

APPLICATION

I. USE OF THE FORM

The NFIP Flood Insurance Application form, or a similar form for WYO companies, must be used for all flood insurance policies except the Preferred Risk Policy.

This section includes important guidance to carry out the regulatory intent and instructions on the rating of the different building types.

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

- 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
- The elevation of the building

II. BUILDING DESCRIPTION

For purposes of the NFIP, distinctions have been made among the following building types:

- Building Occupancy
 - Single family
 - 2-4 family
 - Other residential
 - Non-residential (including hotel/motel)
- Basement, Enclosure, Crawlspace
 - None
 - Finished Basement/Enclosure
 - Unfinished Basement/Enclosure
 - Crawlspace
 - Subgrade Crawlspace
- Number of floors in entire building
 - 1
 - 2
 - 3 or more
 - Split level
 - Townhouse/Rowhouse (RCBAP lowrise only)
 - Manufactured (mobile) home on foundation, including doublewide or travel trailer

- Elevated building

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.

For Post-FIRM buildings in V Zones, elevated on solid perimeter foundation walls, submit the Application to the NFIP Bureau's Underwriting Department for rating.

III. SCHEDULED BUILDING POLICY

1. To obtain a Scheduled Building Policy, an Application must be completed for each building and/or contents for which coverage is requested.
2. For each scheduled building (building and/or contents coverage), the Federal Policy Fee is \$40.00 per building.
3. All Flood Insurance Application forms must be completed in accordance with all Flood Insurance Manual rules and the Scheduled Building Policy qualifications.
4. If requesting a Scheduled Building Policy, indicate Building #1, Building #2, etc., in the upper right corner of each Application. Staple together the Applications as a single unit.

IV. COMPLETING PART 1 OF THE FLOOD INSURANCE APPLICATION FORM

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

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 10-digit NFIP policy number.

B. Policy Term (Billing/Policy Period)

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 the "Second Mortgagee or Other" section.

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 listed in the "Signature" section. The standard waiting period is 30 days.

NOTE: Refer to the General Rules section, page GR 9-10, for exceptions to the standard waiting period.

C. Agent Information

Enter the producer's name, agency name and number, address, city, state, ZIP Code, telephone number, and fax number. Enter the producer's Tax I.D. Number.

D. Insured Mail Address

Enter the name, mailing address, city, state, ZIP Code, and telephone number of the insured.

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, the "Property Location" section of the Application must be completed. If there is more than one building at the property location, see "H. Property Location" in the next column for further instructions.

E. Disaster Assistance

Check YES if flood insurance is being required for disaster assistance. Identify the Government (disaster) agency, and enter the insured's case file number.

If NO is checked, no further information is required.

F. Property Location

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

If more than one building is at the location of the insured property, use the "Property Location" section to specifically identify the building. An example would be where five buildings with the

same mailing address and location are insured with separate policies. Describe briefly the building (barn, silo, etc.) in this section or submit a sketch showing the location of insured buildings to assist the NFIP in matching the policy number to the specific building insured. A clear description of the insured's property is important.

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

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.

G. First Mortgagee

Enter the name, mailing address, city, state, ZIP Code, telephone number, and fax number of the first mortgagee. Enter the loan number. If not available at the time of application, the loan number should be added to the policy by submitting a General Change Endorsement form.

For condominium association applications, the mortgagees for the individual condominium unit owners must not be entered here. The General Property Form and RCBAP provide coverage for the entire building and the real property elements, including all units within the building and the improvements within the units.

H. Second Mortgagee, Loss Payee or Other

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

For condominium associations, follow the appropriate instructions provided under "G. First Mortgagee."

If more than one 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. Provide the disaster assistance case number.

I. Community Rating Map Information

Enter the map information that will be used for rating.

Enter name of the county or parish where the property is located.

NOTE: The mailing address may or may not reflect the community where the property is located. Do not rely on the mailing address when determining community status and identification. Because of possible changes in the Flood Insurance Rate Map (FIRM), do not rely on information from a prior policy.

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 one panel (i.e., a flat map), the community number will consist of only six digits. Use the FIRM in effect and that has been published at the time of presentment of premium and completion of application.

NOTE: Not all communities that have been assigned NFIP community numbers are participating in the National Flood Insurance Program. Policies may not be written in nonparticipating communities.

Community number and status may be obtained by calling the NFIP insurer, by consulting a local community official, or by checking the NFIP *Community Status Book* online (<http://www.fema.gov/fema/csb.shtm>).

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

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

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).

Determine whether the community is located in a Coastal Barrier Resource System (CBRS) or Otherwise Protected Area. See CBRS section for additional information.

J. Current Community Map Information

Complete this section only if the grandfathering rule is being applied.

Check YES if grandfathering; otherwise check NO.

If YES:

- Check whether the building was built in compliance or has had continuous coverage.
- Enter the prior policy number if grandfathering for continuous coverage.
- Enter the current community identification number, map panel number, suffix, FIRM zone, and, if applicable, the BFE.

K. State-Owned Property and Buildings on Federal Land

Check YES if the building is owned by a state government; otherwise, check NO.

Check YES if the building is located on federal land; otherwise, check NO.

NOTE: If the property is federally leased, refer to the Leased Federal Property Section for guidance.

L. Building

Complete all required information in this section.

• Building Occupancy

Indicate the type of occupancy for the building (i.e., single family, 2-4 family, other residential, or non-residential).

• Basement/Enclosure/Crawlspace/Subgrade Crawlspace

Indicate whether the building contains a basement (i.e., lowest floor below ground on all sides). If an enclosure is the lowest floor for rating, use the "With Basement/Enclosure/Crawlspace/Subgrade Crawlspace" Rate Table to determine the rate. (See Crawlspace on page RATE 25.)

If the enclosure/crawlspace is not the lowest floor for rating, use the "Without Basement/Enclosure/Crawlspace/Subgrade Crawlspace" Rate Table and describe the building as "Without Basement/Enclosure/Crawlspace/Subgrade Crawlspace." In Post-FIRM rated A zones, this means that the enclosure was designed with proper openings. In Post-FIRM V zones constructed before October 1, 1981, the enclosure is less than 300 square feet with breakaway walls and no machinery or equipment in the enclosure is below the BFE.

- Number of Floors or Building Type

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

If the building type is a townhouse/rowhouse being covered under an RCBAP, check "Townhouse/Rowhouse (RCBAP Lowrise Only)."

If the building is a manufactured (mobile) home or travel trailer on a foundation, check "Manufactured (Mobile) Home on Foundation" regardless of the building's size. Dimensions of manufactured (mobile) homes and travel trailers are used only for determining replacement cost eligibility, not for rating.

- Number of Occupancies (Units)

For other than single family dwellings, indicate the number of units.

- Condominium Form of Ownership

Check YES if the building is under a Condominium Form of Ownership; otherwise check NO. (A homeowners association [HOA] may differ from a condominium form of ownership.) Refer to pages CONDO 8-9 for rating guidelines.

- Condo Coverage

If condominium coverage is being purchased, indicate whether the coverage is for a condominium unit or the entire condominium building.

- Residential Condominium Building Association Policy

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.

- Estimated Replacement Cost

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.

- Insured's Principal Residence

Indicate whether the building is the policyholder's principal residence.

- Building in Course of Construction

Indicate whether the building is in the course of construction.

- Building Walled and Roofed

Indicate whether the building is walled and roofed. (See Building definition on page DEF 1.)

- Elevated Building

Indicate whether this is an elevated building. If it is, also indicate, in the next block, whether the area below the lowest elevated floor is free of obstruction or with obstruction.

For all elevated buildings using elevation for rating, complete Part 2 on the back of the Flood Insurance Application after you have completed Part 1.

- Buildings Over Water

Check NO if the building is not located over water. If building is located over water, indicate partially or entirely. (See Buildings Over Water on page GR 4.)

- Describe Building and Use

For other than 1-4 family dwellings, describe the insured building and its use. This includes manufactured (mobile) homes and travel trailers, other residential structures, and non-residential buildings. For all manufactured (mobile) homes and travel trailers, complete Part 2 on the back of the Flood Insurance Application after you have completed Part 1.

M. Contents

Check the box that describes the location of the contents to be insured. Describe any contents that are not personal property household contents.

If only building insurance is to be purchased, be sure to notify the applicant of the availability of contents insurance. It is recommended that the applicant initial the contents coverage section if no contents insurance is requested. This will make the applicant aware that the policy will not provide payment for contents losses.

N. Construction Data

1. Construction Date

Check one of the five blocks in the first part of this section, and enter the appropriate date for the date of construction or building permit date. (For substantial improvement, see the "Substantial Improvement Exception" instructions that follow.)

In the Emergency Program, provide the month/day/year of construction. If the month and day are unknown, enter July 1 (07/01) and enter the best information for the year of construction. The rest of the sections should be left blank.

If the building was constructed or substantially improved on or before December 31, 1974, or before the effective date of the initial FIRM for the community, the building is considered Pre-FIRM construction. Otherwise, the building is considered Post-FIRM.

If the building was substantially improved, enter the actual month, day, and year that substantial improvement started or the building permit date.

If the building was substantially damaged, enter the actual month, day, and year that substantial damage occurred. Substantial improvement includes buildings that have incurred "substantial damage" regardless of the actual repair work performed. The agent must obtain and submit a statement from a community official before the building can be considered substantially damaged.

If the policy is for a manufactured (mobile) home or travel trailer located outside a manufactured (mobile) home park or subdivision, enter the date of permanent placement of the manufactured (mobile) home. See the Rating section of this manual for rules for manufactured (mobile) homes located in manufactured (mobile) home parks and subdivisions.

Compare the date of construction or substantial improvement with the effective date of the initial FIRM to determine if the building was constructed Pre- or Post- the effective date of the initial FIRM.

- Substantial Improvement Exception

For new applications, renewal applications, and endorsements when making a *rating correction concerning a substantial improvement* to a Pre-FIRM building where the improvement is an addition to the building and it meets the conditions of Pre-FIRM construction, found on pages RATE 15-16 of this manual, the producer should complete the Construction Data section of the Application as follows:

- a. Enter the date of construction for the Pre-FIRM part of the building (not the date of construction of the addition). This date will be shown as the construction date on the declarations page.
- b. Do not respond to the question IS BUILDING POST-FIRM CONSTRUCTION? Instead, complete the top part of this section as follows:

"Substantial Improvement but continues to be Pre-FIRM."
- c. Supply the elevation data for the ADDITION.
- d. Complete the remainder of both parts of the Construction Data section in the usual manner.

If a policyholder elects to use the normal Post-FIRM rating for substantial improvement, the producer must complete Part 2 of the Application as indicated.

- **Post-FIRM Construction**

Check YES if the building is Post-FIRM construction or substantially improved; otherwise check NO.

2. Elevation Information

Elevation information must be completed in the second part of the Construction Data section.

- **Building Diagram Number and Lowest Adjacent Grade**

Provide the building diagram number and lowest adjacent grade from the Elevation Certificate (EC).

NOTE: Elevation Certificates certified on or after April 1, 2010, must be submitted on the 2009 EC form (OMB expiration 2012). The EC must meet all of the photograph requirements that are described on pages CERT 1-2 of this manual. *An EC submitted without the required photographs is not considered valid for rating.*

The lowest adjacent grade is not required for buildings without estimated BFE located in AO and unnumbered A and V zones. Policies rated using the Floodproofing Certificate do not require either the lowest adjacent grade or the diagram number.

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.

- Elevation Certification

Enter the elevation certification date for all new business applications.

- Elevation Information for Buildings in the Course of Construction

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. The NFIP requires the agent to describe and rate the structure based on the proposed plans. Building photographs are not required.

Buildings in the course of construction are to be rated the same as completed construction. A renewal application and a new EC with required building photographs must be submitted at renewal time. For example, if the building is elevated and the proposed plans show an enclosure, the building must be described as elevated with an enclosure. The only exception is when an EC was prepared in the course of construction, and the surveyor was able to provide all as-built elevation information required on the EC.

- Lowest Floor Elevation and Related Items

Use the building diagrams on pages CERT 23-25 to determine the correct lowest floor. See pages LFG 1-7 for information about determining the lowest floor for rating. When entering elevation data, **drop hundredths of a foot** and show only tenths of a foot. For example, if the elevation difference is 10.49', enter 10.4'; do not round up to 10.5'.

- Wave Height Adjustment

In Zones V, V1-V30, and VE, if NO is checked for the question about Effects of Wave Action, refer to pages RATE 30-31 for guidelines for FIRMS with wave heights.

- Floodproofing

If YES is checked for Floodproofed and the FIRM zone entered in the Community section of the Application is V, V1-V30, or VE, the Application must be submitted to the NFIP for underwriting and rating. For all other zones, refer to pages RATE 31-32 for elevation difference and rating guidelines.

To receive credit for floodproofing, the completed floodproofing certificate must be submitted. 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 pages CERT 5-6 for a list of communities approved for residential basement floodproofing.)

O. Coverage and Rating

- Deductible and Deductible Buyback

Enter the deductible amount for building and/or contents. Also indicate whether the applicant is "buying back" a \$1000 deductible. Refer to page RATE 12 to buy back a \$1000 deductible. (See deductible factors on pages RATE 13 and CONDO 22.)

- Coverage

Check desired coverage against the "Amount of Insurance Available" table on page RATE 1. Then enter the limits.

- Rating

Enter the rates. Add additional charges/credits, i.e., deductible reduction/increase, ICC Premium, CRS Premium Discount, Probation Surcharge (if any), and Federal Policy Fee. Calculate the Total Prepaid Amount.

- Rate Type

Select rate type. Note that a new rate type, Leased Federal Property (LFP), has been added. (For more information on Leased Federal Property, see LFP Section.)

- Community Rating System

Effective May 1, 2008, the Community Rating System (CRS) discount is not available on NFIP policies for Post-FIRM structures located in a Special Flood Hazard Area (SFHA) where the lowest floor elevation used for rating is at least 1 foot or more below the Base Flood Elevation (BFE), with the exception of (1) Post-FIRM V-Zone buildings with unfinished breakaway wall enclosures and machinery or equipment at or above the BFE, and (2) subgrade crawlspaces with certification.

The subgrade crawlspace exception must be certified by a community official letter containing the following statement:

"I certify that the building located at _____ [address] has a crawlspace that was built in compliance with the NFIP requirements for crawlspace construction as outlined in FEMA Technical Bulletin 11-01, Crawlspace Construction for Buildings Located in Special Flood Hazard Areas."

P. Signature

The producer must sign the 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.

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. A credit card payment by VISA, MasterCard, Discover, or American Express will also be acceptable if a disclaimer form, signed by the insured, is 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 by the producer, the producer may sign the authorization form on behalf of the payor only after having read the disclaimer to the payor.

V. COMPLETING PART 2 OF THE FLOOD INSURANCE APPLICATION FORM

After completing Part 1 of the Flood Insurance Application, the producer must complete all relevant items in Part 2 of the Application for all buildings.

Part 2 of the Application collects information about risk factors affecting the building, occupancy information, and elevation data relative to the ground level. A completed Elevation Certificate must be attached to the Application before sending it to the NFIP.

To complete Part 2 of the Application, the producer must:

- Obtain all necessary information from the applicant. Then select the building diagram that best illustrates the applicant's building. These diagrams are shown in the Elevation Certificate and Instructions, which are reproduced in the Special Certifications section of this manual.

Transcribe the information from the applicant and Elevation Certificate onto Part 2 of the Application. For renewal applications, enter the policy number in the space at the top of the form. Be sure to have the applicant or the applicant's representative sign and date the bottom of the form.

The applicant or the applicant's representative must complete all numbered sections of the form, check all appropriate boxes, provide all

information, and respond to all YES/NO questions that are applicable to the building. (For example, Section II should be completed only for Elevated Buildings.)

SECTION I—ALL BUILDING TYPES

1. The number of the building diagram selected is entered here. Use the diagrams shown at the end of the Elevation Certificate and Instructions.
- 2.-4. The agent may obtain the requested elevation information from Section C of the Elevation Certificate, or the applicant or the applicant's representative may provide this information. If the applicant or the applicant's representative furnishes these measurements, they must be taken with a ruler or tape measure. All measurements are rounded to the nearest foot using the ground (grade) immediately next to the building.

NOTE: The terms "grade" and "ground" are used interchangeably. The intent is that man-made alterations of the grade, such as a declining driveway into a building or a dugout entrance to a basement, do not represent ground level.

5. If "OTHER" is checked in Question 5b, a brief description of the source must be provided.
6. If the answer to Question 6a is NO, Question 6b should be disregarded.
7. If the answer to Question 7a is NO, Questions 7b, 7c, 7d, and 7e should be ignored.

SECTION II—ELEVATED BUILDINGS

If the building is a manufactured (mobile) home/travel trailer that has been elevated, complete this section in addition to Sections I and III.

8. Check the type of foundation used for the building.
9. If YES is checked, check the appropriate item(s).
10. **Refer to page LFG 1** to verify that the area below the elevated floor satisfies the definition of an enclosed area.

If Question 10a is NO, do not answer Questions 10b through 10f.

In Question 10b, enter the size of the area in square feet.

If Question 10c is YES, check the single most appropriate of boxes 1-4.

In Question 10d, check YES if the area is constructed with openings (excluding doors), within 1 foot of adjacent grade, to allow the passage of flood waters. Enter the number of openings and their total area in square inches.

If Question 10e is YES, provide a description.

In Question 10f, check YES if the enclosed area/garage has more than 20 linear feet of finished wall, paneling, etc; otherwise, check NO.

SECTION III—MANUFACTURED (MOBILE) HOMES/TRAVEL TRAILERS

11. Fill in the make, year of manufacture, model number, and serial number.
12. Enter the dimensions, excluding any permanent addition or extension to the manufactured (mobile) home or travel trailer.
13. Check YES if permanent additions or extensions are present; otherwise, check NO. If YES, enter dimensions.
14. If OTHER is checked, describe the anchoring system.
15. Check the appropriate box for how the manufactured (mobile) home was installed.
16. Check YES if the manufactured (mobile) home is located in a manufactured (mobile) home park or subdivision; otherwise, check NO.

VI. MAILING INSTRUCTIONS

After completing all sections on the Application, attach all required certifications or other documents to the applicant's check, draft, or money order, payable to the NFIP for the Total Prepaid Amount.

A credit card payment by VISA, MasterCard, Discover, or American Express will also be

acceptable if a disclaimer form, signed by the insured, is 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 by the producer, the 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 Application with the Total Prepaid Amount to the NFIP. Distribute copies of the Application to the agency file, the applicant, and the mortgagee. A copy of the Application and a copy of the premium payment are sufficient to satisfy the mortgagee's proof-of-purchase requirements.

After receipt of the Application and total prepaid amount, the NFIP will process the Application and issue the policy. The policy contract and declarations page will be mailed to the insured. Copies of the declaration page will be mailed to the producer and mortgagee(s).

VII. HANDLING OF INCOMPLETE OR INCORRECT APPLICATIONS

If an Application is not complete, or if the information presented on the Application is not correct, the Application will not be processed but

will be placed in a pending file until the completed or corrected information is provided by the producer. For the NFIP direct business, if the missing information is not provided, a policy will be issued using Tentative Rates. If insufficient information is available to tentatively rate the policy, the flood insurance will be rejected and the premium remittance refunded. For NFIP direct business, in the case of incomplete applications, the NFIP Servicing Agent will send the producer a transmittal document and a letter requesting the incomplete or missing information. Copies of this letter will be provided to the named insured and mortgagee(s). The producer should provide the additional or corrected information to the NFIP Servicing Agent along with the transmittal document.

Since coverage cannot be conferred in excess of the coverage that can be purchased for the amount presented (received by the NFIP), it is important that underpayment errors be corrected immediately. In the case of an underpayment, when both building 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.

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**U.S. DEPARTMENT OF HOMELAND SECURITY
FEDERAL EMERGENCY MANAGEMENT AGENCY**
National Flood Insurance Program

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

PART 1 (OF 2) OF FLOOD INSURANCE APPLICATION

☐ NEW
☐ RENEWAL

IMPORTANT—PLEASE PRINT OR TYPE

POLICY TERM	DIRECT BILL INSTRUCTIONS: <input type="checkbox"/> BILL INSURED <input type="checkbox"/> BILL SECOND MORTGAGEE <input type="checkbox"/> BILL OTHER	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"/> MAP REV. (ZONE CHANGE FROM NON-SFHA TO SFHA)—ONE DAY <input type="checkbox"/> LOAN—NO WAITING <input type="checkbox"/> LENDER REQUIRED—NO WAITING																																							
AGENT INFORMATION	NAME, ADDRESS OF LICENSED PROPERTY OR CASUALTY INSURANCE AGENT OR BROKER: AGENCY NO.: _____ AGENT'S TAX ID: _____ PHONE NO.: _____ FAX NO.: _____	NAME, MAILING ADDRESS, AND TELEPHONE NO. OF INSURED: INSURED MAIL ADDRESS																																							
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): _____ ENTER CASE FILE NUMBER: _____	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, DESCRIBE PROPERTY LOCATION (DO NOT USE P.O. BOX).																																							
MORTGAGEE	NAME AND ADDRESS OF FIRST MORTGAGEE: LOAN NO.: _____ PHONE NO.: _____ FAX NO.: _____	IF SECOND MORTGAGEE, LOSS PAYEE OR OTHER IS TO BE BILLED, COMPLETE THE FOLLOWING, INCLUDING THE NAME, AND ADDRESS: <input type="checkbox"/> 2ND MORTGAGEE <input type="checkbox"/> DISASTER AGENCY <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> IF OTHER, PLEASE SPECIFY:																																							
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	GRANDFATHERED? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, <input type="checkbox"/> BUILT IN COMPLIANCE? <input type="checkbox"/> CONTINUOUS COVERAGE? PRIOR POLICY NO.: _____ CURRENT COMMUNITY NO./PANEL NO. AND SUFFIX: _____ CURRENT FIRM ZONE: _____ CURRENT BFE: _____																																							
BUILDING	IS INSURED BUILDING OWNED BY STATE GOVERNMENT? <input type="checkbox"/> YES <input type="checkbox"/> NO	IS BUILDING LOCATED ON FEDERAL LAND? <input type="checkbox"/> YES <input type="checkbox"/> NO																																							
	<table border="1"><tr><td>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)</td><td>NUMBER OF FLOORS IN ENTIRE BUILDING (INCLUDE 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 IF NOT A SINGLE-FAMILY DWELLING, THE NUMBER OF OCCUPANCIES (UNITS) IS _____</td><td>CONDO FORM OF OWNERSHIP? <input type="checkbox"/> YES <input type="checkbox"/> NO CONDO COVERAGE IS FOR: <input type="checkbox"/> UNIT <input type="checkbox"/> ENTIRE BUILDING RESIDENTIAL CONDOMINIUM BUILDING ASSOCIATION POLICY ONLY: TOTAL NUMBER OF UNITS (INCLUDE NON-RES.) <input type="checkbox"/> HIGH-RISE <input type="checkbox"/> LOW-RISE ESTIMATED REPLACEMENT COST AMOUNT \$ _____ IS BUILDING INSURED'S PRINCIPAL RESIDENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO</td><td>IS THIS BUILDING IN THE COURSE OF CONSTRUCTION? <input type="checkbox"/> YES <input type="checkbox"/> NO IS BUILDING WALLED AND ROOFED? <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 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 IF ELEVATED, COMPLETE PART 2 OF APPLICATION</td><td>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"/> POOLHOUSE, CLUBHOUSE, RECREATION BUILDING <input type="checkbox"/> TOOL/STORAGE SHED <input type="checkbox"/> OTHER: _____ FOR MANUFACTURED (MOBILE) HOMES/TRAVEL TRAILERS, COMPLETE PART 2, SECTION III.</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)	NUMBER OF FLOORS IN ENTIRE BUILDING (INCLUDE 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 IF NOT A SINGLE-FAMILY DWELLING, THE NUMBER OF OCCUPANCIES (UNITS) IS _____	CONDO FORM OF OWNERSHIP? <input type="checkbox"/> YES <input type="checkbox"/> NO CONDO COVERAGE IS FOR: <input type="checkbox"/> UNIT <input type="checkbox"/> ENTIRE BUILDING RESIDENTIAL CONDOMINIUM BUILDING ASSOCIATION POLICY ONLY: TOTAL NUMBER OF UNITS (INCLUDE NON-RES.) <input type="checkbox"/> HIGH-RISE <input type="checkbox"/> LOW-RISE ESTIMATED REPLACEMENT COST AMOUNT \$ _____ IS BUILDING INSURED'S PRINCIPAL RESIDENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO	IS THIS BUILDING IN THE COURSE OF CONSTRUCTION? <input type="checkbox"/> YES <input type="checkbox"/> NO IS BUILDING WALLED AND ROOFED? <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 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 IF ELEVATED, COMPLETE PART 2 OF APPLICATION	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"/> POOLHOUSE, CLUBHOUSE, RECREATION BUILDING <input type="checkbox"/> TOOL/STORAGE SHED <input type="checkbox"/> OTHER: _____ FOR MANUFACTURED (MOBILE) HOMES/TRAVEL TRAILERS, COMPLETE PART 2, SECTION III.																																			
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CONSTRUCTION DATA	ALL BUILDINGS: (CHECK ONE OF THE FIVE BLOCKS AND RECORD CORRESPONDING DATE IN THE DATE BOX) <input type="checkbox"/> BUILDING PERMIT DATE <input type="checkbox"/> MANUFACTURED (MOBILE) HOMES/TRAVEL TRAILERS LOCATED IN A MOBILE HOME PARK <input type="checkbox"/> DATE OF CONSTRUCTION OR SUBDIVISION: CONSTRUCTION DATE OF MOBILE HOME PARK OR SUBDIVISION FACILITIES <input type="checkbox"/> SUBSTANTIAL IMPROVEMENT DATE <input type="checkbox"/> MANUFACTURED (MOBILE) HOMES/TRAVEL TRAILERS LOCATED OUTSIDE A MOBILE HOME PARK OR SUBDIVISION: DATE OF PERMANENT PLACEMENT DATE: _____ (MM/DD/YYYY)																																								
	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 CERTIFICATION. BUILDING DIAGRAM NUMBER: _____ 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 FLOOD-PROOFED? <input type="checkbox"/> YES <input type="checkbox"/> NO (SEE FLOOD INSURANCE MANUAL FOR CERTIFICATION FORM.)																																								
COVERAGE AND RATING	DEDUCTIBLE: <input type="checkbox"/> BUILDING \$ _____ <input type="checkbox"/> CONTENTS \$ _____ DEDUCTIBLE BUYBACK? <input type="checkbox"/> YES <input type="checkbox"/> NO																																								
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FEMA Form 086-0-1, AUG 10

Previously FEMA Form 81-16

F-050 (8/10)

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
IMPORTANT — COMPLETE PART 1 AND PART 2 (ON LAST PAGE) BEFORE SENDING APPLICATION TO THE NFIP — IMPORTANT

**U.S. DEPARTMENT OF HOMELAND SECURITY
FEDERAL EMERGENCY MANAGEMENT AGENCY**
National Flood Insurance Program

O.M.B. No. 1660-0006 Expires August 31, 2013
PART 2 (OF 2) OF FLOOD INSURANCE APPLICATION

ALL APPROPRIATE DATA PROVIDED BY THE INSURED OR OBTAINED FROM THE ELEVATION CERTIFICATE SHOULD BE REVIEWED AND TRANSCRIBED BELOW. THIS PART OF THE APPLICATION MUST BE COMPLETED FOR ALL BUILDINGS.

CURRENT POLICY NUMBER
☐ NEW
☐ RENEWAL _____

SECTION I—ALL BUILDING TYPES

1. Diagram number selected from Building Diagrams 1-9: ☐
2. The lowest floor is (round to nearest foot):
[] feet ☐ above ☐ below (check one) the lowest ground (grade) immediately next to the building.
3. The garage floor (if applicable) or elevated floor (if applicable) is (round to nearest foot):
[] feet ☐ above ☐ below (check one) the lowest ground (grade) immediately next to the building.
4. Machinery or equipment located at a level lower than the lowest floor is (round to nearest foot):
[] feet below the lowest floor.
5. Site location
 - a) Approximate distance of site location to nearest shoreline:
☐ Less than 200 feet ☐ 500 to 1,000 feet
☐ 200 to 500 feet ☐ More than 1,000 feet
 - b) Source of flooding:
☐ Ocean ☐ River/stream
☐ Lake ☐ Other: _____
6. Basement/Subgrade Crawlpace
 - a) Is the basement/subgrade crawlpace floor below grade on all sides? ☐ YES ☐ NO
 - b) Does the basement/subgrade crawlpace contain machinery or equipment? ☐ YES ☐ NO
7. Garage
 - a) Is the garage attached to or part of the building?
☐ YES ☐ NO
 - 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?
☐ YES ☐ NO
If yes, number of permanent openings (flood vents) within 1 foot above the adjacent grade: _____. Total area of all permanent openings (flood vents): _____ square inches.
 - d) Is the garage used solely for parking of vehicles, building access, and/or storage? ☐ YES ☐ NO
 - e) Does the garage contain machinery or equipment?
☐ YES ☐ NO
If yes, check the appropriate items:
☐ Furnace ☐ Heat pump ☐ Air conditioner
☐ Hot water heater ☐ Fuel tank ☐ Cistern
☐ Elevator equipment ☐ Washer & dryer ☐ Food freezer
☐ Other equipment or machinery servicing the building
 - f) Does the garage have more than 20 linear feet of finished wall paneling, etc.? ☐ YES ☐ NO

SECTION II—ELEVATED BUILDINGS

(Including Manufactured [Mobile] Homes/Travel Trailers)

8. Elevating foundation of the building:
☐ Piers, posts, or piles
☐ Reinforced masonry piers or concrete piers or columns
☐ Reinforced concrete shear walls
☐ Solid perimeter walls (Note: Not approved for elevating in Zones VI-V30, VE, or V.)
9. Does the area below the elevated floor contain machinery or equipment?
☐ YES ☐ NO
If yes, check the appropriate items:
☐ Furnace ☐ Heat pump ☐ Air conditioner
☐ Hot water heater ☐ Fuel tank ☐ Cistern
☐ Elevator equipment ☐ Washer & dryer ☐ Food freezer
☐ Other equipment or machinery servicing the building
10. Area below the elevated floor:
 - a) Is the area below the elevated floor enclosed?
☐ YES ☐ NO
If yes, check one of the following:
☐ Partially ☐ Fully
If 10a is NO, do not answer 10b through 10f.
 - b) If enclosed, provide size of enclosed area/crawlpace:
[] x [] square feet.
 - c) Is the area below the elevated floor enclosed using materials other than insect screening or light wood lattice?
☐ YES ☐ NO
If yes, check one of the following:
☐ Breakaway walls
☐ Solid wood frame walls
☐ Masonry walls
☐ Other: _____
 - d) Is the enclosed area/crawlpace constructed with openings (excluding doors) to allow the passage of floodwaters through the enclosed area? ☐ YES ☐ NO
If yes, number of permanent openings (flood vents) within 1 foot above adjacent grade _____. Total Area of all permanent openings (flood vents) [] x [] square inches
 - e) Is the enclosed area/crawlpace used for any purpose other than solely for parking of vehicles, building access, or storage?
☐ YES ☐ NO If yes, describe: _____
 - f) Does the enclosed area/crawlpace have more than 20 linear feet of finished wall, paneling, etc.? ☐ YES ☐ NO

SECTION III—MANUFACTURED (MOBILE) HOMES/TRAVEL TRAILERS

11. Manufactured (mobile) home/travel trailer data:
Make: []
Year of manufacture: [] [] [] []
Model number: []
Serial number: []
12. Manufactured (mobile) home/travel trailer dimensions:
[] x [] feet.
13. Are there any permanent additions or extensions to the manufactured (mobile) home/travel trailer? ☐ YES ☐ NO
If yes, the dimensions are: [] x [] feet.
14. The manufactured (mobile) home/travel trailer anchoring system utilizes:
☐ Over-the-top ties ☐ Ground anchors
☐ Frame ties ☐ Slab anchors
☐ Frame connectors ☐ Other: _____
15. The manufactured (mobile) home/travel trailer was installed in accordance with:
☐ Manufacturer's specifications
☐ Local floodplain management standards
☐ State and/or local building standards
16. Is the manufactured (mobile) home/travel trailer located in a manufactured (mobile) home park/subdivision? ☐ YES ☐ NO

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

SIGNATURE OF INSURANCE AGENT/BROKER

DATE (MM/DD/YYYY)

FEMA Form 086-0-1, AUG 10

PREVIOUSLY FEMA FORM 81-16

F-050 (8/10)

**FLOOD INSURANCE
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 data collection 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 this form. You are not required to respond to this collection of information unless a valid OMB control number is displayed on this form. Send comments regarding the accuracy of the burden estimate and any suggestions for reducing the burden to: Information Collections Management, Department of Homeland Security, Federal Emergency Management Agency, 500 C Street, SW, Washington, DC 20472, Paperwork Reduction Project (1660-0006).

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