PREFERRED RISK POLICY

I. GENERAL DESCRIPTION

The Preferred Risk Policy (PRP) is a lower-cost Standard Flood Insurance Policy (SFIP), written under the Dwelling Form or General Property Form. It offers fixed combinations of building/contents coverage limits or contents-only coverage. The PRP is available for property located in B, C, and X Zones in Regular Program communities that meets eligibility requirements based on the property's flood loss history. It is also available for buildings that are eligible for the PRP Eligibility Extension. (See eligibility requirements below.)

For 1–4 family dwellings, the maximum coverage combination is $250,000 building and $100,000 contents. For other residential buildings, the maximum coverage combination is $500,000 building and $100,000 contents. Up to $100,000 contents-only coverage is available for all residential properties.

For non-residential properties, the maximum coverage combination is $500,000 building and $500,000 contents. Up to $500,000 contents-only coverage is available.

Only 1 building can be insured per policy, and only 1 policy can be written on each building.

II. ELIGIBILITY REQUIREMENTS

A. Flood Zone

To be eligible for coverage under the PRP, the building must be in a B, C, or X Zone on the effective date of the policy, except for those buildings that were newly mapped within a Special Flood Hazard Area (SFHA) due to a map revision effective on or after October 1, 2008. These policies remain eligible for a PRP through the PRP Eligibility Extension if they meet the PRP loss history requirements. This does not apply to communities newly entering the Regular Program.

The PRP Eligibility Extension also includes buildings previously in D Zones that have been newly mapped into an SFHA due to a map revision.

For the purpose of determining the flood zone, the agent/producer may use the Flood Insurance Rate Map (FIRM) in effect at the time of application and presentment of premium, except when the building is eligible for the PRP under the PRP Eligibility Extension. The flood map available at the time of the renewal offer determines a building's continued eligibility for the PRP. National Flood Insurance Program (NFIP) grandfather rules do not apply to the PRP.

B. Occupancy

Combined building/contents amounts of insurance are available for owners of all eligible occupancy types — 1–4 family properties (including individual condominium units in condominium buildings), other residential properties, and non-residential properties.

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 any of the following conditions exists within any 10-year period, regardless of any change(s) in ownership of the building, then the building is not eligible for the PRP:

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

In determining a building's flood loss history for PRP eligibility, Federal flood disaster relief payments (including loans and grants) are considered only if the building sustained flood damage.

TABLE 1. THE PRP AT A GLANCE

COVERAGE TYPE	MAXIMUM LIMITS BY OCCUPANCY TYPE		
	1–4 FAMILY	OTHER RESIDENTIAL	NON-RESIDENTIAL
Combined Building/Contents	$250,000/$100,000	$500,000/$100,000	$500,000/$500,000
Contents Only	$100,000	$100,000	$500,000

III. INELIGIBILITY

For help in determining eligibility/ineligibility of various condominium risks, use the PRP Condominium Rating Chart in this section.

- Buildings and/or contents in Emergency Program communities are not eligible for the PRP.
- Buildings and/or contents in SFHAs are not eligible for the PRP, unless eligible under the PRP Eligibility Extension.
- Multi-unit residential condominium buildings eligible under the Residential Condominium Building Association Policy (RCBAP) are not eligible for the PRP.
- Individual residential condominium units in non-residential condominium buildings are not eligible for building coverage.
- Individual non-residential condominium units are not eligible for building coverage.
- Contents located entirely in a basement are not eligible for contents-only coverage. However, contents located entirely in an enclosure are eligible.
- Condominium units are not eligible for Increased Cost of Compliance (ICC) coverage.
- Buildings on Leased Federal Property determined by the Administrator to be located on the river-facing side of any dike, levee, or other riverine flood-control structure, or seaward of any seawall or other coastal flood-control structure are not eligible for the PRP.

IV. DOCUMENTATION

All PRP new business applications must include current documentation of eligibility for the PRP. Such applications must be accompanied by 1 of the following:

- A Letter of Map Amendment (LOMA);
- A Letter of Map Revision (LOMR);
- A Letter of Determination Review (LODR);
- A letter indicating the property address 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, signed and dated by a surveyor, an engineer, an architect, or a local community official;
- A flood zone determination certification that guarantees the accuracy of the information; *or*
- A copy of the most recent flood map marked to show the exact location and flood zone of the building is also acceptable, though additional documentation may be required if the building is close to the zone boundary.

If issuing coverage under the PRP Eligibility Extension, the previous and current zones must each be documented with 1 of the items from the list above.

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

V. 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 due to loss history, it cannot be renewed as a PRP. It must be nonrenewed or rewritten as a standard-rated policy.

Policies originally issued in B, C, or X zones and renewed under the PRP Eligibility Extension must have the current and previous flood maps to document the building's continued eligibility.

VI. COVERAGE LIMITATIONS

The elevated building coverage limitation provisions do not apply to the PRP; however, basement coverage limitations do apply.

VII. REPLACEMENT COST COVERAGE

Replacement cost coverage is provided only under the Dwelling Form when the building is the principal residence of the insured and the building coverage limits are at least 80% of the replacement cost of the building at the time of the loss, or the maximum limits available under the NFIP.

VIII. DISCOUNTS/FEES/ICC PREMIUM

- Community Rating System (CRS) discounts are not available for the PRP.
- The $50 Community Probation Surcharge is added, when applicable.
- The Federal Policy Fee of $22 is included in the premium and is not subject to commission.
- The ICC Premium of $5 is included in the premium. Deduct this amount if the risk is a condominium unit.

IX. DEDUCTIBLES

The standard deductible for PRPs is $1,000 each for building and contents, applied separately. Optional deductibles are not available for PRPs.

X. 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 the General Change Endorsement section in this manual for an example.
- Correct misratings, such as those due to an incorrect building description or community number.

XI. CONVERSION OF A STANDARD-RATED POLICY TO A PRP DUE TO MISRATING

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

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

The policy may be canceled/rewritten using Cancellation Reason 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; *and*
- No claim has been paid or is pending on the policy term being canceled.

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-rated policy, or to the next-higher limit available under the PRP if there is no PRP option equal to the standard-rated policy building and/or contents limit.

For a standard-rated contents-only policy, the contents coverage will be equal to the limit issued under the standard-rated 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.

XII. CONVERSION OF A STANDARD-RATED POLICY TO A PRP DUE TO A MAP REVISION, LOMA, OR LOMR

A standard-rated policy may be endorsed or canceled and rewritten as a PRP as a result of a map revision, LOMA, or LOMR only for the current policy term.

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

- The request to cancel/rewrite the standard-rated policy must be received during the policy term or within 6 months of the policy expiration date.
- No claim has been paid or is pending on the standard-rated 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-rated policy, or to the next-higher limit available under the PRP if there is no PRP option equal to the standard-rated policy building and/or contents limit.

XIII. CONVERSION OF A PRP TO A STANDARD-RATED POLICY

A PRP must be canceled and rewritten as a standard-rated policy if the risk does not meet the PRP requirements on the policy effective date. (See the Eligibility Requirements subsection in this section.)

When converting a PRP to a standard-rated B, C, or X Zone policy, all underwriting information must be obtained at the time of conversion, unless the information is contained in the underwriting file. The building and/or contents coverage on the new standard-rated policy cannot exceed the building limit and/or contents limit issued under the PRP.

The policyholder will have 30 days from notification to pay the additional premium due, or 60 days from notification to obtain additional information if needed to rate the policy, and then 30 days to pay the additional premium due. The premium due will be calculated from the beginning of the policy term to restore the originally requested limits without a waiting period. The policyholder has the option to reduce or delete coverage in order to wholly or partially reduce the underpayment amount.

If increased coverage limits are desired, the new standard-rated policy must be endorsed; the 30-day waiting period will apply.

TABLE 2. PREFERRED RISK POLICY CONDOMINIUM RATING CHART

RESIDENTIAL SINGLE-UNIT BUILDING OR TOWNHOUSE-/ROWHOUSE-TYPE BUILDING WITH SEPARATE ENTRANCE FOR EACH UNIT

PURCHASER OF POLICY	BUILDING OCCUPANCY[1]	CONDO UNIT INDICATOR[1]	PRP ELIGIBILITY	RATE TABLE	POLICY FORM
UNIT OWNER	Single family	Yes	Yes	1–4 Family residential	Dwelling
ASSOCIATION (ASSOCIATION-OWNED SINGLE UNIT ONLY)	Single family	Yes	Yes	1–4 Family residential	Dwelling
ASSOCIATION (ENTIRE BUILDING)	N/A	N/A	No	N/A	N/A

MULTI-UNIT RESIDENTIAL BUILDING – 2 TO 4 UNITS PER BUILDING

PURCHASER OF POLICY	BUILDING OCCUPANCY[1]	CONDO UNIT INDICATOR[1]	PRP ELIGIBILITY	RATE TABLE	POLICY FORM
UNIT OWNER	2–4	Yes	Yes	1–4 Family residential	Dwelling
ASSOCIATION (ASSOCIATION-OWNED SINGLE UNIT ONLY)	2–4	Yes	Yes	1–4 Family residential	Dwelling
ASSOCIATION (ENTIRE BUILDING)	N/A	N/A	No	N/A	N/A
OWNER OF NON-RESIDENTIAL CONTENTS	Non-residential	Yes (Building coverage not available)	Yes	Non-residential contents-only	General Property

MULTI-UNIT RESIDENTIAL BUILDING – 5 OR MORE UNITS PER BUILDING

PURCHASER OF POLICY	BUILDING OCCUPANCY[1]	CONDO UNIT INDICATOR[1]	PRP ELIGIBILITY	RATE TABLE	POLICY FORM
UNIT OWNER	Other residential	Yes	Yes	Other residential	Dwelling
ASSOCIATION (ASSOCIATION-OWNED SINGLE UNIT ONLY)	Other residential	Yes	Yes	Other residential	Dwelling
ASSOCIATION (ENTIRE BUILDING)	N/A	N/A	No	N/A	N/A
OWNER OF NON-RESIDENTIAL CONTENTS	Non-residential	Yes (Building coverage not available)	Yes	Non-residential contents-only	General Property

NON-RESIDENTIAL BUILDING

PURCHASER OF POLICY	BUILDING OCCUPANCY[1]	CONDO UNIT INDICATOR[1]	PRP ELIGIBILITY	RATE TABLE	POLICY FORM
OWNER OF NON-RESIDENTIAL CONTENTS	Non-residential	Yes (Building coverage not available)	Yes	Non-residential contents-only	General Property
OWNER OF RESIDENTIAL CONTENTS	Single family	Yes (Building coverage not available)	Yes	Residential contents-only	Dwelling
ASSOCIATION (ENTIRE BUILDING)	Non-residential	N/A	Yes	Non-residential building and contents	General Property

1 When there is a mixture of residential and commercial usage within a single building, refer to the General Rules section of this manual.

TABLE 3A. PRP COVERAGE LIMITS AND PREMIUMS FOR PROPERTIES CURRENTLY MAPPED IN B, C, OR X ZONES

1–4 FAMILY RESIDENTIAL BUILDING AND CONTENTS COVERAGE COMBINATIONS[1, 2, 3]

WITH BASEMENT OR ENCLOSURE[4]			WITHOUT BASEMENT OR ENCLOSURE[5]		
BUILDING	CONTENTS	PREMIUM	BUILDING	CONTENTS	PREMIUM
$ 20,000	$ 8,000	$176	$ 20,000	$ 8,000	$129
$ 30,000	$ 12,000	$211	$ 30,000	$ 12,000	$183
$ 50,000	$ 20,000	$269	$ 50,000	$ 20,000	$240
$ 75,000	$ 30,000	$315	$ 75,000	$ 30,000	$281
$100,000	$ 40,000	$346	$100,000	$ 40,000	$312
$125,000	$ 50,000	$368	$125,000	$ 50,000	$334
$150,000	$ 60,000	$390	$150,000	$ 60,000	$356
$200,000	$ 80,000	$429	$200,000	$ 80,000	$390
$250,000	$100,000	$460	$250,000	$100,000	$414

RESIDENTIAL CONTENTS-ONLY COVERAGE[1, 2, 6]

CONTENTS ABOVE GROUND LEVEL MORE THAN 1 FLOOR		ALL OTHER LOCATIONS (BASEMENT-ONLY NOT ELIGIBLE)	
CONTENTS	PREMIUM	CONTENTS	PREMIUM
$ 8,000	$57	$ 8,000	$79
$ 12,000	$75	$ 12,000	$106
$ 20,000	$110	$ 20,000	$147
$ 30,000	$126	$ 30,000	$168
$ 40,000	$140	$ 40,000	$187
$ 50,000	$153	$ 50,000	$207
$ 60,000	$167	$ 60,000	$226
$ 80,000	$194	$ 80,000	$248
$100,000	$221	$100,000	$271

1 Add the $50 Probation Surcharge, if applicable.
2 Premium includes Federal Policy Fee of $22.
3 Premium includes ICC Premium of $5. Deduct this amount if the risk is a condominium unit.
4 Do not use this section of the table for buildings with crawlspaces or subgrade crawlspaces; see footnote 5. Use this section of the table if a building elevated on a crawlspace has an attached garage without openings.
5 Use this section of the table for buildings with crawlspaces or subgrade crawlspaces.
6 Use this “All Residential Contents-Only Coverage” premium table for individual residential condominium unit contents-only policies.

TABLE 3B. PRP COVERAGE LIMITS AND PREMIUMS FOR PROPERTIES CURRENTLY MAPPED IN B, C, OR X ZONES

OTHER RESIDENTIAL BUILDING AND CONTENTS COVERAGE COMBINATIONS[1, 2, 3]

With Basement or Enclosure[4]

	CONTENTS COVERAGE	$8,000	$12,000	$20,000	$30,000	$40,000	$50,000	$60,000	$80,000	$100,000
BUILDING COVERAGE	$ 20,000	$192	$208	$222	$237	$251	$263	$275	$287	$298
	$ 30,000	$208	$223	$238	$253	$266	$279	$291	$303	$314
	$ 50,000	$246	$262	$277	$291	$305	$317	$330	$341	$352
	$ 75,000	$264	$280	$295	$309	$323	$335	$348	$359	$370
	$100,000	$289	$305	$320	$334	$348	$360	$373	$384	$395
	$125,000	$297	$313	$327	$342	$356	$368	$381	$392	$403
	$150,000	$303	$318	$333	$348	$361	$374	$386	$398	$409
	$200,000	$338	$353	$368	$383	$396	$409	$421	$433	$444
	$250,000	$357	$373	$387	$402	$416	$428	$440	$452	$463
	$300,000	$370	$385	$399	$413	$426	$438	$451	$462	$472
	$400,000	$397	$411	$425	$439	$451	$463	$475	$486	$496
	$500,000	$419	$433	$446	$459	$472	$483	$495	$506	$516

OTHER RESIDENTIAL BUILDING AND CONTENTS COVERAGE COMBINATIONS[1, 2, 3]

Without Basement or Enclosure[5]

	CONTENTS COVERAGE	$8,000	$12,000	$20,000	$30,000	$40,000	$50,000	$60,000	$80,000	$100,000
BUILDING COVERAGE	$ 20,000	$160	$174	$186	$199	$210	$221	$231	$242	$251
	$ 30,000	$181	$193	$205	$218	$229	$240	$251	$261	$270
	$ 50,000	$220	$233	$245	$257	$269	$280	$290	$300	$309
	$ 75,000	$243	$255	$268	$279	$290	$301	$312	$322	$331
	$100,000	$263	$275	$288	$299	$310	$322	$332	$342	$351
	$125,000	$273	$286	$298	$309	$321	$331	$341	$351	$360
	$150,000	$281	$294	$306	$317	$329	$339	$349	$359	$368
	$200,000	$313	$325	$338	$349	$360	$370	$381	$390	$399
	$250,000	$330	$342	$355	$366	$377	$387	$398	$407	$416
	$300,000	$351	$362	$374	$383	$394	$404	$414	$422	$431
	$400,000	$381	$390	$402	$410	$421	$430	$440	$448	$456
	$500,000	$405	$414	$426	$433	$443	$451	$461	$468	$477

1 Add the $50 Probation Surcharge, if applicable.

2 Premium includes Federal Policy Fee of $22.

3 Premium includes ICC Premium of $5. Deduct this amount if the risk is a condominium unit.

4 Do not use this section of the table for buildings with crawlspaces or subgrade crawlspaces; see footnote 5. Use this section of the table if a building elevated on a crawlspace has an attached garage without openings.

5 Use this section of the table for buildings with crawlspaces or subgrade crawlspaces.

TABLE 3C. PRP COVERAGE LIMITS AND PREMIUMS FOR PROPERTIES CURRENTLY MAPPED IN B, C, OR X ZONES

NON-RESIDENTIAL BUILDING AND CONTENTS COVERAGE COMBINATIONS[1, 2, 3]

With Basement or Enclosure[4]

	CONTENTS COVERAGE	$50,000	$100,000	$150,000	$200,000	$250,000	$300,000	$350,000	$400,000	$450,000	$500,000
BUILDING COVERAGE	$ 50,000	$1,016	$1,308	$1,589	$1,855	$2,109	$2,351	$2,581	$2,796	$3,000	$3,191
	$100,000	$1,438	$1,731	$2,010	$2,277	$2,531	$2,773	$3,002	$3,218	$3,421	$3,612
	$150,000	$1,749	$2,042	$2,321	$2,587	$2,842	$3,084	$3,313	$3,529	$3,732	$3,923
	$200,000	$1,917	$2,210	$2,489	$2,756	$3,010	$3,252	$3,481	$3,697	$3,901	$4,091
	$250,000	$2,036	$2,329	$2,608	$2,874	$3,129	$3,371	$3,600	$3,816	$4,019	$4,210
	$300,000	$2,167	$2,460	$2,739	$3,006	$3,260	$3,502	$3,731	$3,947	$4,150	$4,341
	$350,000	$2,312	$2,604	$2,884	$3,150	$3,404	$3,646	$3,875	$4,090	$4,294	$4,485
	$400,000	$2,407	$2,699	$2,978	$3,245	$3,499	$3,741	$3,969	$4,185	$4,389	$4,580
	$450,000	$2,515	$2,808	$3,087	$3,354	$3,608	$3,850	$4,078	$4,294	$4,497	$4,688
	$500,000	$2,634	$2,926	$3,206	$3,472	$3,726	$3,968	$4,197	$4,412	$4,616	$4,807

NON-RESIDENTIAL BUILDING AND CONTENTS COVERAGE COMBINATIONS[1, 2, 3]

Without Basement or Enclosure[5]

	CONTENTS COVERAGE	$50,000	$100,000	$150,000	$200,000	$250,000	$300,000	$350,000	$400,000	$450,000	$500,000
BUILDING COVERAGE	$ 50,000	$643	$799	$948	$1,090	$1,226	$1,355	$1,477	$1,592	$1,700	$1,802
	$100,000	$860	$1,016	$1,165	$1,307	$1,443	$1,572	$1,694	$1,809	$1,917	$2,019
	$150,000	$1,021	$1,177	$1,326	$1,469	$1,604	$1,733	$1,855	$1,970	$2,079	$2,181
	$200,000	$1,190	$1,346	$1,495	$1,637	$1,773	$1,902	$2,024	$2,139	$2,247	$2,349
	$250,000	$1,303	$1,459	$1,608	$1,750	$1,886	$2,015	$2,137	$2,252	$2,360	$2,462
	$300,000	$1,422	$1,578	$1,728	$1,870	$2,005	$2,134	$2,256	$2,372	$2,480	$2,582
	$350,000	$1,487	$1,643	$1,792	$1,934	$2,070	$2,199	$2,321	$2,436	$2,545	$2,646
	$400,000	$1,558	$1,714	$1,863	$2,005	$2,141	$2,270	$2,392	$2,507	$2,616	$2,717
	$450,000	$1,636	$1,792	$1,941	$2,083	$2,219	$2,348	$2,470	$2,585	$2,694	$2,795
	$500,000	$1,721	$1,877	$2,026	$2,168	$2,304	$2,433	$2,555	$2,670	$2,778	$2,880

NON-RESIDENTIAL CONTENTS-ONLY COVERAGE[1, 2]

CONTENTS ABOVE GROUND LEVEL MORE THAN 1 FLOOR		ALL OTHER LOCATIONS (BASEMENT-ONLY NOT ELIGIBLE)	
CONTENTS	PREMIUM	CONTENTS	PREMIUM
$ 50,000	$185	$ 50,000	$394
$100,000	$270	$100,000	$586
$150,000	$355	$150,000	$778
$200,000	$439	$200,000	$970
$250,000	$524	$250,000	$1,163
$300,000	$609	$300,000	$1,355
$350,000	$694	$350,000	$1,547
$400,000	$778	$400,000	$1,739
$450,000	$863	$450,000	$1,931
$500,000	$948	$500,000	$2,123

1 Add the $50 Probation Surcharge, if applicable.
2 Premium includes Federal Policy Fee of $22.
3 Premium includes ICC Premium of $5.
4 Do not use this section of the table for buildings with crawlspaces or subgrade crawlspaces; see footnote 5. Use this section of the table if a building elevated on a crawlspace has an attached garage without openings.
5 Use this section of the table for buildings with crawlspaces or subgrade crawlspaces.

TABLE 4A. PRP ELIGIBILITY EXTENSION COVERAGE LIMITS AND PREMIUMS FOR PROPERTIES NEWLY MAPPED INTO AN SFHA ON OR AFTER OCTOBER 1, 2008

1–4 FAMILY RESIDENTIAL BUILDING AND CONTENTS COVERAGE COMBINATIONS[1, 2, 3]

WITH BASEMENT OR ENCLOSURE[4]			WITHOUT BASEMENT OR ENCLOSURE[5]		
BUILDING	CONTENTS	PREMIUM	BUILDING	CONTENTS	PREMIUM
$ 20,000	$ 8,000	$202	$ 20,000	$ 8,000	$150
$ 30,000	$ 12,000	$243	$ 30,000	$ 12,000	$210
$ 50,000	$ 20,000	$311	$ 50,000	$ 20,000	$277
$ 75,000	$ 30,000	$366	$ 75,000	$ 30,000	$325
$100,000	$ 40,000	$402	$100,000	$ 40,000	$362
$125,000	$ 50,000	$429	$125,000	$ 50,000	$389
$150,000	$ 60,000	$454	$150,000	$ 60,000	$414
$200,000	$ 80,000	$501	$200,000	$ 80,000	$454
$250,000	$100,000	$537	$250,000	$100,000	$484

RESIDENTIAL CONTENTS-ONLY COVERAGE[1, 2, 6]

CONTENTS ABOVE GROUND LEVEL MORE THAN 1 FLOOR		ALL OTHER LOCATIONS (BASEMENT-ONLY NOT ELIGIBLE)	
CONTENTS	PREMIUM	CONTENTS	PREMIUM
$ 8,000	$ 61	$ 8,000	$ 86
$ 12,000	$ 82	$ 12,000	$119
$ 20,000	$124	$ 20,000	$167
$ 30,000	$142	$ 30,000	$191
$ 40,000	$159	$ 40,000	$215
$ 50,000	$174	$ 50,000	$237
$ 60,000	$190	$ 60,000	$260
$ 80,000	$223	$ 80,000	$288
$100,000	$255	$100,000	$314

1 Add the $50 Probation Surcharge, if applicable.

2 Premium includes Federal Policy Fee of $22.

3 Premium includes ICC Premium of $5. Deduct this amount if the risk is a condominium unit.

4 Do not use this section of the table for buildings with crawlspaces or subgrade crawlspaces; see footnote 5. Use this section of the table if a building elevated on a crawlspace has an attached garage without openings.

5 Use this section of the table for buildings with crawlspaces or subgrade crawlspaces.

6 Use this “All Residential Contents-Only Coverage” premium table for individual residential condominium unit contents-only policies.

TABLE 4B. PRP ELIGIBILITY EXTENSION COVERAGE LIMITS AND PREMIUMS FOR PROPERTIES NEWLY MAPPED INTO AN SFHA ON OR AFTER OCTOBER 1, 2008

OTHER RESIDENTIAL BUILDING AND CONTENTS COVERAGE COMBINATIONS[1, 2, 3]

With Basement or Enclosure[4]

	CONTENTS COVERAGE	$8,000	$12,000	$20,000	$30,000	$40,000	$50,000	$60,000	$80,000	$100,000
BUILDING COVERAGE	$ 20,000	$220	$238	$256	$273	$290	$304	$319	$333	$346
	$ 30,000	$238	$258	$275	$293	$308	$323	$338	$351	$364
	$ 50,000	$284	$303	$320	$338	$354	$368	$384	$397	$410
	$ 75,000	$306	$324	$342	$359	$376	$390	$405	$418	$432
	$100,000	$336	$354	$371	$389	$405	$420	$434	$447	$460
	$125,000	$345	$363	$381	$398	$414	$429	$444	$457	$471
	$150,000	$351	$369	$388	$405	$421	$436	$450	$464	$477
	$200,000	$393	$411	$429	$446	$462	$477	$492	$505	$519
	$250,000	$415	$434	$451	$470	$485	$499	$515	$528	$541
	$300,000	$432	$449	$466	$483	$498	$512	$527	$539	$553
	$400,000	$464	$480	$496	$513	$527	$542	$556	$568	$581
	$500,000	$490	$505	$522	$538	$552	$566	$579	$590	$603

OTHER RESIDENTIAL BUILDING AND CONTENTS COVERAGE COMBINATIONS[1, 2, 3]

Without Basement or Enclosure[5]

	CONTENTS COVERAGE	$8,000	$12,000	$20,000	$30,000	$40,000	$50,000	$60,000	$80,000	$100,000
BUILDING COVERAGE	$ 20,000	$182	$199	$213	$228	$242	$255	$267	$278	$290
	$ 30,000	$207	$221	$236	$251	$264	$277	$290	$302	$312
	$ 50,000	$254	$268	$282	$298	$311	$324	$337	$349	$359
	$ 75,000	$280	$295	$310	$323	$337	$350	$362	$373	$385
	$100,000	$304	$319	$334	$347	$360	$373	$386	$398	$408
	$125,000	$316	$332	$346	$359	$372	$385	$397	$408	$420
	$150,000	$325	$341	$355	$368	$382	$394	$406	$418	$429
	$200,000	$363	$379	$393	$406	$420	$432	$444	$454	$466
	$250,000	$384	$398	$412	$427	$440	$451	$464	$475	$485
	$300,000	$409	$422	$435	$447	$460	$471	$483	$493	$504
	$400,000	$444	$456	$469	$479	$492	$502	$513	$523	$534
	$500,000	$473	$485	$496	$506	$518	$527	$538	$548	$558

1 Add the $50 Probation Surcharge, if applicable.

2 Premium includes Federal Policy Fee of $22.

3 Premium includes ICC Premium of $5. Deduct this amount if the risk is a condominium unit.

4 Do not use this section of the table for buildings with crawlspaces or subgrade crawlspaces; see footnote 5. Use this section of the table if a building elevated on a crawlspace has an attached garage without openings.

5 Use this section of the table for buildings with crawlspaces or subgrade crawlspaces.

TABLE 4C. PRP ELIGIBILITY EXTENSION COVERAGE LIMITS AND PREMIUMS FOR PROPERTIES NEWLY MAPPED INTO AN SFHA ON OR AFTER OCTOBER 1, 2008

NON-RESIDENTIAL BUILDING AND CONTENTS COVERAGE COMBINATIONS[1, 2, 3]

With Basement or Enclosure[4]

	CONTENTS COVERAGE	$50,000	$100,000	$150,000	$200,000	$250,000	$300,000	$350,000	$400,000	$450,000	$500,000
BUILDING COVERAGE	$ 50,000	$1,194	$1,539	$1,871	$2,184	$2,484	$2,770	$3,041	$3,295	$3,536	$3,761
	$100,000	$1,692	$2,038	$2,367	$2,682	$2,982	$3,268	$3,538	$3,793	$4,032	$4,258
	$150,000	$2,059	$2,405	$2,734	$3,048	$3,349	$3,635	$3,905	$4,160	$4,399	$4,625
	$200,000	$2,258	$2,603	$2,933	$3,248	$3,547	$3,833	$4,103	$4,358	$4,599	$4,823
	$250,000	$2,398	$2,744	$3,073	$3,387	$3,688	$3,973	$4,244	$4,498	$4,738	$4,963
	$300,000	$2,553	$2,898	$3,228	$3,543	$3,842	$4,128	$4,398	$4,653	$4,893	$5,118
	$350,000	$2,724	$3,068	$3,399	$3,713	$4,012	$4,298	$4,568	$4,822	$5,062	$5,288
	$400,000	$2,836	$3,180	$3,510	$3,825	$4,124	$4,410	$4,679	$4,934	$5,175	$5,400
	$450,000	$2,963	$3,309	$3,638	$3,953	$4,253	$4,539	$4,808	$5,062	$5,302	$5,527
	$500,000	$3,104	$3,448	$3,779	$4,093	$4,392	$4,678	$4,948	$5,202	$5,442	$5,668

NON-RESIDENTIAL BUILDING AND CONTENTS COVERAGE COMBINATIONS[1, 2, 3]

Without Basement or Enclosure[5]

	CONTENTS COVERAGE	$50,000	$100,000	$150,000	$200,000	$250,000	$300,000	$350,000	$400,000	$450,000	$500,000
BUILDING COVERAGE	$ 50,000	$ 754	$ 938	$1,114	$1,282	$1,442	$1,594	$1,738	$1,874	$2,002	$2,122
	$100,000	$1,010	$1,194	$1,370	$1,538	$1,698	$1,851	$1,994	$2,130	$2,258	$2,378
	$150,000	$1,200	$1,384	$1,560	$1,729	$1,888	$2,040	$2,184	$2,320	$2,449	$2,569
	$200,000	$1,400	$1,584	$1,760	$1,927	$2,088	$2,240	$2,384	$2,520	$2,647	$2,767
	$250,000	$1,533	$1,717	$1,893	$2,061	$2,221	$2,373	$2,517	$2,653	$2,780	$2,901
	$300,000	$1,674	$1,858	$2,035	$2,202	$2,361	$2,514	$2,658	$2,795	$2,922	$3,042
	$350,000	$1,750	$1,934	$2,110	$2,278	$2,438	$2,590	$2,734	$2,870	$2,999	$3,118
	$400,000	$1,834	$2,018	$2,194	$2,361	$2,522	$2,674	$2,818	$2,954	$3,082	$3,202
	$450,000	$1,926	$2,110	$2,286	$2,453	$2,614	$2,766	$2,910	$3,046	$3,174	$3,294
	$500,000	$2,026	$2,210	$2,386	$2,554	$2,714	$2,866	$3,010	$3,146	$3,274	$3,394

NON-RESIDENTIAL CONTENTS-ONLY COVERAGE[1, 2]

CONTENTS ABOVE GROUND LEVEL MORE THAN 1 FLOOR		ALL OTHER LOCATIONS (BASEMENT-ONLY NOT ELIGIBLE)	
CONTENTS	PREMIUM	CONTENTS	PREMIUM
$ 50,000	$212	$ 50,000	$459
$100,000	$312	$100,000	$687
$150,000	$412	$150,000	$914
$200,000	$514	$200,000	$1,140
$250,000	$614	$250,000	$1,368
$300,000	$714	$300,000	$1,594
$350,000	$814	$350,000	$1,821
$400,000	$914	$400,000	$2,048
$450,000	$1,014	$450,000	$2,274
$500,000	$1,114	$500,000	$2,501

1 Add the $50 Probation Surcharge, if applicable.
2 Premium includes Federal Policy Fee of $22.
3 Premium includes ICC Premium of $5.
4 Do not use this section of the table for buildings with crawlspaces or subgrade crawlspaces; see footnote 5. Use this section of the table if a building elevated on a crawlspace has an attached garage without openings.
5 Use this section of the table for buildings with crawlspaces or subgrade crawlspaces.

XIV. COMPLETING THE FLOOD INSURANCE PREFERRED RISK POLICY APPLICATION

The NFIP Preferred Risk Policy application, or a similar form for WYO Companies, must be used to apply for all PRPs.

The following are instructions for completing Part 1 of the PRP 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:

☐ INSURED
☐ FIRST MORTGAGEE
☐ SECOND MORTGAGEE
☐ LOSS PAYEE
☐ OTHER (AS SPECIFIED IN THE "2ND MORTGAGEE/OTHER" BOX BELOW)

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: ☐ STANDARD 30-DAY
☐ REQUIRED FOR LOAN TRANSACTION – NO WAITING PERIOD
☐ MAP REVISION (ZONE CHANGE FROM NON-SFHA TO SFHA) – 1 DAY
☐ TRANSFER (NFIP ONLY) – NO WAITING PERIOD

PROPERTY PURCHASED ON OR AFTER 07/06/2012: ☐ YES ☐ 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?
☐ YES ☐ 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 should be provided as a standard street address. The use of a legal description or geographic location of a property may be used when a building is under construction, or when a building

is located in a very rural area of the country and a standard street address is not available. For policies that do not currently have a street address, the agents must update the policies with the street address when it becomes available. Property location cannot be listed as a post office box.

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 ☐ 2ND MORTGAGEE ☐ LOSS PAYEE ☐ 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? ☐ YES ☐ NO

IF YES, CHECK THE GOVERNMENT AGENCY: ☐ SBA ☐ FEMA ☐ FHA

☐ 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: _____

Use the FIRM in effect and that has been published at the time of presentment of premium and completion of the PRP Application unless applying under the PRP Eligibility Extension.

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.

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 applying for the PRP under the Eligibility Extension following a map revision, enter the FIRM zone from the FIRM in effect immediately prior to the current FIRM. If the previous FIRM zone was Zone D, indicate FIRM Zone X on the application form. Submit documentation of both the previous and current zones with 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.

- **Current Map Information**

CURRENT MAP INFORMATION
CURRENT COMMUNITY NO./PANEL NO. AND SUFFIX: _____ - _____
CURRENT FIRM ZONE: _____
CURRENT BFE: _____

Complete this section only if applying for the PRP under the Eligibility Extension following a map revision. Enter the current map information in the space provided. Submit documentation of both the previous and current zones with the application.

K. Building

Complete all required information in this section.

- **Building Occupancy**

BUILDING OCCUPANCY
☐ SINGLE FAMILY
☐ 2-4 FAMILY
☐ OTHER RESIDENTIAL
☐ 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. This includes a townhouse/rowhouse, which is a multi-floor unit divided from similar units by solid, vertical, load-bearing walls, having no openings in the walls between units and with no horizontal divisions between any of the units.

  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. This may also include a townhouse/rowhouse, which is a multi-floor unit divided from similar units by solid, vertical, load-bearing walls, having no openings in the walls between units and with no horizontal divisions between any of the units.

- **Building Purpose**

BUILDING PURPOSE
☐ 100% RESIDENTIAL
☐ 100% NON-RESIDENTIAL
☐ MIXED-USE – SPECIFY PERCENTAGE OF RESIDENTIAL USE: _____ %

IS BUILDING A BUSINESS PROPERTY?
☐ YES ☐ 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
☐ NONE ☐ FINISHED BASEMENT/ENCLOSURE
☐ CRAWLSPACE ☐ UNFINISHED BASEMENT/ENCLOSURE
☐ 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 interior finished 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.)

  NOTE: For buildings insured under the PRP that have crawlspaces or subgrade crawlspaces, use the Without Basement or Enclosure section of the rate table.

- **Number of Floors in Building or Building Type**

NUMBER OF FLOORS IN BUILDING (INCLUDING BASEMENT/ENCLOSED AREA, IF ANY) OR BUILDING TYPE
☐ 1 ☐ 2 ☐ 3 OR MORE
☐ SPLIT LEVEL ☐ TOWNHOUSE/ROWHOUSE (RCBAP LOW-RISE ONLY)
☐ 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. If a building elevated on a crawlspace has an attached garage without openings, it must be rated using the With Basement or Enclosure rate table; see the Lowest Floor Determination subsection in the Lowest Floor Guide section of this manual.

- 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;
- 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 CONDO UNIT A TOWNHOUSE/ROWHOUSE? ☐ YES ☐ NO

- Condo Unit

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

  Check YES if the coverage is for a townhouse/rowhouse condo unit; otherwise, check NO.

- **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.

- **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.

- **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.

- **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.

    If documentation of a primary residence is not available when the policy is applied for on a newly purchased dwelling, the insurer must obtain a signed and dated statement from the applicant which specifies that the property is the insured's primary residence. For additional guidance, refer to the Primary Residence Determination subsection in the General Rules section of this manual.

  - 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 also be named 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.

- **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*:
☐ ENCLOSURE ONLY (BASEMENT ONLY NOT ELIGIBLE)
☐ BASEMENT/ENCLOSURE AND ABOVE
☐ LOWEST FLOOR ONLY ABOVE GROUND LEVEL
☐ LOWEST FLOOR ABOVE GROUND LEVEL AND HIGHER
☐ 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.

M. Construction Information

CONSTRUCTION INFORMATION

CONSTRUCTION DATE: _____ /_____ /_____
CHECK ONE OF THE FOLLOWING:
☐ BUILDING PERMIT
☐ CONSTRUCTION
☐ FOR MANUFACTURED (MOBILE) HOMES/ TRAVEL TRAILERS LOCATED OUTSIDE A MOBILE HOME PARK OR SUBDIVISION: DATE OF PERMANENT PLACEMENT
☐ SUBSTANTIAL IMPROVEMENT
☐ FOR MANUFACTURED (MOBILE) HOMES/ TRAVEL TRAILERS LOCATED IN A MOBILE HOME PARK OR SUBDIVISION: CONSTRUCTION DATE OF MOBILE HOME PARK OR SUBDIVISION FACILITIES

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 BFE. Select the Building Permit box or the Construction box as applicable and enter the appropriate date.

N. Building Eligibility

THE PREFERRED RISK POLICY (PRP) IS ONLY AVAILABLE IF ALL ANSWERS TO QUESTIONS A AND B ARE NO, EXCEPT FOR BUILDINGS ELIGIBLE UNDER THE PRP ELIGIBILITY EXTENSION, FOR WHICH THE ANSWER TO QUESTION A MAY BE YES.

ANSWER THE FOLLOWING TO DETERMINE A BUILDING'S ELIGIBILITY FOR A PRP:

A) IS THE BUILDING LOCATED IN A SPECIAL FLOOD HAZARD AREA (SFHA)? ☐ YES ☐ NO

Check YES if the building is located in an SFHA; otherwise, check NO.

NOTE: If the answer to question A is YES, this risk is not eligible for the PRP, except for buildings eligible under the PRP Eligibility Extension.

B) DO ANY OF THE FOLLOWING CONDITIONS, ARISING FROM 1 OR MORE OCCURRENCES IN ANY 10-YEAR PERIOD, EXIST?

• 2 LOSS PAYMENTS, EACH MORE THAN $1,000	☐ YES	☐ NO
• 3 OR MORE LOSS PAYMENTS, REGARDLESS OF AMOUNT	☐ YES	☐ NO
• 2 FEDERAL DISASTER RELIEF PAYMENTS, EACH MORE THAN $1,000	☐ YES	☐ NO
• 3 FEDERAL DISASTER RELIEF PAYMENTS, REGARDLESS OF AMOUNT	☐ YES	☐ NO
• 1 FLOOD INSURANCE CLAIM PAYMENT AND 1 FLOOD DISASTER RELIEF PAYMENT (INCLUDING LOANS AND GRANTS), EACH MORE THAN $1,000	☐ YES	☐ NO

Check the appropriate boxes to determine the building's eligibility for a PRP.

NOTE: If the answer is YES to any of the questions in B, this risk is not eligible for the PRP.

O. Coverage and Premium

COVERAGE AND PREMIUM

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

BUILDING AND CONTENTS COVERAGE COMBINATION

BUILDING: $

CONTENTS: $

PREMIUM: $

CONTENTS COVERAGE ONLY

AMOUNT: $

PREMIUM: $

Enter the coverage limits and premium amounts from the appropriate PRP premium tables in this section.

Add the $50 Probation Surcharge, if applicable. Deduct $5 if this is an application for a condominium unit.

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 PRP 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.

XV. COMPLETING PART 2 OF THE PREFERRED RISK POLICY APPLICATION FORM

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

A. Section I – All Building Types

1. Building Use

1. Building Use

☐ Main house/building ☐ Detached guest house ☐ Detached garage
☐ Agricultural building ☐ Warehouse ☐ Tool/storage shed
☐ Poolhouse, clubhouse, recreation building
☐ 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?
☐ YES ☐ 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? ☐ YES ☐ 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? ☐ YES ☐ NO

e) Does the garage contain machinery and/or equipment? ☐ YES ☐ NO

If yes, check the applicable items:

☐ Furnace ☐ Heat pump ☐ Air conditioner
☐ Water heater ☐ Fuel tank ☐ Cistern
☐ Elevator equipment ☐ Washer & dryer ☐ Food freezer
☐ 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.? ☐ YES ☐ 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?
☐ YES ☐ NO

b) If yes, does the basement/subgrade crawlspace contain machinery and/or equipment? ☐ YES ☐ NO

If yes, check the applicable items:

☐ Furnace ☐ Heat pump ☐ Air conditioner
☐ Water heater ☐ Fuel tank ☐ Cistern
☐ Elevator equipment ☐ Washer & dryer ☐ Food freezer
☐ 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:

☐ Building *including* addition(s) and extension(s)

☐ Building *excluding* addition(s) and extension(s)
Provide policy number for addition or extension: _____

☐ 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:

☐ Furnace ☐ Heat pump ☐ Air conditioner
☐ Water heater ☐ Fuel tank ☐ Cistern
☐ Elevator equipment ☐ Washer & dryer ☐ Food freezer
☐ Other machinery and/or equipment servicing the building (describe):

_____

If the area below the elevated floor contains machinery or equipment, check YES 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.

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.

f) Does the enclosed area have more than 20 linear feet of finished interior wall, paneling, etc.? ☐ YES ☐ NO

3f. Check YES if the enclosed area has more than 20 linear feet of interior finished wall, paneling, etc.; otherwise, check NO.

4. Flood Openings

4. Flood Openings

a) Is the enclosed area/crawlspace constructed with openings (excluding doors) to allow the passage of floodwaters through the enclosed area? ☐ YES ☐ NO

If yes, indicate number of permanent flood openings within 1 foot above adjacent grade: _____.

Total area of all permanent flood openings: |_|_|_|_|_| square inches.

4a. Check YES if the area is constructed with a minimum of 2 openings (excluding doors); otherwise, check NO.

The openings must be positioned on at least 2 walls and have a total net area of not less than 1 square inch for every square foot of enclosed area.

If the enclosure is partially subgrade, a minimum of 2 openings must be provided, with positioning on a single wall adjacent to the lowest grade next to the building.

The bottom of all openings must be no higher than 1 foot above the higher of the exterior or interior adjacent grade or floor immediately below the openings. Enter the number of openings and the total area of all openings in square inches.

b) Are flood openings engineered?
☐ YES ☐ NO If yes, submit certification.

4b. Indicate if the flood openings are engineered. If YES, submit certification; otherwise, check NO.

C. Section III – Manufactured (Mobile) Homes/ Travel Trailers (Wheels must be removed for travel trailer to be insurable.)

1. Manufactured (Mobile) Homes/Travel Trailer Data

1. Manufactured (Mobile) Home/Travel Trailer Data

Year of manufacture: |_|_|_|_|

Make: |_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|

Model number: |_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|

Serial number: |_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|

Dimensions: |_|_|_| × |_|_|_| feet

Are there any permanent additions and/or extensions? ☐ YES ☐ NO

If yes, the dimensions are: |_|_|_| × |_|_|_| feet

Enter the year of manufacture, make, model number, and serial number.

Dimensions: |_|_|_| × |_|_|_| feet

Enter the dimensions, excluding any permanent addition or extension to the manufactured (mobile) home or travel trailer .

Are there any permanent additions and/or extensions? ☐ YES ☐ NO

If yes, the dimensions are: ___ × ___ feet

Check YES if the mobile home or travel trailer has permanent additions or extensions. If YES, enter dimensions; otherwise, check NO.

2. Anchoring

2. Anchoring
The manufactured (mobile) home/travel trailer anchoring system utilizes: (Check all that apply.)

☐ Over-the-top ties
☐ Frame ties
☐ Frame connectors
☐ Ground anchors
☐ Slab anchors
☐ Other (describe): _____

Check all boxes that describe the anchoring system. If OTHER is checked, describe the anchoring system.

3. Installation

3. Installation
The manufactured (mobile) home/travel trailer was installed in accordance with: (Check all that apply.)

☐ Manufacturer's specifications
☐ Local floodplain management standards
☐ State and/or local building standards

Check all boxes that describe how the manufactured (mobile) home was installed.

XVI. MAILING INSTRUCTIONS

Upon completion of all sections of the Application, attach all required certifications and other documents to the Application, along with a check or money order made payable to the insurer for the Total Amount Due.

If paying by VISA, MasterCard, Discover, or American Express, submit a disclaimer form, signed by the insured, 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, 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).

XVII. 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, in the case of an incomplete PRP Application, the 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 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.

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

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

National Flood Insurance Program
PREFERRED RISK POLICY APPLICATION, PART 1 (OF 2)

☐ NEW ☐ RENEWAL ☐ TRANSFER (NFIP ONLY)

PRIOR POLICY #: _____

IMPORTANT—PLEASE PRINT OR TYPE; ENTER DATES AS MM/DD/YYYY.

BILLING

FOR RENEWAL, BILL:
☐ INSURED
☐ FIRST MORTGAGEE
☐ SECOND MORTGAGEE
☐ LOSS PAYEE
☐ OTHER (AS SPECIFIED IN THE "2ND MORTGAGEE/OTHER" BOX BELOW)

AGENT/PRODUCER INFORMATION

NAME AND MAILING ADDRESS OF AGENT/PRODUCER:

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

PROPERTY LOCATION

NOTE: ONE BUILDING PER POLICY – BLANKET COVERAGE NOT PERMITTED.
IS INSURED PROPERTY LOCATION SAME AS INSURED'S MAILING ADDRESS?
☐ YES ☐ 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: _____

DISASTER ASSISTANCE

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

POLICY PERIOD

POLICY PERIOD IS FROM ____ /____ /_____ TO ____ /____ /_____
12:01 A.M. LOCAL TIME AT THE INSURED PROPERTY LOCATION.

WAITING PERIOD: ☐ STANDARD 30-DAY
☐ REQUIRED FOR LOAN TRANSACTION – NO WAITING PERIOD
☐ MAP REVISION (ZONE CHANGE FROM NON-SFHA TO SFHA) – 1 DAY
☐ TRANSFER (NFIP ONLY) – NO WAITING PERIOD

PROPERTY PURCHASED ON OR AFTER 07/06/2012: ☐ YES ☐ NO
IF YES, INDICATE THE PROPERTY PURCHASE DATE: ____ /____ /_____

INSURED INFORMATION

NAME AND MAILING ADDRESS OF INSURED:

PHONE NO.: _____

1ST MORTGAGEE

NAME AND MAILING ADDRESS OF FIRST MORTGAGEE:

LOAN NO.: _____

2ND MORTGAGEE/OTHER

NAME AND MAILING ADDRESS OF ☐ 2ND MORTGAGEE ☐ LOSS PAYEE ☐ OTHER
IF OTHER, SPECIFY: _____

LOAN NO.: _____

COMMUNITY

RATING MAP INFORMATION
NAME OF COUNTY/PARISH: _____
COMMUNITY NO./PANEL NO. AND SUFFIX: _____ - _____
FIRM ZONE: _____

CURRENT MAP INFORMATION
CURRENT COMMUNITY NO./PANEL NO. AND SUFFIX: _____ - _____
CURRENT FIRM ZONE: _____
CURRENT BFE: _____

BUILDING

BUILDING OCCUPANCY
☐ SINGLE FAMILY
☐ 2–4 FAMILY
☐ OTHER RESIDENTIAL
☐ NON-RESIDENTIAL (INCLUDING HOTEL/MOTEL)

BUILDING PURPOSE
☐ 100% RESIDENTIAL
☐ 100% NON-RESIDENTIAL
☐ MIXED-USE – SPECIFY PERCENTAGE OF RESIDENTIAL USE: _____ %

IS BUILDING A BUSINESS PROPERTY?
☐ YES ☐ NO

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

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

IS COVERAGE FOR A CONDO UNIT? ☐ YES ☐ NO
IS CONDO UNIT A TOWNHOUSE/ROWHOUSE? ☐ YES ☐ NO

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

IS BUILDING LOCATED ON FEDERAL LAND? ☐ YES ☐ NO

ESTIMATED BUILDING REPLACEMENT COST (INCLUDING FOUNDATION): $ _____

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.

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

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

CONTENTS

CONTENTS LOCATED IN*:
☐ ENCLOSURE ONLY (BASEMENT ONLY NOT ELIGIBLE)
☐ BASEMENT/ENCLOSURE AND ABOVE
☐ LOWEST FLOOR ONLY ABOVE GROUND LEVEL
☐ LOWEST FLOOR ABOVE GROUND LEVEL AND HIGHER
☐ ABOVE GROUND LEVEL MORE THAN 1 FULL FLOOR

*IF SINGLE FAMILY, CONTENTS ARE RATED THROUGHOUT THE BUILDING.

CONSTRUCTION INFORMATION

CONSTRUCTION DATE: ____ /____ /_____
CHECK ONE OF THE FOLLOWING:
☐ BUILDING PERMIT
☐ CONSTRUCTION
☐ FOR MANUFACTURED (MOBILE) HOMES/TRAVEL TRAILERS LOCATED OUTSIDE A MOBILE HOME PARK OR SUBDIVISION: DATE OF PERMANENT PLACEMENT
☐ SUBSTANTIAL IMPROVEMENT
☐ FOR MANUFACTURED (MOBILE) HOMES/TRAVEL TRAILERS LOCATED IN A MOBILE HOME PARK OR SUBDIVISION: CONSTRUCTION DATE OF MOBILE HOME PARK OR SUBDIVISION FACILITIES

BUILDING ELIGIBILITY

THE PREFERRED RISK POLICY (PRP) IS ONLY AVAILABLE IF ALL ANSWERS TO QUESTIONS A AND B ARE NO, EXCEPT FOR BUILDINGS ELIGIBLE UNDER THE PRP ELIGIBILITY EXTENSION, FOR WHICH THE ANSWER TO QUESTION A MAY BE YES.

ANSWER THE FOLLOWING TO DETERMINE A BUILDING'S ELIGIBILITY FOR A PRP:

A) IS THE BUILDING LOCATED IN A SPECIAL FLOOD HAZARD AREA (SFHA)? ☐ YES ☐ NO

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

COVERAGE AND PREMIUM

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

BUILDING AND CONTENTS COVERAGE COMBINATION

BUILDING: $
CONTENTS: $
PREMIUM: $

CONTENTS COVERAGE ONLY

AMOUNT: $
PREMIUM: $

SIGNATURE

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)

NFIP COPY

FEMA Form 086-0-5 **Previously FEMA Form 81-67** **F-089** (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**

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

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

National Flood Insurance Program

PREFERRED RISK POLICY APPLICATION, PART 2 (OF 2)

ALL 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.

☐ NEW ☐ RENEWAL ☐ TRANSFER (NFIP ONLY)

PRIOR POLICY #: _____

SECTION I – ALL BUILDING TYPES

1. **Building Use**
   ☐ Main house/building ☐ Detached guest house ☐ Detached garage
   ☐ Agricultural building ☐ Warehouse ☐ Tool/storage shed
   ☐ Poolhouse, clubhouse, recreation building
   ☐ Other: _____

2. **Garage**
   a) Is there a garage attached to or part of the building?
   ☐ YES ☐ 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? ☐ YES ☐ 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? ☐ YES ☐ NO

   e) Does the garage contain machinery and/or equipment? ☐ YES ☐ NO

   If yes, check the applicable items:
   ☐ Furnace ☐ Heat pump ☐ Air conditioner
   ☐ Water heater ☐ Fuel tank ☐ Cistern
   ☐ Elevator equipment ☐ Washer & dryer ☐ Food freezer
   ☐ 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.? ☐ YES ☐ NO

3. **Basement/Subgrade Crawlspace**
   a) Is the basement/subgrade crawlspace floor below grade on all sides?
   ☐ YES ☐ NO

   b) If yes, does the basement/subgrade crawlspace contain machinery and/or equipment? ☐ YES ☐ NO

   If yes, check the applicable items:
   ☐ Furnace ☐ Heat pump ☐ Air conditioner
   ☐ Water heater ☐ Fuel tank ☐ Cistern
   ☐ Elevator equipment ☐ Washer & dryer ☐ Food freezer
   ☐ Other machinery and/or equipment servicing the building (describe):
   _____

4. **Additions and Extensions (if Applicable)**
   Coverage is for:
   ☐ Building *including* addition(s) and extension(s)
   ☐ Building *excluding* addition(s) and extension(s)
   Provide policy number for addition or extension: _____
   ☐ 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):
   _____

SECTION II – ELEVATED BUILDINGS

(Including Manufactured [Mobile] Homes/Travel Trailers)

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.)

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:
   ☐ Furnace ☐ Heat pump ☐ Air conditioner
   ☐ Water heater ☐ Fuel tank ☐ Cistern
   ☐ Elevator equipment ☐ Washer & dryer ☐ Food freezer
   ☐ Other machinery and/or equipment servicing the building (describe):
   _____

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.

   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): _____

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

   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: _____
   _____
   _____

   f) Does the enclosed area have more than 20 linear feet of finished interior wall, paneling, etc.? ☐ YES ☐ NO

4. **Flood Openings**
   a) Is the enclosed area/crawlspace constructed with openings (excluding doors) to allow the passage of floodwaters through the enclosed area? ☐ YES ☐ NO

   If yes, indicate number of permanent flood openings within 1 foot above adjacent grade: _____.

   Total area of all permanent flood openings: ☐☐☐☐☐ square inches.

   b) Are flood openings engineered?
   ☐ YES ☐ NO If yes, submit certification.

SECTION III – MANUFACTURED (MOBILE) HOMES/TRAVEL TRAILERS

(Wheels must be removed for travel trailer to be insurable.)

1. **Manufactured (Mobile) Home/Travel Trailer Data**

   Year of manufacture: ☐☐☐☐

   Make: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

   Model number: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

   Serial number: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

   Dimensions: ☐☐☐ × ☐☐☐ feet

   Are there any permanent additions and/or extensions? ☐ YES ☐ NO

   If yes, the dimensions are: ☐☐☐ × ☐☐☐ feet

2. **Anchoring**
   The manufactured (mobile) home/travel trailer anchoring system utilizes: (Check all that apply.)
   ☐ Over-the-top ties ☐ Ground anchors
   ☐ Frame ties ☐ Slab anchors
   ☐ Frame connectors ☐ Other (describe): _____
   _____

3. **Installation**
   The manufactured (mobile) home/travel trailer was installed in accordance with: (Check all that apply.)
   ☐ Manufacturer's specifications
   ☐ Local floodplain management standards
   ☐ State and/or local building standards

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.

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

_____ _____ /_____ /_____
SIGNATURE OF INSURED (OPTIONAL) DATE (MM/DD/YYYY)

FEMA Form 086-0-5 **Previously FEMA Form 81-67** **F-089 (DEC 2013)**

National Flood Insurance Program

PREFERRED RISK POLICY APPLICATION

FEMA FORM 086-0-5

NONDISCRIMINATION

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

PRIVACY ACT

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

GENERAL

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

AUTHORITY

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

PAPERWORK BURDEN DISCLOSURE NOTICE

Public reporting burden for this form is estimated to average 10 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.**