occupancies are permitted if limited to less than 50% of the building’s total floor area.

NOTE: Incidental occupancies are offices, private schools, studios, or small service operations within a residential building.

- 2–4 Family – This is a residential building that contains 2–4 units. This category includes apartment buildings and condominium buildings. Incidental occupancies (see note above) are permitted if the total area of such occupancies is limited to less than 25% of the total floor area within the building. This excludes hotels and motels with normal room rentals for less than 6 months.
- Other Residential – This is a residential building that contains more than 4 apartments/units. This category includes condominium and apartment buildings as well as hotels, motels, tourist homes, and rooming houses where the normal occupancy of a guest is 6 months or more. These buildings are permitted incidental occupancies (see note above). The total area of incidental occupancy is limited to less than 25% of the total floor area within the building. Examples of other residential buildings include dormitories and assisted-living facilities.
- Non-Residential (including hotel/motel) – This is a commercial or non-habitational building, or a mixed-use building that does not qualify as a residential building. This category includes, but is not limited to, small businesses, churches, schools, farm buildings (including grain bins and silos), garages, poolhouses, clubhouses, recreational buildings, mercantile buildings, agricultural buildings, industrial buildings, warehouses, nursing homes, licensed bed-and-breakfasts, and hotels and motels with normal room rentals for less than 6 months.

• Building Purpose

| | |
|---|-----------------------------|
| BUILDING PURPOSE | |
| <input type="checkbox"/> 100% RESIDENTIAL | |
| <input type="checkbox"/> 100% NON-RESIDENTIAL | |
| <input type="checkbox"/> MIXED-USE – SPECIFY PERCENTAGE OF RESIDENTIAL USE: _____ % | |
| IS BUILDING A BUSINESS PROPERTY? | |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO |

- Indicate if the building's purpose is 100% Residential or 100% Non-Residential. If Mixed Use, specify percentage of residential use.
- Check YES if the intended use of the building is for business; otherwise check NO.

For the purpose of completing the Application, a business property is any non-residential building that produces income or a building designed for use as office or retail space, wholesale, hospitality, or similar uses.

Churches are not considered business property; nor are buildings permitted for residential use such as apartments and rental dwelling units.

• Basement/Enclosure/Crawlspace

| | |
|--|--|
| BASEMENT, ENCLOSURE, CRAWLSPACE | |
| <input type="checkbox"/> NONE | <input type="checkbox"/> FINISHED BASEMENT/ENCLOSURE |
| <input type="checkbox"/> CRAWLSPACE | <input type="checkbox"/> UNFINISHED BASEMENT/ENCLOSURE |
| <input type="checkbox"/> SUBGRADE CRAWLSPACE | |

Check whether the building contains:

- Basement – Any area of the building, including any sunken room or sunken portion of a room, having its floor below ground level (subgrade) on all sides.
- Enclosure – That portion of an elevated building below the lowest elevated floor that is either partially or fully shut in by rigid walls. A garage below or attached to an elevated building is considered an enclosure.

NOTE: A **finished** (habitable) area is an enclosed area that has more than 20 linear feet of finished interior walls (paneling, etc.).

An **unfinished** area is an enclosed area that is used only for the parking of vehicles, building access, or storage purposes and that does not meet the definition of a finished (habitable) area.

- Crawlspace – In an elevated building, an under-floor space that has its interior floor area (finished or not) no more than 5 feet below the top of the next-higher floor.
- Subgrade Crawlspace – A crawlspace foundation where the subgrade under-floor area is no more than 5 feet below the top of the next-higher floor

and no more than 2 feet below the lowest adjacent grade on all sides. (A building with a subgrade crawlspace is not an elevated building.)

Select NONE if the enclosure or crawlspace is not the lowest floor for rating. In all zones with the exception of zones V, VE, and V1–V30, this means that the enclosure has proper openings, is unfinished, and is used only for building access, parking, or storage.

Select NONE for a Post-FIRM V-Zone building constructed before October 1, 1981, if the enclosure is less than 300 square feet with breakaway walls and no machinery or equipment, is unfinished, and is used only for building access, parking, or storage.

Select NONE if coverage is for an individual unit in a high-rise condominium building that is elevated with an enclosure.

NOTE: If NONE is selected, use the without basement/enclosure/crawlspace/subgrade crawlspace rates.

• Number of Floors in Building or Building Type

| | | |
|---|---|------------------------------------|
| NUMBER OF FLOORS IN BUILDING (INCLUDING BASEMENT/ENCLOSED AREA, IF ANY) OR BUILDING TYPE | | |
| <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 OR MORE |
| <input type="checkbox"/> SPLIT LEVEL | <input type="checkbox"/> TOWNHOUSE/ROWHOUSE (RCBAP LOW-RISE ONLY) | |
| <input type="checkbox"/> MANUFACTURED (MOBILE) HOME/TRAVEL TRAILER ON FOUNDATION | | |

Indicate the number of floors in the entire building, including the basement/enclosed area if applicable, in the appropriate space.

If the building's enclosure or crawlspace is eligible for exclusion from rating, do not count the enclosed area as a floor. See the explanation under Basement/Enclosure/Crawlspace for eligibility of exclusion from rating.

- 1 Floor – excludes unfinished attic;
- 2 Floors – includes basement, enclosure, crawlspace, and subgrade crawlspace;
- 3 or More Floors – includes basement, enclosure, crawlspace, and subgrade crawlspace;
- Split Level – A foundation with a vertical offset in the floor framing on either side of a common wall;
- Townhouses/Rowhouses (RCBAP low-rise only) – A row of homes sharing at least 1 common wall;
- Manufactured (Mobile) Home or Travel Trailer – Must be built on a permanent chassis and affixed to a permanent foundation, regardless of size. A serial number must be provided in Part 2 of the Application.

• Condominium Information

IS COVERAGE FOR A CONDO UNIT? ☐ YES ☐ NO
 IS BUILDING IN A CONDOMINIUM FORM OF OWNERSHIP? ☐ YES ☐ NO
 TOTAL NUMBER OF UNITS: _____
☐ HIGH-RISE ☐ LOW-RISE

• Condo Unit

Check YES if coverage is for a condominium unit. Otherwise, check NO.

• Condominium Form of Ownership

Check YES if the building is in a condominium form of ownership; otherwise, check NO. (A Homeowners Association [HOA] may or may not be in a condominium form of ownership.) For additional guidance on eligibility and rating, refer to the Condominiums section of this manual.

• Total Number of Units

For a Residential Condominium Building Association Policy (RCBAP), enter the total number of units (including non-residential) within the building and indicate whether the building is a high-rise or low-rise. The RCBAP covers only a residential condominium building in a Regular Program community.

- High-Rise Building – A condominium building having 5 or more units and at least 3 floors excluding enclosures.
- Low-Rise Building – A condominium building having fewer than 5 units regardless of the number of floors, or 5 or more units with fewer than 3 floors including a basement.

• Federal Land

IS BUILDING LOCATED ON FEDERAL LAND? ☐ YES ☐ NO

Check YES if the building is located on Federal land; otherwise, check NO. For additional guidance on federally leased properties, refer to the Leased Federal Properties section of this manual.

• Building Walled and Roofed, Building in the Course of Construction, Building Over Water

IS BUILDING WALLED AND ROOFED? ☐ YES ☐ NO
 IS BUILDING IN THE COURSE OF CONSTRUCTION? ☐ YES ☐ NO
 IS BUILDING OVER WATER? ☐ NO ☐ PARTIALLY ☐ ENTIRELY

• Building Walled and Roofed

Check YES if the building has at least 2 outside rigid walls and a fully secured roof; otherwise, check NO.

• Building in the Course of Construction

Check YES if the building is in the course of construction (if the building is not yet walled and roofed); otherwise, check NO.

• Building Over Water

Check NO if the building is not located over water. Check PARTIALLY if any part of the building is over water. Check ENTIRELY if the building is completely over water. In tidal areas, use the mean high tide in determining whether the building is partially or entirely over water. For additional guidance on buildings over water, refer to the Building Property Eligibility subsection in the General Rules section of this manual.

• Insured's Primary Residence, Rental Property, Tenant's Coverage

IS BUILDING INSURED'S PRIMARY RESIDENCE? ☐ YES ☐ NO
 IS BUILDING A RENTAL PROPERTY? ☐ YES ☐ NO
 IS THE INSURED A TENANT? ☐ YES ☐ NO
 IF YES, IS THE TENANT REQUESTING BUILDING COVERAGE? ☐ YES ☐ NO
 IF YES, SEE NOTICE BELOW.

• Insured's Primary Residence

Check YES if an applicant or an applicant's spouse will live in the building more than 50 percent of the 365 days following the policy effective date. Otherwise, check NO. If YES, the Application must include current documentation of primary residence status. Acceptable documentation is one of the following: Homestead Tax Credit Form for Primary Residence, driver's license, automobile registration, proof of insurance for a vehicle, voter's registration, or documents showing where children attend school.

NOTE: If the building is a non-primary residence located in Zone A, AE, A1–A30, AO, AH, V, VE, V1–V30, or D, and Pre-FIRM subsidized rates are used, use Table 2B in the Rating section of this manual. For loss settlement, the definition of principal residence in the SFIP will be used.

• Rental Property

Check YES if the building is a rental property; otherwise, check NO.

• Tenant's Coverage

If the insured is a tenant, check YES; otherwise, check NO. If the tenant is requesting building coverage, check YES; otherwise, check NO. If YES, see the Notice in the Signature section of the form. The building owner must be named on the policy. If building coverage is purchased by a tenant due to a lease agreement, the tenant may be named as an additional insured on the policy. Coverage for contents owned by the tenant must be written on a separate policy in the name of the tenant only. For additional guidance, refer to the Tenant's Coverage subsection in the General Rules section of this manual.

- **Severe Repetitive Loss Property**

IS THE BUILDING A SEVERE REPETITIVE LOSS PROPERTY? ☐ YES ☐ NO

Check YES if the building is an SRL property; otherwise check NO. If YES, application must be sent to the NFIP Special Direct Facility for processing. For additional guidance, refer to the Severe Repetitive Loss section of this manual.

- **Additions or Extensions**

DOES THE BUILDING HAVE ANY ADDITIONS OR EXTENSIONS? ☐ YES ☐ NO
(ADDITIONS AND EXTENSIONS MAY BE SEPARATELY INSURED.)

Check YES if the building has additions or extensions attached to and in contact with the building by means of a rigid exterior wall, a solid load-bearing interior wall, a stairway, an elevated walkway, or a roof. If YES, complete Application Part 2, Section I, Question 4. Check NO if the building has no additions or extensions. For additional guidance, refer to the Additions or Extensions subsection in the General Rules section of this manual.

- **Elevated Building**

IS BUILDING ELEVATED? ☐ YES ☐ NO
IF YES, AREA BELOW IS: ☐ FREE OF OBSTRUCTION ☐ WITH OBSTRUCTION

Check YES if the building is an elevated building; otherwise, check NO. An elevated building is a building that has no basement and that has its lowest elevated floor raised above ground level by foundation walls, shear walls, posts, piers, pilings, or columns.

If the building is elevated, indicate whether the area below the lowest elevated floor is free of obstruction or with obstruction. An obstruction is a partially or fully enclosed area, or machinery and equipment, below the lowest elevated floor of the building.

L. Contents

| | | |
|-----------------|---|---|
| CONTENTS | CONTENTS LOCATED IN*: | IS PERSONAL PROPERTY HOUSEHOLD CONTENTS? <input type="checkbox"/> YES <input type="checkbox"/> NO |
| | <input type="checkbox"/> BASEMENT/ENCLOSURE | IF NO, DESCRIBE: _____ |
| | <input type="checkbox"/> BASEMENT/ENCLOSURE AND ABOVE | _____ |
| | <input type="checkbox"/> LOWEST FLOOR ONLY ABOVE GROUND LEVEL | _____ |
| | <input type="checkbox"/> LOWEST FLOOR ABOVE GROUND LEVEL AND HIGHER | |
| | <input type="checkbox"/> ABOVE GROUND LEVEL MORE THAN 1 FULL FLOOR | *IF SINGLE FAMILY, CONTENTS ARE RATED THROUGHOUT THE BUILDING. |

Check the box that describes the location of the contents to be insured. Check YES if personal property is household contents; otherwise, check NO and describe.

M. Construction Information

| | | |
|---------------------------------|--|---|
| CONSTRUCTION INFORMATION | CONSTRUCTION DATE: ____/____/____ | |
| | CHECK ONE OF THE FOLLOWING: | |
| | <input type="checkbox"/> BUILDING PERMIT | <input type="checkbox"/> SUBSTANTIAL IMPROVEMENT |
| | <input type="checkbox"/> CONSTRUCTION | <input type="checkbox"/> FOR MANUFACTURED (MOBILE) HOMES/ TRAVEL TRAILERS LOCATED IN A MOBILE HOME PARK OR SUBDIVISION: CONSTRUCTION DATE OF MOBILE HOME PARK OR SUBDIVISION FACILITIES |
| | <input type="checkbox"/> FOR MANUFACTURED (MOBILE) HOMES/ TRAVEL TRAILERS LOCATED OUTSIDE A MOBILE HOME PARK OR SUBDIVISION: DATE OF PERMANENT PLACEMENT | |

Enter the building construction date (month/day/year) and select the applicable box.

- **Building Permit**

Select this box if construction began within 180 days of the building permit date and enter the building permit date.

- **Construction**

Select this box if construction began more than 180 days after the building permit date and enter the date of the start of construction.

- **Manufactured (Mobile) Homes/Travel Trailers Located Outside a Mobile Home Park or Subdivision**

Select this box if the manufactured (mobile) home or travel trailer is located outside a mobile home park or subdivision, and enter the date of permanent placement.

- **Manufactured (Mobile) Homes/Travel Trailers Located in a Mobile Home Park or Subdivision**

Select this box if the manufactured (mobile) home or travel trailer is located inside a mobile home park or subdivision, and enter the construction date of the mobile home park or subdivision facilities.

- **Substantial Improvement**

Select this box if the building has been substantially improved or damaged. If the building has been substantially improved, enter the date that substantial improvement started or the building permit date. If the building has been substantially damaged, enter the date that substantial damage occurred.

Substantial improvement is any reconstruction, rehabilitation, addition, or other improvement of a building, the cost of which equals or exceeds 50% of the market value of the building before the start of construction of the improvement.

Substantial damage is damage of any origin sustained by a building whereby the cost of restoring the building to its before-damaged condition would equal or exceed 50% of the market value of the building before the damage occurred.

Do not select this box for substantial improvement to a Pre-FIRM building where the improvement is an addition next to and in contact with the existing building and the lowest floor elevation of the addition is at or above the BFE. Select the Building Permit box or the Construction box as applicable and enter the appropriate date.

N. Elevation Data

• Post-FIRM Construction

| | |
|-------------------|--|
| ELEVATION DATA | IS BUILDING POST-FIRM CONSTRUCTION? |
| | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| | (IF POST-FIRM CONSTRUCTION IN ZONES A, A1-A30, AE, AO, AH, V, V1-V30, VE, OR IF PRE-FIRM CONSTRUCTION IS ELEVATION RATED, ATTACH ELEVATION CERTIFICATE.) |
| | |

Check YES if the building was constructed or substantially improved after December 31, 1974, or on or after the effective date of the initial FIRM for the community, whichever is later; otherwise, check NO.

• Elevation Information

| | |
|--|------------------------------------|
| BUILDING DIAGRAM NO.: _____ | LOWEST ADJACENT GRADE (LAG): _____ |
| ELEVATION CERTIFICATION DATE: _____ / _____ / _____ | |
| LOWEST FLOOR ELEVATION: _____ (-) BASE FLOOD ELEVATION: _____ (-) DIFFERENCE TO NEAREST FOOT: _____ (+ OR -) | |
| IN ZONES V AND V1-V30 ONLY, DOES BASE FLOOD ELEVATION INCLUDE EFFECTS OF WAVE ACTION? <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| IS BUILDING FLOODPROOFED? <input type="checkbox"/> YES <input type="checkbox"/> NO (SEE THE NFIP FLOOD INSURANCE MANUAL FOR CERTIFICATION FORM.) | |

Enter the elevation information from the Elevation Certificate (EC) for Post-FIRM construction in zones A, A1-A30, AE, AO, AH, V, V1-V30, or VE and for Pre-FIRM construction that is elevation rated. Submit the EC and photographs. Photographs must be taken and dated within 90 days of submission.

Pre-FIRM properties in Zones A, AE, A1-A30, AO, AH, VE, and V1-V30 that are newly purchased or newly insured on or after July 6, 2012, or policies that have lapsed in coverage and are being reinstated on or after October 4, 2012, must be full-risk rated and require an EC.

Full-risk rates are also required for Pre-FIRM properties in unnumbered V zones and in Zone D that are newly purchased or newly insured on or after July 6, 2012, or policies that have lapsed in coverage and are being reinstated on or after October 4, 2012. Full-risk rates for unnumbered V Zones are located in the Specific Rating Guidelines. No EC is required for Zone D, and the full-risk rates are found in Table 3A in the Rating section of this manual.

NOTE: Post-FIRM buildings constructed in a non-SFHA and remapped to an SFHA are eligible for grandfathering. The insured has the option of obtaining an EC or continuing with the non-SFHA rates without an EC.

When the building is in the course of construction, the elevation information provided by the surveyor on the EC must be based on the proposed architectural plans.

In communities that participate in the NFIP's Community Rating System (CRS), building elevation information may be available from the community office in charge of building permits or floodplain management.

• Building Diagram Number

Enter the building diagram number from the EC.

Applications for buildings rated using the Floodproofing Certificate do not require a diagram number.

• Lowest Adjacent Grade

Enter the Lowest Adjacent Grade from the EC.

The Lowest Adjacent Grade is not required for buildings located in AO Zones and buildings in Unnumbered A Zones and Unnumbered V Zones without a BFE.

Applications for buildings rated using the Floodproofing Certificate do not require a Lowest Adjacent Grade.

• Elevation Certification Date

Enter the date the EC was signed.

• Lowest Floor Elevation

Enter the Lowest Floor Elevation from the EC. *To determine the lowest floor for rating, refer to the Lowest Floor Guide section of this manual.*

When entering elevation data, drop hundredths of a foot and show only tenths of a foot. For example, if the Lowest Floor Elevation is 10.49', enter 10.4'; do not round up to 10.5'.

• Base Flood Elevation

Enter the Base Flood Elevation (BFE) from the EC.

In A Zones where BFEs are not available, the BFE may be provided by Federal, state, or local government agencies, such as the United States Geological Survey, United States Army Corps of Engineers, Department of Transportation, or Division of Water Resources. When sources other than these are used, the local community official must agree in writing with the established BFE.

• Elevation Difference

Enter the Elevation Difference.

To determine the Elevation Difference, subtract the Base Flood Elevation from the Lowest Floor Elevation. For example, if the Lowest Floor Elevation is 10.5' and the Base Flood Elevation is 9.0', then the Elevation Difference is +1.5' ($10.5' - 9.0' = 1.5'$), which is rounded to the nearest foot, which is +2'.

• In Zones V1-V30 Only, Does Base Flood Elevation Include Effects of Wave Action?

Check YES if the Base Flood Elevation includes the effects of wave action; otherwise, select NO.

Base Flood Elevations for V Zones on FIRMs dated before January 1, 1981, may require a wave height adjustment. For additional guidance, refer to the FIRMs with Wave Heights subsection in the Rating section of this manual.

• Is Building Floodproofed?

Check YES if the building is floodproofed; otherwise, check NO. To receive credit for floodproofing, the completed Floodproofing Certificate must be submitted. Refer to the Floodproofed Buildings subsection in the Rating section of this manual for the non-residential floodproofing requirements.

NOTE: Buildings in V Zones on the current FIRM are not eligible for the floodproofing credit.

The residential floodproofing rating credit may be grandfathered for those residential buildings with a valid Residential Basement Floodproofing Certificate that were constructed between the effective date of the community's floodproofing eligibility and their rescission date, but not on or after the rescission date. (See the Special Certifications section in this manual for a list of communities approved for residential basement floodproofing.)

0. Coverage and Rating

• Estimated Building Replacement Cost

ESTIMATED BUILDING REPLACEMENT COST
(INCLUDING FOUNDATION): \$ _____

Using normal company practice, estimate the Replacement Cost Value (RCV) and enter the value in the space provided. Include the cost of the building foundation when determining the RCV.

• Deductible and Deductible Buyback

DEDUCTIBLE: BUILDING \$ _____ CONTENTS \$ _____
DEDUCTIBLE BUYBACK? ☐ YES ☐ NO

Enter the deductible amount for building and/or contents. Check YES if the applicant is "buying back" a deductible; otherwise, check NO. For additional information and options on deductibles, refer to the Rating and Condominiums sections of this manual.

• Insurance Coverage

| INSURANCE COVERAGE | TOTAL AMOUNT OF INSURANCE |
|--------------------|---------------------------|
| BUILDING | |
| CONTENTS | |

For information on coverage limits available, see the "Amount of Insurance Available" table in the Rating section of this manual, and enter the total amount of insurance requested.

• Rating

| BASIC LIMITS | | | ADDITIONAL LIMITS (REGULAR PROGRAM ONLY) | | | DEDUCTIBLE | TOTAL PREMIUM |
|------------------------------|------|----------------|---|------|----------------|----------------------------|---------------|
| AMOUNT OF INSURANCE | RATE | ANNUAL PREMIUM | AMOUNT OF INSURANCE | RATE | ANNUAL PREMIUM | PREMIUM REDUCTION/INCREASE | |
| | | .00 | | | .00 | .00 | .00 |
| | | .00 | | | .00 | .00 | .00 |
| ANNUAL SUBTOTAL | | | | | | | \$ |
| ICC PREMIUM | | | | | | | |
| SUBTOTAL | | | | | | | |
| CRS PREMIUM DISCOUNT _____ % | | | | | | | |
| SUBTOTAL | | | | | | | |
| RESERVE FUND _____ % | | | | | | | |
| SUBTOTAL | | | | | | | |
| PROBATION SURCHARGE | | | | | | | |
| FEDERAL POLICY FEE | | | | | | | |
| TOTAL AMOUNT DUE | | | | | | | \$ |

Enter the Basic and Additional Limits, Rates, Annual premium and Deductible (premium reduction/increase), and calculate the Total Premium.

Next, enter the Annual Subtotal, ICC Premium, and calculate the subtotal. If any, add in the CRS Premium Discount, and calculate the subtotal. For the CRS discounts, see the Community Rating System Eligible Communities list in the CRS section of this manual.

Next, enter the Reserve Fund Assessment percentage and calculate the subtotal. For the annual Reserve Fund Assessment percentage, refer to the Rating section of this manual.

Finally, enter the Probation Surcharge (if any) and the Federal Policy Fee, and calculate the Total Amount Due. For additional information and rating examples, refer to the Rating section of this manual.

• Rate Category

RATE CATEGORY:
☐ MANUAL ☐ SUBMIT FOR RATE ☐ PROVISIONAL RATING

Check the applicable rate type:

- Manual – Used to rate a policy using the rate tables provided in the *NFIP Flood Insurance Manual*.
- Submit for Rate – Used to rate a building for which no risk rate is published in the *NFIP Flood Insurance Manual*.
- Provisional Rating – Used for placing flood coverage prior to the receipt of an EC. It is expected that an EC will be secured and standard rating completed within 60 days of the Policy Effective Date.

• Payment Method

PAYMENT METHOD:
☐ CHECK ☐ CREDIT CARD
☐ OTHER: _____

- Select the appropriate payment method. If paying by check or money order, make payable to the insurer.
- Select CREDIT CARD if paying by VISA, MasterCard, Discover, or American Express. Otherwise, check OTHER and describe the payment method. Payment

must be for the Total Amount Due, payable to the insurer, and accompany the Application.

- For credit card payments, a disclaimer form, signed by the insured, must be submitted with the Flood Insurance Application. The disclaimer will state that cancellation of a policy due to a billing dispute will be permitted only for a billing error or fraud. If the credit card information is taken over the telephone, the agent/producer may sign the authorization form on behalf of the payor only after having read the disclaimer to the payor.

P. Signature

| | | |
|-----------|---|-------------------------|
| SIGNATURE | NOTICE: BUILDING COVERAGE BENEFITS – EXCEPT FOR A RESIDENTIAL CONDOMINIUM BUILDING – ARE NOT AVAILABLE IF OTHER NFIP BUILDING COVERAGE HAS BEEN PURCHASED BY THE APPLICANT OR ANY OTHER PARTY FOR THE SAME BUILDING. | |
| | THE ABOVE STATEMENTS ARE CORRECT TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT ANY FALSE STATEMENTS MAY BE PUNISHABLE BY FINE AND/OR IMPRISONMENT UNDER APPLICABLE FEDERAL LAW. SEE REVERSE SIDE OF COPIES 2, 3, AND 4. | |
| | SIGNATURE OF INSURANCE AGENT/PRODUCER _____ | DATE (MM/DD/YYYY) _____ |
| | SIGNATURE OF INSURED (OPTIONAL) _____ | DATE (MM/DD/YYYY) _____ |

The agent/producer must sign and date Parts 1 and 2 of the Application and is responsible for the completeness and accuracy of the information provided on it. The insured's signature is optional.

NOTE: The waiting period, if applicable, is added to this date to determine the policy effective date entered in the Policy Period section of the Application.

Electronic transactions are permitted if the business process includes authentication of signatures and dates of receipt of premium. WYO Companies are responsible for determining the business practices and transaction authentication methods they will use to ensure the security and integrity of such transactions.

III. COMPLETING PART 2 OF THE FLOOD INSURANCE APPLICATION FORM

The agent/producer must complete all relevant items in Part 2 of the Application form for all buildings.

A. Section I – All Building Types

1. Building Use

| | | |
|--|---|--|
| 1. Building Use: | | |
| <input type="checkbox"/> Main house/building | <input type="checkbox"/> Detached guest house | <input type="checkbox"/> Detached garage |
| <input type="checkbox"/> Agricultural building | <input type="checkbox"/> Warehouse | <input type="checkbox"/> Tool/storage shed |
| <input type="checkbox"/> Poolhouse, clubhouse, recreation building | | |
| <input type="checkbox"/> Other: _____ | | |

Check the box that indicates the insured building's use. If OTHER, describe the building use.

2. Garage

| | | | | | | | | | | | | | |
|--|---|--|------------------------------------|--|---------------------------------------|------------------------------------|----------------------------------|---|---|---------------------------------------|--|--|--|
| 2. Garage | | | | | | | | | | | | | |
| a) Is there a garage attached to or part of the building? <input type="checkbox"/> YES <input type="checkbox"/> NO | | | | | | | | | | | | | |
| If the answer to 2a is YES, answer 2b through 2f. | | | | | | | | | | | | | |
| b) Total area of the garage: _____ square feet. | | | | | | | | | | | | | |
| c) Are there any openings (excluding doors) that are designed to allow the passage of floodwaters through the garage? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, number of permanent flood openings within 1 foot above the adjacent grade: _____. Total area of all permanent openings: _____ square inches. | | | | | | | | | | | | | |
| d) Is the garage used solely for parking of vehicles, building access, and/or storage? <input type="checkbox"/> YES <input type="checkbox"/> NO | | | | | | | | | | | | | |
| e) Does the garage contain machinery and/or equipment? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, check the applicable items: <table border="0"><tr><td><input type="checkbox"/> Furnace</td><td><input type="checkbox"/> Heat pump</td><td><input type="checkbox"/> Air conditioner</td></tr><tr><td><input type="checkbox"/> Water heater</td><td><input type="checkbox"/> Fuel tank</td><td><input type="checkbox"/> Cistern</td></tr><tr><td><input type="checkbox"/> Elevator equipment</td><td><input type="checkbox"/> Washer & dryer</td><td><input type="checkbox"/> Food freezer</td></tr><tr><td colspan="3"><input type="checkbox"/> Other machinery and/or equipment servicing the building (describe): _____</td></tr></table> | | <input type="checkbox"/> Furnace | <input type="checkbox"/> Heat pump | <input type="checkbox"/> Air conditioner | <input type="checkbox"/> Water heater | <input type="checkbox"/> Fuel tank | <input type="checkbox"/> Cistern | <input type="checkbox"/> Elevator equipment | <input type="checkbox"/> Washer & dryer | <input type="checkbox"/> Food freezer | <input type="checkbox"/> Other machinery and/or equipment servicing the building (describe): _____ | | |
| <input type="checkbox"/> Furnace | <input type="checkbox"/> Heat pump | <input type="checkbox"/> Air conditioner | | | | | | | | | | | |
| <input type="checkbox"/> Water heater | <input type="checkbox"/> Fuel tank | <input type="checkbox"/> Cistern | | | | | | | | | | | |
| <input type="checkbox"/> Elevator equipment | <input type="checkbox"/> Washer & dryer | <input type="checkbox"/> Food freezer | | | | | | | | | | | |
| <input type="checkbox"/> Other machinery and/or equipment servicing the building (describe): _____ | | | | | | | | | | | | | |
| f) Does the garage have more than 20 linear feet of finished interior wall, paneling, etc.? <input type="checkbox"/> YES <input type="checkbox"/> NO | | | | | | | | | | | | | |

Check yes if there is a garage attached to or part of the building; otherwise, check NO.

If the answer to 2a is YES, complete 2b through 2f; otherwise, check NO and disregard 2b through 2f.

3. Basement/Subgrade CrawlSpace

| | | | | | | | | | | | | | |
|--|---|--|------------------------------------|--|---------------------------------------|------------------------------------|----------------------------------|---|---|---------------------------------------|--|--|--|
| 3. Basement/Subgrade CrawlSpace | | | | | | | | | | | | | |
| a) Is the basement/subgrade crawlspace floor below grade on all sides? <input type="checkbox"/> YES <input type="checkbox"/> NO | | | | | | | | | | | | | |
| b) If yes, does the basement/subgrade crawlspace contain machinery and/or equipment? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, check the applicable items: <table border="0"><tr><td><input type="checkbox"/> Furnace</td><td><input type="checkbox"/> Heat pump</td><td><input type="checkbox"/> Air conditioner</td></tr><tr><td><input type="checkbox"/> Water heater</td><td><input type="checkbox"/> Fuel tank</td><td><input type="checkbox"/> Cistern</td></tr><tr><td><input type="checkbox"/> Elevator equipment</td><td><input type="checkbox"/> Washer & dryer</td><td><input type="checkbox"/> Food freezer</td></tr><tr><td colspan="3"><input type="checkbox"/> Other machinery and/or equipment servicing the building (describe): _____</td></tr></table> | | <input type="checkbox"/> Furnace | <input type="checkbox"/> Heat pump | <input type="checkbox"/> Air conditioner | <input type="checkbox"/> Water heater | <input type="checkbox"/> Fuel tank | <input type="checkbox"/> Cistern | <input type="checkbox"/> Elevator equipment | <input type="checkbox"/> Washer & dryer | <input type="checkbox"/> Food freezer | <input type="checkbox"/> Other machinery and/or equipment servicing the building (describe): _____ | | |
| <input type="checkbox"/> Furnace | <input type="checkbox"/> Heat pump | <input type="checkbox"/> Air conditioner | | | | | | | | | | | |
| <input type="checkbox"/> Water heater | <input type="checkbox"/> Fuel tank | <input type="checkbox"/> Cistern | | | | | | | | | | | |
| <input type="checkbox"/> Elevator equipment | <input type="checkbox"/> Washer & dryer | <input type="checkbox"/> Food freezer | | | | | | | | | | | |
| <input type="checkbox"/> Other machinery and/or equipment servicing the building (describe): _____ | | | | | | | | | | | | | |

Check YES if the building has a basement/subgrade crawlspace floor below grade on all sides; otherwise, check NO.

If the answer to 3A is YES, check all applicable items in 3b; otherwise, check NO.

4. Additions and Extensions (if Applicable)

| | |
|---|--|
| 4. Additions and Extensions (if Applicable) | |
| Coverage is for: | |
| <input type="checkbox"/> Building including addition(s) and extension(s) | |
| <input type="checkbox"/> Building excluding addition(s) and extension(s) Provide policy number for addition or extension: _____ | |
| <input type="checkbox"/> Addition or extension only (include description in the Property Location box in Part 1) Provide policy number for building excluding addition(s) or extension(s): _____ | |

If the building to be insured does not have additions and extensions, leave this section blank. (If there are no additions and extensions, then the Building Section of Part 1 of this Application should indicate a "No" to the question "Does the building have any additions or extensions?")

Check the appropriate box if the building has additions or extensions.

NOTE: Coverage automatically extends to additions and extensions, unless a separate policy is purchased for the addition(s) or extension(s). When insuring a building with additions and extensions under a single policy, the zone and elevation of the lowest floor of any additions and extensions cannot be excluded from the policy rating.

For additional guidance on additions and extensions, refer to the Single Building subsection of the General Rules section of this manual.

Check “Building including addition(s) and extension(s)” if the coverage intended by this Application is for both a main building and any additions or extensions on one policy. If this section is left blank, coverage is presumed to include any additions and extensions discovered at the time of loss.

Check “Building excluding addition(s) and extension(s)” if the coverage intended by this Application is for a main building only, because the addition(s) and extensions(s) will be insured by another policy. Provide the policy (or quote or Application) number for the policy covering the addition or extension. Additions and extensions cannot be excluded from coverage on the building except by insuring them separately.

Check “Addition and extension only (include description in the Property Location box in Part 1)” if the coverage intended by this Application is for an addition or extension only. A separate Elevation Certificate may be required to obtain the necessary information for rating. Ensure the Property Location box in Part 1 of this Application is properly completed with a description of the addition or extension. Provide the policy (or quote or Application) number for the policy covering the main building.

B. Section II – Elevated Buildings (Including Manufactured [Mobile] Homes/Travel Trailers)

This section is required for all elevated buildings, including manufactured (mobile) homes/travel trailers.

1. Elevating Foundation Type

1. Elevating Foundation Type

- ☐ Piers, posts, or piles
- ☐ Reinforced masonry piers or concrete piers or columns
- ☐ Reinforced concrete shear walls
- ☐ Solid foundation walls (Note: Not approved for elevating in Zones V1–V30, VE, or V.)

Check the elevating foundation type used for the building.

NOTE: “Solid (perimeter) foundation walls” means foundation walls as shown in Building Diagram numbers 7 and 8 on the Elevation Certificate.

2. Machinery and Equipment Below the Elevated Floor

2. Machinery and Equipment Below the Elevated Floor

- Does the area below the elevated floor contain machinery and/or equipment? ☐ YES ☐ NO
- If yes, check the applicable items:
- | | | |
|--|---|--|
| <input type="checkbox"/> Furnace | <input type="checkbox"/> Heat pump | <input type="checkbox"/> Air conditioner |
| <input type="checkbox"/> Water heater | <input type="checkbox"/> Fuel tank | <input type="checkbox"/> Cistern |
| <input type="checkbox"/> Elevator equipment | <input type="checkbox"/> Washer & dryer | <input type="checkbox"/> Food freezer |
| <input type="checkbox"/> Other machinery and/or equipment servicing the building (describe): _____ | | |

Check YES if the area below the elevated floor contains machinery or equipment and check the applicable items; otherwise, check NO.

3. Area Below the Elevated Floor

3. Area Below the Elevated Floor

- a) Is the area below the elevated floor enclosed? ☐ YES ☐ NO
- If yes, check one of the following: ☐ Fully ☐ Partially
- b) Does the area below the elevated floor contain elevators? ☐ YES ☐ NO If yes, how many? _____
- If the answer to 3a or 3b is YES, answer 3c through 4b.

If the answer to 3a or 3b is YES, complete 3c through 4b. Otherwise, disregard 3c through 4b.

c) Indicate material used for enclosure:

- ☐ Insect screening
- ☐ Light wood lattice
- ☐ Solid wood frame walls (if breakaway, submit certification documentation)
- ☐ Solid wood frame walls (non-breakaway)
- ☐ Masonry walls (if breakaway, submit certification documentation)
- ☐ Masonry walls (non-breakaway)
- ☐ Other (describe): _____

3c. Indicate the materials used for the enclosure.

For Post-FIRM buildings in V Zones, elevated on solid (perimeter) foundation walls, submit the Application to the insurer for rating.

NOTE: In V Zones, if the area below the elevated floor appears in the submitted photographs to be enclosed using masonry walls, and these walls are represented as being breakaway walls on the Application, provide certification of breakaway walls signed by a local building official, an engineer, or an architect.

- d) If enclosed with a material other than insect screening or light wood lattice, provide size of enclosed area: [] [] [] [] square feet.

3d. If enclosed with a material other than insect screening or light wood lattice, provide the square footage of the enclosed area.

- e) Is the enclosed area used for any purpose other than solely for parking of vehicles, building access, and/or storage? ☐ YES ☐ NO
- If yes, describe: _____

3e. Check YES if the enclosed area is used for any purpose other than solely for parking of vehicles, building access, or storage, and provide a description; otherwise, check NO.

to a billing dispute will be permitted only for a billing error or fraud. If the credit card information is taken over the telephone, the agent/producer may sign the authorization form on behalf of the payor only after having read the disclaimer to the payor.

Mail the original copy of the completed Application and all required documentation as described above, with the Total Amount Due, to the insurer. Retain a copy of the Application and supporting documents for the agency file, and provide copies of the Application to the applicant and the mortgagee.

After receipt of the Application and Total Amount Due, the insurer will process the Application and issue the policy. The policy contract and declarations page will be mailed to the insured. Copies of the declarations page will be provided to the agent/producer and any designated mortgagee(s).

VI. HANDLING OF INCOMPLETE OR INCORRECT APPLICATIONS

If an Application is incomplete, and/or the information submitted is incorrect or inconsistent, a policy will not be issued. The Application may be placed in a pending status until the agent/producer provides the complete or correct information.

For NFIP Direct business, if necessary information is not provided, a policy may be issued using Tentative Rates. If sufficient information is not available to tentatively rate the policy, the Application may be rejected and the premium refunded. In the case of an incomplete Application, the NFIP Servicing Agent will send the agent/producer a letter requesting the necessary information. Copies of this letter will be provided to the named insured and designated mortgagee(s). The agent/producer should provide the necessary information to the NFIP Servicing Agent. If the necessary information is not provided, the Application will be rejected and the premium refunded.

If the premium received is not enough to purchase the kind and amount of coverage requested, the policy will be issued for only the kind and amount of coverage that can be purchased for the premium payment received. In the case of an underpayment, when both building coverage and contents coverage have been requested, the coverage reduction will be prorated between building and contents in accordance with NFIP rules. The ratio of building to contents coverage for the full requested coverage will be used to determine the portion of the submitted premium available to purchase building and contents coverage.

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

O.M.B. No. 1660-0006 Expires November 30, 2016

National Flood Insurance Program
FLOOD INSURANCE APPLICATION, PART 1 (OF 2)
IMPORTANT—PLEASE PRINT OR TYPE; ENTER DATES AS MM/DD/YYYY.

☐ NEW ☐ RENEWAL ☐ TRANSFER (NFIP ONLY)

PRIOR POLICY #: _____

| BILLING | FOR RENEWAL, BILL: <input type="checkbox"/> INSURED <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> FIRST MORTGAGEE <input type="checkbox"/> OTHER (AS SPECIFIED IN THE "2ND MORTGAGEE/OTHER" BOX BELOW) <input type="checkbox"/> SECOND MORTGAGEE | POLICY PERIOD | POLICY PERIOD IS FROM ____/____/____ TO ____/____/____ 12:01 A.M. LOCAL TIME AT THE INSURED PROPERTY LOCATION. WAITING PERIOD: <input type="checkbox"/> STANDARD 30-DAY <input type="checkbox"/> REQUIRED FOR LOAN TRANSACTION – NO WAITING PERIOD <input type="checkbox"/> MAP REVISION (ZONE CHANGE FROM NON-SFHA TO SFHA) – 1 DAY <input type="checkbox"/> TRANSFER (NFIP ONLY) – NO WAITING PERIOD | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|---|---|---|--|---|---|----------------|------------|---------------|--|--|--------------------|---------------------------|--------------|--|--|--|--|--|------------|---------------|---------------------|------|----------------|---------------------|------|----------------|----------|--|--|--|-----|--|--|-----|-----|-----|----------|--|--|--|-----|--|--|-----|-----|-----|--|--|--|--|--|--|--|--|--|--|--|--|--|--|-----------------|--|--|--|----|--|--|--|--|--|-------------|--|--|--|--|--|--|--|--|--|----------|--|--|--|--|--|--|--|--|--|------------------------------|--|--|--|--|--|--|--|--|--|----------|--|--|--|--|--|--|--|--|--|----------------------|--|--|--|--|--|--|--|--|--|----------|--|--|--|--|--|--|--|--|--|---------------------|--|--|--|--|--|--|--|--|--|--------------------|--|--|--|--|--|--|--|--|--|-------------------------|--|--|--|----|--|
| AGENT/PRODUCER INFORMATION | NAME AND MAILING ADDRESS OF AGENT/PRODUCER: AGENCY NO.: _____ AGENT'S TAX ID: _____ PHONE NO.: _____ FAX NO.: _____ EMAIL ADDRESS: _____ | INSURED INFORMATION | NAME AND MAILING ADDRESS OF INSURED: PHONE NO.: _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| PROPERTY LOCATION | NOTE: ONE BUILDING PER POLICY – BLANKET COVERAGE NOT PERMITTED. IS INSURED PROPERTY LOCATION SAME AS INSURED'S MAILING ADDRESS? <input type="checkbox"/> YES <input type="checkbox"/> NO IF NO, ENTER PROPERTY ADDRESS, IF RURAL, ENTER LEGAL DESCRIPTION, OR GEOGRAPHIC LOCATION OF PROPERTY (DO NOT USE P.O. BOX). FOR AN ADDRESS WITH MULTIPLE BUILDINGS AND/OR FOR A BUILDING WITH ADDITIONS OR EXTENSIONS, DESCRIBE THE INSURED BUILDING: _____ | 1ST MORTGAGEE | NAME AND MAILING ADDRESS OF FIRST MORTGAGEE: LOAN NO.: _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| DISASTER ASSISTANCE | IS INSURANCE REQUIRED FOR DISASTER ASSISTANCE? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, CHECK THE GOVERNMENT AGENCY: <input type="checkbox"/> SBA <input type="checkbox"/> FEMA <input type="checkbox"/> FHA <input type="checkbox"/> OTHER (SPECIFY): _____ CASE FILE NO.: _____ | 2ND MORTGAGEE/OTHER | NAME AND MAILING ADDRESS OF <input type="checkbox"/> 2ND MORTGAGEE <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> OTHER IF OTHER, SPECIFY: _____ LOAN NO.: _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| COMMUNITY | RATING MAP INFORMATION NAME OF COUNTY/PARISH: _____ COMMUNITY NO./PANEL NO. AND SUFFIX: _____ FIRM ZONE: _____ COMMUNITY PROGRAM TYPE IS: <input type="checkbox"/> REGULAR <input type="checkbox"/> EMERGENCY | GRANDFATHERING INFORMATION GRANDFATHERED? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, <input type="checkbox"/> BUILT IN COMPLIANCE OR <input type="checkbox"/> CONTINUOUS COVERAGE (PROVIDE PRIOR POLICY NUMBER IN BOX ABOVE) CURRENT COMMUNITY NO./PANEL NO. AND SUFFIX: _____ CURRENT FIRM ZONE: _____ CURRENT BFE: _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| BUILDING | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;"> BUILDING OCCUPANCY <input type="checkbox"/> SINGLE FAMILY <input type="checkbox"/> 2-4 FAMILY <input type="checkbox"/> OTHER RESIDENTIAL <input type="checkbox"/> NON-RESIDENTIAL (INCLUDING HOTEL/MOTEL) BUILDING PURPOSE <input type="checkbox"/> 100% RESIDENTIAL <input type="checkbox"/> 100% NON-RESIDENTIAL <input type="checkbox"/> MIXED-USE – SPECIFY PERCENTAGE OF RESIDENTIAL USE: ____% IS BUILDING A BUSINESS PROPERTY? <input type="checkbox"/> YES <input type="checkbox"/> NO </td> <td style="width:33%;"> BASEMENT, ENCLOSURE, CRAWLSPACE <input type="checkbox"/> NONE <input type="checkbox"/> FINISHED BASEMENT/ENCLOSURE <input type="checkbox"/> CRAWLSPACE <input type="checkbox"/> UNFINISHED BASEMENT/ENCLOSURE <input type="checkbox"/> SUBGRADE CRAWLSPACE NUMBER OF FLOORS IN BUILDING (INCLUDING BASEMENT/ENCLOSURE AREA, IF ANY) OR BUILDING TYPE <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 OR MORE <input type="checkbox"/> SPLIT LEVEL <input type="checkbox"/> TOWNHOUSE/ROWHOUSE (RCBAP LOW-RISE ONLY) <input type="checkbox"/> MANUFACTURED (MOBILE) HOME/TRAVEL TRAILER ON FOUNDATION IS COVERAGE FOR A CONDO UNIT? <input type="checkbox"/> YES <input type="checkbox"/> NO IS BUILDING IN A CONDOMINIUM FORM OF OWNERSHIP? <input type="checkbox"/> YES <input type="checkbox"/> NO TOTAL NUMBER OF UNITS: _____ <input type="checkbox"/> HIGH-RISE <input type="checkbox"/> LOW-RISE IS BUILDING LOCATED ON FEDERAL LAND? <input type="checkbox"/> YES <input type="checkbox"/> NO </td> <td style="width:33%;"> IS BUILDING WALLED AND ROOFED? <input type="checkbox"/> YES <input type="checkbox"/> NO IS BUILDING IN THE COURSE OF CONSTRUCTION? <input type="checkbox"/> YES <input type="checkbox"/> NO IS BUILDING OVER WATER? <input type="checkbox"/> NO <input type="checkbox"/> PARTIALLY <input type="checkbox"/> ENTIRELY IS BUILDING INSURED'S PRIMARY RESIDENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO IS BUILDING A RENTAL PROPERTY? <input type="checkbox"/> YES <input type="checkbox"/> NO IS THE INSURED A TENANT? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, IS THE TENANT REQUESTING BUILDING COVERAGE? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, SEE NOTICE BELOW. IS THE BUILDING A SEVERE REPETITIVE LOSS PROPERTY? <input type="checkbox"/> YES <input type="checkbox"/> NO DOES THE BUILDING HAVE ANY ADDITIONS OR EXTENSIONS? <input type="checkbox"/> YES <input type="checkbox"/> NO (ADDITIONS AND EXTENSIONS MAY BE SEPARATELY INSURED.) IS BUILDING ELEVATED? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, AREA BELOW IS: <input type="checkbox"/> FREE OF OBSTRUCTION <input type="checkbox"/> WITH OBSTRUCTION </td> </tr> </table> | | | BUILDING OCCUPANCY <input type="checkbox"/> SINGLE FAMILY <input type="checkbox"/> 2-4 FAMILY <input type="checkbox"/> OTHER RESIDENTIAL <input type="checkbox"/> NON-RESIDENTIAL (INCLUDING HOTEL/MOTEL) BUILDING PURPOSE <input type="checkbox"/> 100% RESIDENTIAL <input type="checkbox"/> 100% NON-RESIDENTIAL <input type="checkbox"/> MIXED-USE – SPECIFY PERCENTAGE OF RESIDENTIAL USE: ____% IS BUILDING A BUSINESS PROPERTY? <input type="checkbox"/> YES <input type="checkbox"/> NO | BASEMENT, ENCLOSURE, CRAWLSPACE <input type="checkbox"/> NONE <input type="checkbox"/> FINISHED BASEMENT/ENCLOSURE <input type="checkbox"/> CRAWLSPACE <input type="checkbox"/> UNFINISHED BASEMENT/ENCLOSURE <input type="checkbox"/> SUBGRADE CRAWLSPACE NUMBER OF FLOORS IN BUILDING (INCLUDING BASEMENT/ENCLOSURE AREA, IF ANY) OR BUILDING TYPE <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 OR MORE <input type="checkbox"/> SPLIT LEVEL <input type="checkbox"/> TOWNHOUSE/ROWHOUSE (RCBAP LOW-RISE ONLY) <input type="checkbox"/> MANUFACTURED (MOBILE) HOME/TRAVEL TRAILER ON FOUNDATION IS COVERAGE FOR A CONDO UNIT? <input type="checkbox"/> YES <input type="checkbox"/> NO IS BUILDING IN A CONDOMINIUM FORM OF OWNERSHIP? <input type="checkbox"/> YES <input type="checkbox"/> NO TOTAL NUMBER OF UNITS: _____ <input type="checkbox"/> HIGH-RISE <input type="checkbox"/> LOW-RISE IS BUILDING LOCATED ON FEDERAL LAND? <input type="checkbox"/> YES <input type="checkbox"/> NO | IS BUILDING WALLED AND ROOFED? <input type="checkbox"/> YES <input type="checkbox"/> NO IS BUILDING IN THE COURSE OF CONSTRUCTION? <input type="checkbox"/> YES <input type="checkbox"/> NO IS BUILDING OVER WATER? <input type="checkbox"/> NO <input type="checkbox"/> PARTIALLY <input type="checkbox"/> ENTIRELY IS BUILDING INSURED'S PRIMARY RESIDENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO IS BUILDING A RENTAL PROPERTY? <input type="checkbox"/> YES <input type="checkbox"/> NO IS THE INSURED A TENANT? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, IS THE TENANT REQUESTING BUILDING COVERAGE? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, SEE NOTICE BELOW. IS THE BUILDING A SEVERE REPETITIVE LOSS PROPERTY? <input type="checkbox"/> YES <input type="checkbox"/> NO DOES THE BUILDING HAVE ANY ADDITIONS OR EXTENSIONS? <input type="checkbox"/> YES <input type="checkbox"/> NO (ADDITIONS AND EXTENSIONS MAY BE SEPARATELY INSURED.) IS BUILDING ELEVATED? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, AREA BELOW IS: <input type="checkbox"/> FREE OF OBSTRUCTION <input type="checkbox"/> WITH OBSTRUCTION | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| BUILDING OCCUPANCY <input type="checkbox"/> SINGLE FAMILY <input type="checkbox"/> 2-4 FAMILY <input type="checkbox"/> OTHER RESIDENTIAL <input type="checkbox"/> NON-RESIDENTIAL (INCLUDING HOTEL/MOTEL) BUILDING PURPOSE <input type="checkbox"/> 100% RESIDENTIAL <input type="checkbox"/> 100% NON-RESIDENTIAL <input type="checkbox"/> MIXED-USE – SPECIFY PERCENTAGE OF RESIDENTIAL USE: ____% IS BUILDING A BUSINESS PROPERTY? <input type="checkbox"/> YES <input type="checkbox"/> NO | BASEMENT, ENCLOSURE, CRAWLSPACE <input type="checkbox"/> NONE <input type="checkbox"/> FINISHED BASEMENT/ENCLOSURE <input type="checkbox"/> CRAWLSPACE <input type="checkbox"/> UNFINISHED BASEMENT/ENCLOSURE <input type="checkbox"/> SUBGRADE CRAWLSPACE NUMBER OF FLOORS IN BUILDING (INCLUDING BASEMENT/ENCLOSURE AREA, IF ANY) OR BUILDING TYPE <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 OR MORE <input type="checkbox"/> SPLIT LEVEL <input type="checkbox"/> TOWNHOUSE/ROWHOUSE (RCBAP LOW-RISE ONLY) <input type="checkbox"/> MANUFACTURED (MOBILE) HOME/TRAVEL TRAILER ON FOUNDATION IS COVERAGE FOR A CONDO UNIT? <input type="checkbox"/> YES <input type="checkbox"/> NO IS BUILDING IN A CONDOMINIUM FORM OF OWNERSHIP? <input type="checkbox"/> YES <input type="checkbox"/> NO TOTAL NUMBER OF UNITS: _____ <input type="checkbox"/> HIGH-RISE <input type="checkbox"/> LOW-RISE IS BUILDING LOCATED ON FEDERAL LAND? <input type="checkbox"/> YES <input type="checkbox"/> NO | IS BUILDING WALLED AND ROOFED? <input type="checkbox"/> YES <input type="checkbox"/> NO IS BUILDING IN THE COURSE OF CONSTRUCTION? <input type="checkbox"/> YES <input type="checkbox"/> NO IS BUILDING OVER WATER? <input type="checkbox"/> NO <input type="checkbox"/> PARTIALLY <input type="checkbox"/> ENTIRELY IS BUILDING INSURED'S PRIMARY RESIDENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO IS BUILDING A RENTAL PROPERTY? <input type="checkbox"/> YES <input type="checkbox"/> NO IS THE INSURED A TENANT? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, IS THE TENANT REQUESTING BUILDING COVERAGE? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, SEE NOTICE BELOW. IS THE BUILDING A SEVERE REPETITIVE LOSS PROPERTY? <input type="checkbox"/> YES <input type="checkbox"/> NO DOES THE BUILDING HAVE ANY ADDITIONS OR EXTENSIONS? <input type="checkbox"/> YES <input type="checkbox"/> NO (ADDITIONS AND EXTENSIONS MAY BE SEPARATELY INSURED.) IS BUILDING ELEVATED? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, AREA BELOW IS: <input type="checkbox"/> FREE OF OBSTRUCTION <input type="checkbox"/> WITH OBSTRUCTION | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CONTENTS | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;"> CONTENTS LOCATED IN*: <input type="checkbox"/> BASEMENT/ENCLOSURE <input type="checkbox"/> BASEMENT/ENCLOSURE AND ABOVE <input type="checkbox"/> LOWEST FLOOR ONLY ABOVE GROUND LEVEL <input type="checkbox"/> LOWEST FLOOR ABOVE GROUND LEVEL AND HIGHER <input type="checkbox"/> ABOVE GROUND LEVEL MORE THAN 1 FULL FLOOR </td> <td style="width:33%;"> IS PERSONAL PROPERTY HOUSEHOLD CONTENTS? <input type="checkbox"/> YES <input type="checkbox"/> NO IF NO, DESCRIBE: _____ *IF SINGLE FAMILY, CONTENTS ARE RATED THROUGHOUT THE BUILDING. </td> <td style="width:33%;"> CONSTRUCTION DATE: ____/____/____ CHECK ONE OF THE FOLLOWING: <input type="checkbox"/> BUILDING PERMIT <input type="checkbox"/> SUBSTANTIAL IMPROVEMENT <input type="checkbox"/> CONSTRUCTION <input type="checkbox"/> FOR MANUFACTURED (MOBILE) HOMES/TRAVEL TRAILERS LOCATED IN A MOBILE HOME PARK OR SUBDIVISION: CONSTRUCTION DATE OF MOBILE HOME PARK OR SUBDIVISION FACILITIES <input type="checkbox"/> FOR MANUFACTURED (MOBILE) HOMES/TRAVEL TRAILERS LOCATED OUTSIDE A MOBILE HOME PARK OR SUBDIVISION: DATE OF PERMANENT PLACEMENT </td> </tr> </table> | | | CONTENTS LOCATED IN*: <input type="checkbox"/> BASEMENT/ENCLOSURE <input type="checkbox"/> BASEMENT/ENCLOSURE AND ABOVE <input type="checkbox"/> LOWEST FLOOR ONLY ABOVE GROUND LEVEL <input type="checkbox"/> LOWEST FLOOR ABOVE GROUND LEVEL AND HIGHER <input type="checkbox"/> ABOVE GROUND LEVEL MORE THAN 1 FULL FLOOR | IS PERSONAL PROPERTY HOUSEHOLD CONTENTS? <input type="checkbox"/> YES <input type="checkbox"/> NO IF NO, DESCRIBE: _____ *IF SINGLE FAMILY, CONTENTS ARE RATED THROUGHOUT THE BUILDING. | CONSTRUCTION DATE: ____/____/____ CHECK ONE OF THE FOLLOWING: <input type="checkbox"/> BUILDING PERMIT <input type="checkbox"/> SUBSTANTIAL IMPROVEMENT <input type="checkbox"/> CONSTRUCTION <input type="checkbox"/> FOR MANUFACTURED (MOBILE) HOMES/TRAVEL TRAILERS LOCATED IN A MOBILE HOME PARK OR SUBDIVISION: CONSTRUCTION DATE OF MOBILE HOME PARK OR SUBDIVISION FACILITIES <input type="checkbox"/> FOR MANUFACTURED (MOBILE) HOMES/TRAVEL TRAILERS LOCATED OUTSIDE A MOBILE HOME PARK OR SUBDIVISION: DATE OF PERMANENT PLACEMENT | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CONTENTS LOCATED IN*: <input type="checkbox"/> BASEMENT/ENCLOSURE <input type="checkbox"/> BASEMENT/ENCLOSURE AND ABOVE <input type="checkbox"/> LOWEST FLOOR ONLY ABOVE GROUND LEVEL <input type="checkbox"/> LOWEST FLOOR ABOVE GROUND LEVEL AND HIGHER <input type="checkbox"/> ABOVE GROUND LEVEL MORE THAN 1 FULL FLOOR | IS PERSONAL PROPERTY HOUSEHOLD CONTENTS? <input type="checkbox"/> YES <input type="checkbox"/> NO IF NO, DESCRIBE: _____ *IF SINGLE FAMILY, CONTENTS ARE RATED THROUGHOUT THE BUILDING. | CONSTRUCTION DATE: ____/____/____ CHECK ONE OF THE FOLLOWING: <input type="checkbox"/> BUILDING PERMIT <input type="checkbox"/> SUBSTANTIAL IMPROVEMENT <input type="checkbox"/> CONSTRUCTION <input type="checkbox"/> FOR MANUFACTURED (MOBILE) HOMES/TRAVEL TRAILERS LOCATED IN A MOBILE HOME PARK OR SUBDIVISION: CONSTRUCTION DATE OF MOBILE HOME PARK OR SUBDIVISION FACILITIES <input type="checkbox"/> FOR MANUFACTURED (MOBILE) HOMES/TRAVEL TRAILERS LOCATED OUTSIDE A MOBILE HOME PARK OR SUBDIVISION: DATE OF PERMANENT PLACEMENT | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ELEVATION DATA | IS BUILDING POST-FIRM CONSTRUCTION? <input type="checkbox"/> YES <input type="checkbox"/> NO (IF POST-FIRM CONSTRUCTION IN ZONES A, A1-A30, AE, AO, AH, V, V1-V30, VE, OR IF PRE-FIRM CONSTRUCTION IS ELEVATION RATED, ATTACH ELEVATION CERTIFICATE.) BUILDING DIAGRAM NO.: _____ LOWEST ADJACENT GRADE (LAG): _____ ELEVATION CERTIFICATION DATE: ____/____/____ LOWEST FLOOR ELEVATION: _____ (-) BASE FLOOD ELEVATION: _____ (-) DIFFERENCE TO NEAREST FOOT: _____ (+ OR -) IN ZONES V AND V1-V30 ONLY, DOES BASE FLOOD ELEVATION INCLUDE EFFECTS OF WAVE ACTION? <input type="checkbox"/> YES <input type="checkbox"/> NO IS BUILDING FLOODPROOFED? <input type="checkbox"/> YES <input type="checkbox"/> NO (SEE THE NFIP FLOOD INSURANCE MANUAL FOR CERTIFICATION FORM.) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| COVERAGE AND RATING | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2">ESTIMATED BUILDING REPLACEMENT COST (INCLUDING FOUNDATION): \$ _____</td> <td colspan="2">DEDUCTIBLE: BUILDING \$ _____ CONTENTS \$ _____</td> </tr> <tr> <td colspan="2"></td> <td colspan="2">DEDUCTIBLE BUYBACK? <input type="checkbox"/> YES <input type="checkbox"/> NO</td> </tr> <tr> <th rowspan="2">INSURANCE COVERAGE</th> <th rowspan="2">TOTAL AMOUNT OF INSURANCE</th> <th colspan="3">BASIC LIMITS</th> <th colspan="3">ADDITIONAL LIMITS (REGULAR PROGRAM ONLY)</th> <th rowspan="2">DEDUCTIBLE</th> <th rowspan="2">TOTAL PREMIUM</th> </tr> <tr> <th>AMOUNT OF INSURANCE</th> <th>RATE</th> <th>ANNUAL PREMIUM</th> <th>AMOUNT OF INSURANCE</th> <th>RATE</th> <th>ANNUAL PREMIUM</th> </tr> <tr> <td>BUILDING</td> <td></td> <td></td> <td></td> <td>.00</td> <td></td> <td></td> <td>.00</td> <td>.00</td> <td>.00</td> </tr> <tr> <td>CONTENTS</td> <td></td> <td></td> <td></td> <td>.00</td> <td></td> <td></td> <td>.00</td> <td>.00</td> <td>.00</td> </tr> <tr> <td colspan="2">RATE CATEGORY: <input type="checkbox"/> MANUAL <input type="checkbox"/> SUBMIT FOR RATE <input type="checkbox"/> PROVISIONAL RATING</td> <td colspan="2">PAYMENT METHOD: <input type="checkbox"/> CHECK <input type="checkbox"/> CREDIT CARD <input type="checkbox"/> OTHER: _____</td> <td colspan="6"></td> </tr> <tr> <td colspan="2"></td> <td colspan="2"></td> <td colspan="2">ANNUAL SUBTOTAL</td> <td colspan="2"></td> <td colspan="2">\$</td> </tr> <tr> <td colspan="2"></td> <td colspan="2"></td> <td colspan="2">ICC PREMIUM</td> <td colspan="2"></td> <td colspan="2"></td> </tr> <tr> <td colspan="2"></td> <td colspan="2"></td> <td colspan="2">SUBTOTAL</td> <td colspan="2"></td> <td colspan="2"></td> </tr> <tr> <td colspan="2"></td> <td colspan="2"></td> <td colspan="2">CRS PREMIUM DISCOUNT _____ %</td> <td colspan="2"></td> <td colspan="2"></td> </tr> <tr> <td colspan="2"></td> <td colspan="2"></td> <td colspan="2">SUBTOTAL</td> <td colspan="2"></td> <td colspan="2"></td> </tr> <tr> <td colspan="2"></td> <td colspan="2"></td> <td colspan="2">RESERVE FUND _____ %</td> <td colspan="2"></td> <td colspan="2"></td> </tr> <tr> <td colspan="2"></td> <td colspan="2"></td> <td colspan="2">SUBTOTAL</td> <td colspan="2"></td> <td colspan="2"></td> </tr> <tr> <td colspan="2"></td> <td colspan="2"></td> <td colspan="2">PROBATION SURCHARGE</td> <td colspan="2"></td> <td colspan="2"></td> </tr> <tr> <td colspan="2"></td> <td colspan="2"></td> <td colspan="2">FEDERAL POLICY FEE</td> <td colspan="2"></td> <td colspan="2"></td> </tr> <tr> <td colspan="2"></td> <td colspan="2"></td> <td colspan="2">TOTAL AMOUNT DUE</td> <td colspan="2"></td> <td colspan="2">\$</td> </tr> </table> | | | ESTIMATED BUILDING REPLACEMENT COST (INCLUDING FOUNDATION): \$ _____ | | DEDUCTIBLE: BUILDING \$ _____ CONTENTS \$ _____ | | | | DEDUCTIBLE BUYBACK? <input type="checkbox"/> YES <input type="checkbox"/> NO | | INSURANCE COVERAGE | TOTAL AMOUNT OF INSURANCE | BASIC LIMITS | | | ADDITIONAL LIMITS (REGULAR PROGRAM ONLY) | | | DEDUCTIBLE | TOTAL PREMIUM | AMOUNT OF INSURANCE | RATE | ANNUAL PREMIUM | AMOUNT OF INSURANCE | RATE | ANNUAL PREMIUM | BUILDING | | | | .00 | | | .00 | .00 | .00 | CONTENTS | | | | .00 | | | .00 | .00 | .00 | RATE CATEGORY: <input type="checkbox"/> MANUAL <input type="checkbox"/> SUBMIT FOR RATE <input type="checkbox"/> PROVISIONAL RATING | | PAYMENT METHOD: <input type="checkbox"/> CHECK <input type="checkbox"/> CREDIT CARD <input type="checkbox"/> OTHER: _____ | | | | | | | | | | | | ANNUAL SUBTOTAL | | | | \$ | | | | | | ICC PREMIUM | | | | | | | | | | SUBTOTAL | | | | | | | | | | CRS PREMIUM DISCOUNT _____ % | | | | | | | | | | SUBTOTAL | | | | | | | | | | RESERVE FUND _____ % | | | | | | | | | | SUBTOTAL | | | | | | | | | | PROBATION SURCHARGE | | | | | | | | | | FEDERAL POLICY FEE | | | | | | | | | | TOTAL AMOUNT DUE | | | | \$ | |
| ESTIMATED BUILDING REPLACEMENT COST (INCLUDING FOUNDATION): \$ _____ | | DEDUCTIBLE: BUILDING \$ _____ CONTENTS \$ _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | DEDUCTIBLE BUYBACK? <input type="checkbox"/> YES <input type="checkbox"/> NO | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| INSURANCE COVERAGE | TOTAL AMOUNT OF INSURANCE | BASIC LIMITS | | | ADDITIONAL LIMITS (REGULAR PROGRAM ONLY) | | | DEDUCTIBLE | TOTAL PREMIUM | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | AMOUNT OF INSURANCE | RATE | ANNUAL PREMIUM | AMOUNT OF INSURANCE | RATE | ANNUAL PREMIUM | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| BUILDING | | | | .00 | | | .00 | .00 | .00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CONTENTS | | | | .00 | | | .00 | .00 | .00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RATE CATEGORY: <input type="checkbox"/> MANUAL <input type="checkbox"/> SUBMIT FOR RATE <input type="checkbox"/> PROVISIONAL RATING | | PAYMENT METHOD: <input type="checkbox"/> CHECK <input type="checkbox"/> CREDIT CARD <input type="checkbox"/> OTHER: _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | ANNUAL SUBTOTAL | | | | \$ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | ICC PREMIUM | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | SUBTOTAL | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | CRS PREMIUM DISCOUNT _____ % | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | SUBTOTAL | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | RESERVE FUND _____ % | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | SUBTOTAL | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | PROBATION SURCHARGE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | FEDERAL POLICY FEE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | TOTAL AMOUNT DUE | | | | \$ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SIGNATURE | NOTICE: BUILDING COVERAGE BENEFITS – EXCEPT FOR A RESIDENTIAL CONDOMINIUM BUILDING – ARE NOT AVAILABLE IF OTHER NFIP BUILDING COVERAGE HAS BEEN PURCHASED BY THE APPLICANT OR ANY OTHER PARTY FOR THE SAME BUILDING. THE ABOVE STATEMENTS ARE CORRECT TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT ANY FALSE STATEMENTS MAY BE PUNISHABLE BY FINE AND/OR IMPRISONMENT UNDER APPLICABLE FEDERAL LAW. SEE REVERSE SIDE OF COPIES 2, 3, AND 4. SIGNATURE OF INSURANCE AGENT/PRODUCER _____ DATE (MM/DD/YYYY) ____/____/____ SIGNATURE OF INSURED (OPTIONAL) _____ DATE (MM/DD/YYYY) ____/____/____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FEMA Form 086-0-1

Previously FEMA Form 81-16

F-050 (DEC 2013)

PLEASE SUBMIT TOTAL AMOUNT DUE WITH THE NFIP COPY OF THIS APPLICATION.
IF PAYING BY CHECK OR MONEY ORDER, MAKE PAYABLE TO THE NATIONAL FLOOD INSURANCE PROGRAM.
IMPORTANT — COMPLETE PART 1 AND PART 2 (ON LAST PAGE) BEFORE SENDING APPLICATION TO THE NFIP. — IMPORTANT

National Flood Insurance Program
FLOOD INSURANCE APPLICATION
FEMA FORM 086-0-1

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 form is estimated to average 12 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 the form. This collection of information is required to obtain or retain benefits. You are not required to respond to this collection of information unless a valid OMB control number is displayed in the upper right corner of 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, 1800 South Bell Street, Arlington VA 20598-3005, Paperwork Reduction Project (1660-0033).

NOTE: Do not send your completed form to this address.