

## PREFERRED RISK POLICY

### I. GENERAL DESCRIPTION

The Preferred Risk Policy (PRP) offers low-cost coverage to owners and tenants of eligible buildings located in the moderate-risk **B, C, and X Zones** in NFIP **Regular Program communities**.

The maximum one- to four-family residential coverage combination is \$250,000 building and \$100,000 contents. Up to \$100,000 contents-only coverage is available for other residential properties. The maximum non-residential coverage combination is \$500,000 building and \$500,000 contents.

Only one building can be insured per policy, and only one policy can be written on each building.

### II. ELIGIBILITY REQUIREMENTS

#### A. Flood Zone

To be eligible for building/contents coverage or contents-only coverage under the PRP, the building must be in a B, C, or X Zone on the effective date of the policy. However, for the purpose of determining the flood zone, the agent may use the FIRM in effect at the time of application and presentment of premium. The flood map available at the time of the renewal offer determines a building's continued eligibility for the PRP. NFIP map grandfathering rules do not apply to the PRP.

#### B. Occupancy

Combined building/contents amounts of insurance are available for owners of single-family, two- to four-family, and non-residential properties. Combined building and contents coverage is not available for other residential.

Contents-only coverage is available for tenants and owners of all eligible occupancies, except when contents are located entirely in a basement.

### C. Loss History

A building's eligibility for the PRP is based on the preceding requirements and on the building's flood loss history. If one of the following conditions exists, regardless of any change(s) in ownership of the building, then the building is **not eligible** for the PRP:

- 2 flood insurance claim payments, each more than \$1,000; or
- 3 or more flood insurance claim payments, regardless of amount; or
- 2 Federal flood disaster relief payments (including loans and grants), each more than \$1,000; or
- 3 Federal flood disaster relief payments (including loans and grants), regardless of amount; or
- 1 flood insurance claim payment and 1 Federal flood disaster relief payment (including loans and grants), each more than \$1,000.

In reviewing a building's flood loss history for PRP eligibility, be aware that:

- A flood insurance claim payment (building and/or contents) and a Federal flood disaster relief payment (including loans and grants) for the same loss are considered a single payment.
- Federal flood disaster relief payments (including loans and grants) are considered only if the building suffered flood damage.

### D. Exclusions

- The PRP is **not available** in Special Flood Hazard Areas or in Emergency Program communities.
- Other residential properties are **not eligible** for building coverage.

### THE PRP AT A GLANCE

POLICY TYPE	OCCUPANCY/MAXIMUM LIMITS		
	1-4 Family	Other Residential	Non-Residential
Combined Building/ Contents	\$250,000/ \$100,000	No Coverage	\$500,000/ \$500,000
Contents Only	\$100,000	\$100,000	\$500,000

NOTES: Condominium associations are not eligible for the Preferred Risk Policy. Individual condominium units are not eligible unless they qualify under one of the exceptions on page PRP 2.

- Contents located entirely in a basement are **not eligible** for contents-only coverage. However, contents located entirely in an enclosure are eligible.
- Condominium associations, unit owners, and their tenants are **not eligible** for the PRP, **except** for:
  - A townhouse/rowhouse building insured under the unit owner's name;
  - A detached, single-family dwelling insured under the unit owner's name.
  - Contents-only coverage for tenants occupying townhouse/rowhouse buildings or detached, single-family dwellings.
- Increased Cost of Compliance (ICC) coverage is **not available** for condominium units. (See footnote 3 on page PRP 3.)

### III. DOCUMENTATION

All Preferred Risk Policy new business applications must include documentation of eligibility for the PRP. Such applications must be accompanied by one of the following:

- A Letter of Map Amendment (LOMA)
- A Letter of Map Revision (LOMR)
- A Letter of Determination Review (LODR)
- A copy of the most recent flood map marked to show the exact location and flood zone of the building
- A letter indicating the exact location and flood zone of the building, and signed and dated by a local community official
- An elevation certificate indicating the exact location and flood zone of the building, and signed and dated by a surveyor, engineer, architect, or local community official
- A flood zone determination certification that guarantees the accuracy of the information.

An agent writing through a Write Your Own (WYO) company should contact that company for guidance.

### IV. RENEWAL

An eligible risk renews automatically without submission of a new application. If, during a policy term, the risk fails to meet the eligibility requirements, it will be ineligible for renewal as a PRP. Such a risk must be nonrenewed or rewritten as a conventional Standard Flood Insurance Policy (SFIP).

### V. COVERAGE LIMITS

The elevated building coverage limitation provisions do not apply to a policy written as a PRP.

### VI. REPLACEMENT COST COVERAGE

Replacement cost coverage applies **only if** the building is the principal residence of the insured and the building coverage chosen is at least 80 percent of the replacement cost of the building at the time of the loss, or the maximum coverage available under the NFIP.

### VII. DISCOUNTS/FEES/ICC PREMIUM

- No Community Rating System discount is associated with the PRP.
- Probation fees will be charged.
- The Federal Policy Fee of \$11.00 is included in the premium and is not subject to commission.
- The ICC premium is included.

### VIII. DEDUCTIBLES

The standard deductible for PRPs is \$500. Optional deductibles are not available for PRPs.

### IX. ENDORSEMENTS

The PRP may be endorsed to:

- Increase coverage mid-term, subject to the coverage limits in effect when the policy was issued or renewed. See page END 5 for an example.
- Correct misratings, such as incorrect building description or community number.

### X. CONVERSION OF STANDARD RATED POLICY TO PRP DUE TO MISRATING

A policy written as a Standard B, C, or X Zone policy and later found to be eligible for a PRP may be endorsed or rewritten as a PRP for only the current policy term.

When the risk has been rated with other than B, C, or X Zone rates, but is later found to be in a B, C, or X Zone and eligible for a PRP, the writing company will be allowed to endorse or cancel/rewrite up to 6 years.

The policy may be canceled/rewritten using Cancellation Reason Code 22 if both of the following conditions are met:

- The request to endorse or cancel/rewrite the policy is received during the current policy term.
- The policy has no open claim or closed paid claim on the policy term being canceled.

# PRP COVERAGES AVAILABLE EFFECTIVE MAY 1, 2004

## ONE- TO FOUR-FAMILY RESIDENTIAL BUILDING AND CONTENTS COVERAGE COMBINATIONS<sup>1</sup>

With Basement or Enclosure			Without Basement or Enclosure		
Building	Contents	Premium <sup>2,3</sup>	Building	Contents	Premium <sup>2,3</sup>
\$ 20,000	\$ 8,000	\$137	\$ 20,000	\$ 8,000	\$112
\$ 30,000	\$ 12,000	\$163	\$ 30,000	\$ 12,000	\$138
\$ 50,000	\$ 20,000	\$205	\$ 50,000	\$ 20,000	\$180
\$ 75,000	\$ 30,000	\$232	\$ 75,000	\$ 30,000	\$207
\$100,000	\$ 40,000	\$263	\$100,000	\$ 40,000	\$233
\$125,000	\$ 50,000	\$279	\$125,000	\$ 50,000	\$249
\$150,000	\$ 60,000	\$294	\$150,000	\$ 60,000	\$264
\$200,000	\$ 80,000	\$331	\$200,000	\$ 80,000	\$296
\$250,000	\$100,000	\$352	\$250,000	\$100,000	\$317

### ALL RESIDENTIAL CONTENTS-ONLY COVERAGE<sup>1,4</sup>

Contents Above Ground Level More Than One Floor		All Other Locations (Basement-Only Not Eligible)	
Contents	Premium <sup>2</sup>	Contents	Premium <sup>2</sup>
\$ 8,000	\$ 39	\$ 8,000	\$ 61
\$ 12,000	\$ 53	\$ 12,000	\$ 86
\$ 20,000	\$ 81	\$ 20,000	\$116
\$ 30,000	\$ 93	\$ 30,000	\$131
\$ 40,000	\$105	\$ 40,000	\$146
\$ 50,000	\$117	\$ 50,000	\$156
\$ 60,000	\$129	\$ 60,000	\$166
\$ 80,000	\$153	\$ 80,000	\$181
\$100,000	\$177	\$100,000	\$196

### NON-RESIDENTIAL BUILDING AND CONTENTS COVERAGE COMBINATIONS<sup>1</sup>

With Basement or Enclosure			Without Basement or Enclosure		
Building	Contents	Premium <sup>2,3</sup>	Building	Contents	Premium <sup>2,3</sup>
\$ 50,000	\$ 50,000	\$ 800	\$ 50,000	\$ 50,000	\$ 500
\$100,000	\$100,000	\$1,375	\$100,000	\$100,000	\$ 800
\$150,000	\$150,000	\$1,850	\$150,000	\$150,000	\$1,050
\$200,000	\$200,000	\$2,200	\$200,000	\$200,000	\$1,300
\$250,000	\$250,000	\$2,500	\$250,000	\$250,000	\$1,500
\$300,000	\$300,000	\$2,800	\$300,000	\$300,000	\$1,700
\$350,000	\$350,000	\$3,100	\$350,000	\$350,000	\$1,850
\$400,000	\$400,000	\$3,350	\$400,000	\$400,000	\$2,000
\$500,000	\$500,000	\$3,850	\$500,000	\$500,000	\$2,300

### NON-RESIDENTIAL CONTENTS-ONLY COVERAGE<sup>1,4</sup>

Contents Above Ground Level More Than One Floor		All Other Locations (Basement-Only Not Eligible)	
Contents	Premium <sup>2</sup>	Contents	Premium <sup>2</sup>
\$ 50,000	\$121	\$ 50,000	\$ 275
\$100,000	\$231	\$100,000	\$ 500
\$150,000	\$321	\$150,000	\$ 675
\$200,000	\$381	\$200,000	\$ 850
\$250,000	\$441	\$250,000	\$1,000
\$300,000	\$501	\$300,000	\$1,150
\$350,000	\$561	\$350,000	\$1,300
\$400,000	\$621	\$400,000	\$1,450
\$500,000	\$741	\$500,000	\$1,700

<sup>1</sup>Add the \$50.00 Probation Surcharge, if applicable.

<sup>2</sup>Premium includes Federal Policy Fee of \$11.00.

<sup>3</sup>Premium includes ICC premium of \$1.00. Deduct this amount if the risk is a townhouse/rowhouse condominium unit or a contents-only policy.

<sup>4</sup>Contents-only policies are not available for contents located in basement only.

NOTES: Condominium associations are not eligible for the Preferred Risk Policy. Individual condominium units are not eligible unless they qualify under one of the exceptions on page PRP 2.

The deductibles apply separately to building and contents. Building deductible, \$500. Contents deductible, \$500.

The new PRP building and/or contents coverage will be equal either to the building limit issued under the Standard B, C, or X Zone policy or the next higher limit available under the PRP if there is no PRP option equal to the Standard B, C, or X Zone building limit. For a standard contents-only policy, the contents coverage will be equal to the limit issued under the standard policy or the next higher limit. If building coverage is desired, the policy should be endorsed for building and contents coverage with a 30-day waiting period applied.

#### **XI. CONVERSION OF STANDARD RATED POLICY TO PRP DUE TO MAP REVISION, LOMA, OR LOMR**

A standard rated policy may be canceled and rewritten as a PRP as a result of a map revision, LOMA, or LOMR if the effective date of the map change was on or after February 1, 2005.

The policy may be canceled/rewritten using Cancellation Reason Code 24 under the following conditions:

- The request to cancel/rewrite the standard policy must be received during the policy term or within 6 months of the policy expiration date.
- The standard policy has no open claim or closed paid claim on the policy terms being canceled.
- The property meets all other PRP eligibility requirements.

The building and/or contents coverage on the new PRP must be equal either to the building limit and/or contents limit issued under the standard policy, or to the next higher limit available under the PRP if there is no PRP option equal to the standard policy building and/or contents limit.

#### **XII. CONVERSION OF PRP TO STANDARD RATED POLICY**

A Preferred Risk Policy must be canceled and rewritten to a standard rated policy if the risk no longer meets the eligibility requirements for a PRP.

The building and/or contents coverage on the new standard policy must be equal to the building limit and/or contents limit issued under the PRP.

#### **XIII. COMPLETING THE FLOOD INSURANCE PREFERRED RISK POLICY APPLICATION**

##### **A. Policy Status**

In the upper right corner of the form, check the appropriate box to indicate if the application is for a NEW policy or a RENEWAL of an existing policy. If the application is for a renewal, enter the current NFIP policy number.

##### **B. Policy Term**

The PRP is available only for 1-year terms.

1. Check the appropriate box to indicate who should receive the renewal bill. If BILL FIRST MORTGAGEE is checked, complete "First Mortgagee" section. If BILL SECOND MORTGAGEE, BILL LOSS PAYEE, or BILL OTHER is checked, provide mailing instructions in "Second Mortgagee or Other" section.
2. Enter the policy effective date and policy expiration date (month-day-year). The effective date of the policy is determined by adding the appropriate waiting period to the date of application in the "Signature" section. The standard waiting period is 30 days. Refer to the General Rules section, page GR 8, for the applicable waiting period.

##### **C. Agent Information**

Enter the agent's (producer's) name, agency name and number, address, city, state, ZIP Code, telephone number, fax number, and Tax I.D. Number or Social Security Number.

##### **D. Insured's Mailing Address**

1. Enter the name, mailing address, city, state, ZIP Code, telephone number, and Social Security Number of the insured.
2. If the insured's mailing address is a post office box or a rural route number, or if the address of the property to be insured is different from the mailing address, complete the "Property Location" section of the application.

##### **E. Disaster Assistance**

1. Check YES if flood insurance is being required for disaster assistance. Enter the insured's case file number, Tax I.D. Number, or Social Security Number on the line for CASE FILE NUMBER.
2. In the "Second Mortgagee or Other" block, identify the government (disaster) agency, and enter the complete name and mailing address of the disaster agency.
3. If NO is checked, no other information is required.

##### **F. First Mortgagee**

Enter the name, mailing address, city, state, ZIP Code, telephone number, and fax number of the first mortgagee. Enter the loan number.

##### **G. Second Mortgagee or Other**

1. Identify additional mortgagees by checking the appropriate box and entering the loan number, mortgagee's name, mailing address, telephone number, and fax number.

2. If more than one additional mortgagee or disaster assistance agency exists, provide the requested information on the producer's letterhead.

#### **H. Property Location**

1. Check YES if the location of the property being insured is the same as the address entered in the "Insured's Mailing Address" section. Leave the rest of this section blank unless there is more than one building at the property location.
2. If more than one building is at the location of the insured property, use this section to specifically identify the building to be insured. Briefly describe the building or submit a sketch showing the location of insured buildings to assist the NFIP in matching the policy number to the specific building insured.
3. If NO, provide the address or location of the property to be insured.
4. If the insured's mailing address is a post office box or rural route number, give the street address, legal description, or geographic location of the property.

#### **I. Community**

1. Enter the name of the county or parish where the property is located.
2. Check YES if the property is located in an unincorporated area of a county; otherwise, check NO.
3. Enter the community identification number, map panel number, and revision suffix for the community where the property is located. Use the FIRM in effect and that has been published at the time of presentment of premium and completion of application. Community number and status may be obtained by calling the writing company, consulting a local community official, or referencing the NFIP *Community Status Book* online at [www.fema.gov/fema/csb.shtm](http://www.fema.gov/fema/csb.shtm).
4. Enter the Flood Insurance Rate Map zone.

#### **J. Building and Contents**

Complete all required information in this section.

1. Check building occupancy: Single Family, 2-4 Family, Other Residential, or Non-Residential (incl. Hotel/Motel).
2. Enter date of construction.
3. Check building type. If the building has a basement or enclosure, count the base-

ment or enclosure as a floor. If the building type is a manufactured (mobile) home/travel trailer on foundation, enter the make, model, and serial number in the block at the bottom of this section.

4. Check the "Y" box (YES) or the "N" box (NO) for "CONDO UNIT" and "TOWNHOUSE/ROWHOUSE CONDO UNIT."
5. Check location of building's contents. (Contents located entirely in a basement are not eligible for contents-only coverage.)
6. Check YES if the building is the insured's principal residence; otherwise, check NO.
7. Using normal company practice, estimate the replacement cost value and enter the value in the space provided. Include the cost of the building foundation when determining the replacement cost value.

#### **K. Notice**

If the answer to either question A or question B is YES, this risk is not eligible for the Preferred Risk Policy.

#### **L. Premium**

1. Enter the coverage selected, and the premium, from the appropriate table on the back of the application form.
2. Add the \$50.00 Probation Surcharge, if applicable. Deduct \$1.00 if this is an application for a townhouse/rowhouse condominium unit.

#### **M. Signature**

The producer must sign the Preferred Risk Policy Application and is responsible for the completeness and accuracy of the information provided on it. Enter the date of application (month/day/year). The waiting period is added to this date to determine the policy effective date of the policy listed in the Policy Term section. A check or money order for the Total Prepaid Amount, payable to the NFIP, must accompany the application.

A credit card payment by VISA, MasterCard, Diner's Club, or American Express will also be acceptable if a disclaimer form, signed by the insured, is submitted with the Preferred Risk Policy 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 by the producer, the producer may sign the authorization form on behalf of the payor only after having read the disclaimer to the payor.

**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 July 31, 2009

☐ NEW  
☐ RENEWAL

CURRENT POLICY NUMBER  
FL \_\_\_\_\_  
IF NEW, LEAVE BLANK

<b>POLICY TERM</b>	DIRECT BILL INSTRUCTIONS: <input type="checkbox"/> BILL INSURED <input type="checkbox"/> BILL FIRST MORTGAGEE <input type="checkbox"/> BILL SECOND MORTGAGEE <input type="checkbox"/> BILL LOSS PAYEE <input type="checkbox"/> BILL OTHER		WAITING PERIOD: <input type="checkbox"/> STANDARD 30-DAY <input type="checkbox"/> LOAN-NO WAITING POLICY PERIOD IS FROM _____ TO _____ 12:01 A.M. LOCAL TIME AT THE INSURED PROPERTY LOCATION	
<b>AGENT INFORMATION</b>	ADDRESS, TELEPHONE NO., AND FAX NO. OF LICENSED PROPERTY OR CASUALTY INSURANCE AGENT OR BROKER: _____ _____ _____ AGENCY NO.: _____ AGENT'S TAX ID <input type="checkbox"/> T OR SSN <input type="checkbox"/> S _____		<b>INSURED'S MAILING ADDRESS</b>	NAME, TELEPHONE NUMBER AND MAILING ADDRESS OF INSURED: _____ _____ _____ _____ INSURED'S SOCIAL SECURITY NUMBER _____
<b>DISASTER ASSISTANCE</b>	IS INSURANCE REQUIRED FOR DISASTER ASSISTANCE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO IF YES, CHECK THE GOVERNMENT AGENCY: <input type="checkbox"/> SBA <input type="checkbox"/> FHA <input type="checkbox"/> OTHER (PLEASE SPECIFY) _____ <input type="checkbox"/> FEMA <input type="checkbox"/> HHS _____ CASE FILE NUMBER _____		<b>SECOND MORTGAGEE OR OTHER</b>	IF SECOND MORTGAGEE, LOSS PAYEE OR OTHER IS TO BE BILLED, THE FOLLOWING MUST BE COMPLETED, INCLUDING THE NAME, TELEPHONE NO., FAX NO., AND ADDRESS. <input type="checkbox"/> 2ND MORTGAGEE <input type="checkbox"/> DISASTER AGENCY, SPECIFY _____ <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> IF OTHER, PLEASE SPECIFY _____ _____ _____ LOAN NUMBER _____
<b>FIRST MORTGAGEE</b>	NAME, TELEPHONE NO., FAX NO., AND ADDRESS OF FIRST MORTGAGEE INCLUDING LOAN NUMBER: _____ _____ _____ LOAN NUMBER _____		<b>COMMUNITY</b>	NAME OF COUNTY/PARISH _____ LOCATED IN AN UNINCORPORATED AREA OF THE COUNTY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO COMMUNITY NUMBER AND SUFFIX FOR LOCATION OF PROPERTY INSURED _____ FLOOD INSURANCE RATE MAP ZONE _____ INFORMATION SOURCE: <input type="checkbox"/> COMMUNITY OFFICIAL <input type="checkbox"/> FLOOD MAP <input type="checkbox"/> MORTGAGEE <input type="checkbox"/> OTHER, SPECIFY _____
<b>PROPERTY LOCATION</b>	IS INSURED LOCATION SAME AS INSURED MAILING ADDRESS? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO    IF NO, ENTER PROPERTY ADDRESS. IF RURAL, DESCRIBE PROPERTY LOCATION. (DO NOT USE P.O. BOX) _____ _____			
<b>BUILDING AND CONTENTS</b>	BUILDING OCCUPANCY: <input type="checkbox"/> SINGLE FAMILY <input type="checkbox"/> 2-4 FAMILY <input type="checkbox"/> OTHER RESIDENTIAL <input type="checkbox"/> NON-RESIDENTIAL (INCL. HOTEL/MOTEL)	BUILDING TYPE (INCLUDING BASEMENT/ENCLOSURE): <input type="checkbox"/> ONE FLOOR <input type="checkbox"/> SPLIT LEVEL <input type="checkbox"/> TWO FLOORS <input type="checkbox"/> THREE OR MORE FLOORS <input type="checkbox"/> MANUFACTURED (MOBILE) HOME/TRAVEL TRAILER ON FOUNDATION	CONTENTS LOCATED IN: <input type="checkbox"/> ENCLOSURE ONLY (BASEMENT ONLY NOT ELIGIBLE) <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 FLOORS <input type="checkbox"/> ABOVE GROUND LEVEL MORE THAN ONE FULL FLOOR	INSURED'S PRINCIPAL RESIDENCE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO ESTIMATED REPLACEMENT COST AMOUNT \$ _____
CONSTRUCTION DATE _____ IS BUILDING: CONDO UNIT <input checked="" type="checkbox"/> <input type="checkbox"/> TOWNHOUSE/ROWHOUSE CONDO UNIT <input checked="" type="checkbox"/> <input type="checkbox"/>				
MAKE, MODEL AND SERIAL NUMBER OF MANUFACTURED (MOBILE) HOME/TRAVEL TRAILER _____				
<b>NOTICE</b>	<b>THE FOLLOWING CONDITIONS SHOULD BE USED TO DETERMINE A BUILDING'S ELIGIBILITY FOR A PRP.</b> 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? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO B) DO ANY OF THESE CONDITIONS, ARISING FROM ONE OR MORE OCCURRENCES, EXIST? 2 LOSS PAYMENTS, EACH MORE THAN \$1,000 <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO 3 OR MORE LOSS PAYMENTS, REGARDLESS OF AMOUNT <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO 2 FEDERAL DISASTER RELIEF PAYMENTS, EACH MORE THAN \$1,000 <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO 3 FEDERAL DISASTER RELIEF PAYMENTS, REGARDLESS OF AMOUNT <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO 1 FLOOD INSURANCE CLAIM PAYMENT AND 1 FLOOD DISASTER RELIEF PAYMENT (INCLUDING LOANS AND GRANTS), EACH MORE THAN \$1,000. <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <b>INSURANCE IS AVAILABLE UNDER THIS APPLICATION ONLY IF THE ANSWERS TO THESE QUESTIONS ARE NO.</b>		<b>PREMIUM</b> ENTER SELECTED OPTION FROM THE PREMIUM TABLES ON THE BACK OF THIS FORM. BUILDING AND CONTENTS COVERAGE COMBINATION BUILDING: \$ _____ CONTENTS: \$ _____ PREMIUM: \$ _____ CONTENTS-ONLY COVERAGE AMOUNT: \$ _____ PREMIUM: \$ _____	
<b>SIGNATURE</b>	(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/YY) (OVER)			

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

FEMA Form 81-67, AUG 06

PREVIOUS EDITIONS ARE OBSOLETE.

F-089 (8/06)

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.

**1-4 FAMILY RESIDENTIAL BUILDING & CONTENTS COVERAGE COMBINATIONS<sup>1</sup>**

With Basement/Enclosure			Without Basement/Enclosure		
Building	Contents	Premium <sup>2,3</sup>	Building	Contents	Premium <sup>2,3</sup>
\$ 20,000	\$ 8,000	\$137	\$ 20,000	\$ 8,000	\$112
\$ 30,000	\$ 12,000	\$163	\$ 30,000	\$ 12,000	\$138
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\$ 75,000	\$ 30,000	\$232	\$ 75,000	\$ 30,000	\$207
\$100,000	\$ 40,000	\$263	\$100,000	\$ 40,000	\$233
\$125,000	\$ 50,000	\$279	\$125,000	\$ 50,000	\$249
\$150,000	\$ 60,000	\$294	\$150,000	\$ 60,000	\$264
\$200,000	\$ 80,000	\$331	\$200,000	\$ 80,000	\$296
\$250,000	\$100,000	\$352	\$250,000	\$100,000	\$317

**ALL RESIDENTIAL CONTENTS ONLY<sup>1,4</sup>**

Contents Located Above Ground Level More Than One Floor		All Other Locations (Basement Only Not Eligible)	
Contents	Premium <sup>2</sup>	Contents	Premium <sup>2</sup>
\$ 8,000	\$ 39	\$ 8,000	\$ 61
\$ 12,000	\$ 53	\$ 12,000	\$ 86
\$ 20,000	\$ 81	\$ 20,000	\$116
\$ 30,000	\$ 93	\$ 30,000	\$131
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**NON-RESIDENTIAL BUILDING & CONTENTS COVERAGE COMBINATIONS<sup>1</sup>**

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\$ 50,000	\$ 50,000	\$ 800	\$ 50,000	\$ 50,000	\$ 500
\$100,000	\$100,000	\$1,375	\$100,000	\$100,000	\$ 800
\$150,000	\$150,000	\$1,850	\$150,000	\$150,000	\$1,050
\$200,000	\$200,000	\$2,200	\$200,000	\$200,000	\$1,300
\$250,000	\$250,000	\$2,500	\$250,000	\$250,000	\$1,500
\$300,000	\$300,000	\$2,800	\$300,000	\$300,000	\$1,700
\$350,000	\$350,000	\$3,100	\$350,000	\$350,000	\$1,850
\$400,000	\$400,000	\$3,350	\$400,000	\$400,000	\$2,000
\$500,000	\$500,000	\$3,850	\$500,000	\$500,000	\$2,300

**NON-RESIDENTIAL CONTENTS ONLY<sup>1,4</sup>**

Contents Located Above Ground Level More Than One Floor		All Other Locations (Basement Only Not Eligible)	
Contents	Premium <sup>2</sup>	Contents	Premium <sup>2</sup>
\$ 50,000	\$121	\$ 50,000	\$ 275
\$100,000	\$231	\$100,000	\$ 500
\$150,000	\$321	\$150,000	\$ 675
\$200,000	\$381	\$200,000	\$ 850
\$250,000	\$441	\$250,000	\$1,000
\$300,000	\$501	\$300,000	\$1,150
\$350,000	\$561	\$350,000	\$1,300
\$400,000	\$621	\$400,000	\$1,450
\$500,000	\$741	\$500,000	\$1,700

<sup>1</sup>Add the \$50.00 Probation Surcharge, if applicable.

<sup>2</sup>Premium includes Federal Policy Fee of \$11.00.

<sup>3</sup>Premium includes ICC premium of \$1.00. Deduct this amount if the risk is a townhouse/rowhouse condominium unit.

<sup>4</sup>Contents-only policies are not available for contents located in basement only.

NOTES: Condominium associations are not eligible for the Preferred Risk Policy. Individual condominium units are not eligible unless they qualify under one of the exceptions on page PRP 1 of the NFIP Flood Insurance Manual. The deductibles apply separately to building and contents. Building deductible, \$500. Contents deductible, \$500.

**FLOOD INSURANCE  
PREFERRED RISK POLICY APPLICATION  
FEMA FORM 81-67**

**WARNING TO AGENTS AND INSURANCE APPLICANTS**

The National Flood Insurance Act of 1968, as amended, prohibits a flood insurance policy from being newly issued or renewed on a property officially declared as being in violation of Section 1316 of the Act.

**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 Repetitive Loss Target Group (RLTG) property owners and Preferred Risk Policy (PRP) 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. Solicitation of your Social Security Number (SSN) is authorized under Executive Order 9397. Providing the SSN, as well as the other information, is voluntary, but failure to do so may delay or prevent issuance of the flood insurance policy.

**DISCLOSURE OF YOUR SOCIAL SECURITY NUMBER UNDER PUBLIC LAW 93-579 SECTION 7(B)**

Solicitation of the Social Security Number (SSN) is authorized under provisions of Executive Order 9397, dated November 22, 1943. The disclosure of your SSN is voluntary. However, since many persons appearing in the Government's administrative records possess identical names, the use of your SSN would provide for your precise identification.

**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 15 minutes per response. Burden means the time, effort, and financial resources expended by persons to generate, maintain, retain, disclose, or to provide information to us. You may send comments regarding the burden estimate or any aspect of the form, including suggestions for reducing the burden to: U.S. Department of Homeland Security, Emergency Preparedness and Response Directorate, 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.**

