

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 properties located in B, C, X, AR, or A99 zones, in Regular Program communities that meets eligibility requirements based on the property's flood loss history.

Refer to the Newly Mapped section of this manual for buildings that were newly mapped within a Special Flood Hazard Area (SFHA) on or after October 1, 2008.

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 business and other 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 with building coverage can be written on each building except in the case of a Residential Condominium Building Association Policy (RCBAP) and a condominium unit owner dwelling policy.

II. ELIGIBILITY REQUIREMENTS

A. Flood Zone

To be eligible for coverage under the PRP, the building must be in a B, C, X, AR, or A99 zone on the effective date of the policy.

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. The FIRM 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 residential condominium buildings), other residential properties, non-residential business, and other 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.

NOTE: Multiple losses at the same location within 10 days of each other are counted as 1 loss, with the payment amounts added together.

TABLE 1. THE PRP COVERAGE LIMITS

COVERAGE TYPE	MAXIMUM LIMITS BY OCCUPANCY TYPE		
	1–4 FAMILY	OTHER RESIDENTIAL	NON-RESIDENTIAL BUSINESS, OTHER 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

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.

III. INELIGIBILITY

For help in determining eligibility/ineligibility of various condominium risks, use the Condominium Rating Chart (Table 2) in this section.

- Buildings and/or contents in Emergency Program communities are not eligible for the PRP.
- Buildings and/or contents in SFHAs excluding Zones AR and A99 are not eligible for the PRP.
- Multi-unit residential condominium buildings eligible under the RCBAP are not eligible for the PRP.
- 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.

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. If the risk becomes ineligible for the PRP due to a map revision, it may be renewed as a Newly-Mapped-rated policy.

VI. COVERAGE LIMITATIONS

- Basement coverage limitations apply to a policy issued under the PRP.
- Individual condominium units in non-residential condominium buildings are not eligible for building coverage.
- Condominium units insured under the Dwelling or General Property form are not eligible for Increased Cost of Compliance (ICC) coverage.

NOTE: Elevated building coverage limitations do not apply to a policy issued under the PRP.

VII. DEDUCTIBLES

The deductible for a PRP policy is \$1,000 each for both building and contents if the building coverage is less than or equal to \$100,000; if the building coverage is over \$100,000, the deductible is \$1,250, regardless of the insured building's construction date compared to the initial FIRM date. A contents-only policy will have a \$1,000 deductible.

VIII. ENDORSEMENTS

The PRP may be endorsed to:

- Increase coverage mid-term. 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.

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

A standard-rated policy may be endorsed or rewritten to a PRP and is eligible for a refund for up to 5 years for one of the following reasons:

- The policy was written as a standard-rated policy in a B, C, or X zone and later found to be eligible for a PRP.
- The policy was misrated with a zone other than B, C, or X but is later found to be eligible for a PRP.
- The policy was written as a standard-rated policy in an AR or A99 zone with an effective date of October 1, 2016, or later and is found to be eligible for a PRP.

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.

X. 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 for up to 5 years.

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.
- 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.

XI. 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, X, AR, or A99 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 OCCUPANCY¹	CONDO UNIT INDICATOR¹	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 OCCUPANCY¹	CONDO UNIT INDICATOR¹	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 business, Other Non-residential	Yes (Building coverage not available)	Yes	Non-residential business, Other Non-residential contents-only	General Property

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

PURCHASER OF POLICY	BUILDING OCCUPANCY¹	CONDO UNIT INDICATOR¹	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 business, Other Non-residential	Yes (Building coverage not available)	Yes	Non-residential business, Other Non-residential contents-only	General Property

NON-RESIDENTIAL BUSINESS, OTHER NON-RESIDENTIAL BUILDING

PURCHASER OF POLICY	BUILDING OCCUPANCY¹	CONDO UNIT INDICATOR¹	PRP ELIGIBILITY	RATE TABLE	POLICY FORM
OWNER OF NON- RESIDENTIAL CONTENTS	Non-residential business, Other Non-residential	Yes (Building coverage not available)	Yes	Non-residential business, Other 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 business, Other Non-residential	N/A	Yes	Non-residential business, Other Non-residential building and contents	General Property

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

**TABLE 3A. PRP COVERAGE LIMITS AND BASE PREMIUMS
FOR PROPERTIES CURRENTLY MAPPED IN B, C, X, AR, OR A99 ZONES¹**

1-4 FAMILY RESIDENTIAL BUILDING AND CONTENTS COVERAGE COMBINATIONS

WITH BASEMENT OR ENCLOSURE ²			WITHOUT BASEMENT OR ENCLOSURE ³		
BUILDING	CONTENTS	PREMIUM	BUILDING	CONTENTS	PREMIUM
\$ 20,000	\$ 8,000	\$127	\$ 20,000	\$ 8,000	\$100
\$ 30,000	\$ 12,000	\$160	\$ 30,000	\$ 12,000	\$133
\$ 50,000	\$ 20,000	\$214	\$ 50,000	\$ 20,000	\$187
\$ 75,000	\$ 30,000	\$258	\$ 75,000	\$ 30,000	\$226
\$100,000	\$ 40,000	\$286	\$100,000	\$ 40,000	\$255
\$125,000	\$ 50,000	\$302	\$125,000	\$ 50,000	\$270
\$150,000	\$ 60,000	\$321	\$150,000	\$ 60,000	\$290
\$200,000	\$ 80,000	\$358	\$200,000	\$ 80,000	\$321
\$250,000	\$100,000	\$386	\$250,000	\$100,000	\$344

RESIDENTIAL CONTENTS-ONLY COVERAGE

CONTENTS ABOVE GROUND LEVEL MORE THAN 1 FLOOR		ALL OTHER LOCATIONS (BASEMENT-ONLY NOT ELIGIBLE)	
CONTENTS	PREMIUM	CONTENTS	PREMIUM
\$ 8,000	\$20	\$ 8,000	\$40
\$ 12,000	\$37	\$ 12,000	\$66
\$ 20,000	\$70	\$ 20,000	\$104
\$ 30,000	\$85	\$ 30,000	\$125
\$ 40,000	\$98	\$ 40,000	\$143
\$ 50,000	\$111	\$ 50,000	\$161
\$ 60,000	\$124	\$ 60,000	\$179
\$ 80,000	\$149	\$ 80,000	\$200
\$100,000	\$175	\$100,000	\$222

NOTE: Base Premium does not include the Multiplier, ICC Premium, Reserve Fund Assessment, HFIAA Surcharge, Probation Surcharge, or Federal Policy Fee. To determine the total amount due, refer to the Coverage and Premium subsection in this section of the manual.

1 Use this table for eligible properties in AR or A99 zones on or after October 1, 2016.

2 Use this section of the table for buildings with crawlspaces or subgrade crawlspaces with an attached garage without proper openings.

3 Use this section of the table for buildings with crawlspaces or subgrade crawlspaces, including those with an attached garage, that have proper openings.

**TABLE 3B. PRP COVERAGE LIMITS AND BASE PREMIUMS
FOR PROPERTIES CURRENTLY MAPPED IN B, C, X, AR, OR A99 ZONES¹**

OTHER RESIDENTIAL BUILDING AND CONTENTS COVERAGE COMBINATIONS

With Basement or Enclosure²

CONTENTS COVERAGE		\$8,000	\$12,000	\$20,000	\$30,000	\$40,000	\$50,000	\$60,000	\$80,000	\$100,000
BUILDING COVERAGE	\$ 20,000	\$142	\$157	\$170	\$184	\$197	\$209	\$220	\$231	\$242
	\$ 30,000	\$157	\$171	\$185	\$199	\$212	\$224	\$235	\$246	\$257
	\$ 50,000	\$193	\$208	\$222	\$235	\$248	\$260	\$272	\$282	\$293
	\$ 75,000	\$210	\$225	\$239	\$252	\$265	\$277	\$289	\$299	\$310
	\$100,000	\$233	\$248	\$262	\$276	\$289	\$300	\$312	\$323	\$333
	\$125,000	\$239	\$253	\$266	\$280	\$293	\$305	\$317	\$327	\$338
	\$150,000	\$244	\$258	\$272	\$286	\$298	\$310	\$322	\$332	\$343
	\$200,000	\$276	\$291	\$305	\$319	\$331	\$343	\$354	\$364	\$375
	\$250,000	\$294	\$309	\$323	\$337	\$349	\$360	\$372	\$383	\$393
	\$300,000	\$309	\$323	\$336	\$348	\$360	\$371	\$383	\$393	\$403
	\$350,000	\$323	\$337	\$349	\$362	\$373	\$384	\$396	\$405	\$415
	\$400,000	\$336	\$348	\$361	\$374	\$385	\$395	\$407	\$416	\$426
	\$450,000	\$347	\$360	\$372	\$385	\$395	\$406	\$418	\$427	\$436
	\$500,000	\$358	\$370	\$383	\$395	\$405	\$415	\$427	\$436	\$445

OTHER RESIDENTIAL BUILDING AND CONTENTS COVERAGE COMBINATIONS

Without Basement or Enclosure³

CONTENTS COVERAGE		\$8,000	\$12,000	\$20,000	\$30,000	\$40,000	\$50,000	\$60,000	\$80,000	\$100,000
BUILDING COVERAGE	\$ 20,000	\$112	\$125	\$136	\$148	\$159	\$169	\$179	\$189	\$197
	\$ 30,000	\$131	\$143	\$154	\$166	\$177	\$187	\$197	\$207	\$215
	\$ 50,000	\$168	\$180	\$192	\$203	\$214	\$225	\$234	\$244	\$252
	\$ 75,000	\$190	\$201	\$213	\$224	\$234	\$245	\$255	\$264	\$273
	\$100,000	\$209	\$220	\$232	\$243	\$253	\$264	\$274	\$283	\$292
	\$125,000	\$216	\$228	\$240	\$249	\$260	\$270	\$279	\$289	\$297
	\$150,000	\$224	\$235	\$247	\$257	\$268	\$277	\$287	\$296	\$305
	\$200,000	\$253	\$264	\$276	\$287	\$297	\$307	\$317	\$325	\$334
	\$250,000	\$269	\$280	\$292	\$303	\$313	\$323	\$332	\$341	\$349
	\$300,000	\$293	\$302	\$313	\$322	\$331	\$341	\$348	\$356	\$365
	\$350,000	\$309	\$317	\$328	\$337	\$345	\$353	\$362	\$369	\$378
	\$400,000	\$324	\$331	\$342	\$349	\$357	\$366	\$374	\$381	\$390
	\$450,000	\$338	\$344	\$353	\$361	\$369	\$377	\$385	\$392	\$401
	\$500,000	\$349	\$355	\$365	\$372	\$379	\$388	\$395	\$402	\$411

NOTE: Base Premium does not include the Multiplier, ICC Premium, Reserve Fund Assessment, HFIAA Surcharge, Probation Surcharge, or Federal Policy Fee. To determine the total amount due, refer to the Coverage and Premium subsection in this section of the manual.

- 1 Use this table for eligible properties in AR or A99 zones on or after October 1, 2016.
- 2 Use this section of the table for buildings with crawlspaces or subgrade crawlspaces with an attached garage without proper openings.
- 3 Use this section of the table for buildings with crawlspaces or subgrade crawlspaces, including those with an attached garage, that have proper openings.

**TABLE 3C. PRP COVERAGE LIMITS AND BASE PREMIUMS
FOR PROPERTIES CURRENTLY MAPPED IN B, C, X, AR, OR A99 ZONES¹**

NON-RESIDENTIAL BUSINESS OR OTHER NON-RESIDENTIAL BUILDING AND CONTENTS COVERAGE COMBINATIONS
With Basement or Enclosure²

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	\$918	\$1,194	\$1,458	\$1,709	\$1,949	\$2,177	\$2,393	\$2,596	\$2,788	\$2,968
	\$100,000	\$1,316	\$1,592	\$1,855	\$2,107	\$2,346	\$2,574	\$2,790	\$2,994	\$3,185	\$3,365
	\$150,000	\$1,593	\$1,866	\$2,127	\$2,375	\$2,613	\$2,838	\$3,052	\$3,254	\$3,443	\$3,621
	\$200,000	\$1,750	\$2,024	\$2,284	\$2,532	\$2,770	\$2,996	\$3,210	\$3,411	\$3,601	\$3,779
	\$250,000	\$1,861	\$2,134	\$2,395	\$2,643	\$2,881	\$3,106	\$3,320	\$3,521	\$3,712	\$3,890
	\$300,000	\$1,983	\$2,256	\$2,517	\$2,765	\$3,003	\$3,228	\$3,442	\$3,644	\$3,833	\$4,011
	\$350,000	\$2,119	\$2,391	\$2,651	\$2,901	\$3,137	\$3,363	\$3,576	\$3,778	\$3,968	\$4,146
	\$400,000	\$2,207	\$2,480	\$2,740	\$2,989	\$3,226	\$3,452	\$3,665	\$3,866	\$4,056	\$4,234
	\$450,000	\$2,308	\$2,581	\$2,841	\$3,091	\$3,327	\$3,553	\$3,766	\$3,968	\$4,157	\$4,335
	\$500,000	\$2,419	\$2,692	\$2,952	\$3,201	\$3,438	\$3,664	\$3,877	\$4,078	\$4,268	\$4,446

NON-RESIDENTIAL BUSINESS OR OTHER NON-RESIDENTIAL BUILDING AND CONTENTS COVERAGE COMBINATIONS
Without Basement or Enclosure³

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	\$564	\$711	\$852	\$986	\$1,114	\$1,235	\$1,350	\$1,459	\$1,561	\$1,657
	\$100,000	\$769	\$916	\$1,056	\$1,191	\$1,318	\$1,440	\$1,555	\$1,664	\$1,766	\$1,862
	\$150,000	\$912	\$1,057	\$1,197	\$1,330	\$1,456	\$1,576	\$1,690	\$1,798	\$1,899	\$1,994
	\$200,000	\$1,069	\$1,215	\$1,353	\$1,487	\$1,613	\$1,733	\$1,847	\$1,955	\$2,056	\$2,151
	\$250,000	\$1,174	\$1,320	\$1,459	\$1,592	\$1,719	\$1,838	\$1,952	\$2,060	\$2,161	\$2,256
	\$300,000	\$1,286	\$1,432	\$1,571	\$1,704	\$1,831	\$1,950	\$2,064	\$2,172	\$2,273	\$2,368
	\$350,000	\$1,346	\$1,492	\$1,632	\$1,764	\$1,891	\$2,011	\$2,125	\$2,232	\$2,333	\$2,428
	\$400,000	\$1,413	\$1,558	\$1,698	\$1,831	\$1,957	\$2,077	\$2,191	\$2,299	\$2,400	\$2,495
	\$450,000	\$1,486	\$1,632	\$1,770	\$1,903	\$2,030	\$2,150	\$2,264	\$2,371	\$2,472	\$2,567
	\$500,000	\$1,564	\$1,710	\$1,849	\$1,982	\$2,109	\$2,228	\$2,342	\$2,450	\$2,551	\$2,646

NON-RESIDENTIAL BUSINESS OR OTHER NON-RESIDENTIAL CONTENTS-ONLY COVERAGE

CONTENTS ABOVE GROUND LEVEL MORE THAN 1 FLOOR		ALL OTHER LOCATIONS (BASEMENT-ONLY NOT ELIGIBLE)	
CONTENTS	PREMIUM	CONTENTS	PREMIUM
\$ 50,000	\$138	\$ 50,000	\$335
\$100,000	\$218	\$100,000	\$517
\$150,000	\$294	\$150,000	\$688
\$200,000	\$372	\$200,000	\$866
\$250,000	\$451	\$250,000	\$1,044
\$300,000	\$530	\$300,000	\$1,222
\$350,000	\$609	\$350,000	\$1,401
\$400,000	\$688	\$400,000	\$1,579
\$450,000	\$765	\$450,000	\$1,757
\$500,000	\$844	\$500,000	\$1,936

NOTE: Base Premium does not include the Multiplier, ICC Premium, Reserve Fund Assessment, HFIAA Surcharge, Probation Surcharge, or Federal Policy Fee. To determine the total amount due, refer to the Coverage and Premium subsection in this section of the manual.

1 Use this table for eligible properties in AR or A99 zones on or after October 1, 2016.

2 Use this section of the table for buildings with crawlspaces or subgrade crawlspaces with an attached garage without proper openings.

3 Use this section of the table for buildings with crawlspaces or subgrade crawlspaces, including those with an attached garage, that have proper openings.

XII. COMPLETING PAGE 1 OF THE PREFERRED RISK POLICY AND NEWLY MAPPED APPLICATION FORM

The Preferred Risk Policy and Newly Mapped Application form, or a similar form for WYO Companies, must be used to apply for all PRPs.

The following are instructions for completing Page 1 of the Preferred Risk Policy and Newly Mapped Application form.

A. Application Type

<input type="checkbox"/> NEW	<input type="checkbox"/> RENEWAL
<input type="checkbox"/> TRANSFER (NFIP ONLY)	
PRIOR POLICY #: _____	

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

Select NEW:

- If applying for a new policy.

Select RENEWAL:

- If renewing an existing policy by application.

Select TRANSFER (NFIP ONLY):

- If the agent/producer moves his or her book of business from one insurer to another, or when an insurer acquires another's book of business.
- If the agent/producer is transferring an individual policy within the NFIP (Direct or WYO). For additional guidance, refer to the Transfer of Business subsection in the General Rules section of this manual.

B. Billing

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

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

C. Policy Period

POLICY PERIOD	POLICY PERIOD IS FROM ____/____/____ TO ____/____/____ 12:01 A.M. LOCAL TIME AT THE INSURED PROPERTY LOCATION.	
	WAITING PERIOD:	
	<input type="checkbox"/> STANDARD 30-DAY	
	<input type="checkbox"/> REQUIRED FOR LOAN TRANSACTION – NO WAITING PERIOD	
	<input type="checkbox"/> MAP REVISION (ZONE CHANGE FROM NON-SFHA TO SFHA) – 1 DAY	
	<input type="checkbox"/> TRANSFER (NFIP ONLY) – NO WAITING PERIOD	
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.

Provide the property purchase date. 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.: _____	
IS THE INSURED A SMALL BUSINESS? <input type="checkbox"/> YES <input type="checkbox"/> NO		
IS THE INSURED A NON-PROFIT ENTITY? <input type="checkbox"/> YES <input type="checkbox"/> NO		

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

Check YES if the insured is a small business with less than 100 employees; otherwise, check NO.

Check YES if the insured is a non-profit entity; otherwise, check NO.

F. Property Location

PROPERTY LOCATION	NOTE: ONE BUILDING PER POLICY – BLANKET COVERAGE NOT PERMITTED.
	IS INSURED PROPERTY LOCATION SAME AS INSURED'S MAILING ADDRESS? <input type="checkbox"/> YES <input type="checkbox"/> NO
	IF NO, ENTER PROPERTY ADDRESS. IF RURAL, ENTER LEGAL DESCRIPTION, OR GEOGRAPHIC LOCATION OF PROPERTY (DO NOT USE P.O. BOX).
	IDENTIFY ADDRESS TYPE: <input type="checkbox"/> STREET <input type="checkbox"/> LEGAL DESCRIPTION* <input type="checkbox"/> GEOGRAPHIC LOCATION
	FOR AN ADDRESS WITH MULTIPLE BUILDINGS AND/OR FOR A BUILDING WITH ADDITIONS OR EXTENSIONS, DESCRIBE THE INSURED BUILDING:
	* LEGAL DESCRIPTION MAY BE USED ONLY WHILE A BUILDING OR SUBDIVISION IS IN THE COURSE OF CONSTRUCTION OR PRIOR TO ESTABLISHING A STREET ADDRESS.

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.

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

Check the appropriate address type.

The property location should be provided as a standard street address whenever possible. The use of the legal description may be applied only while a building or subdivision is in the course of construction or prior to establishing a street address. The policy must be endorsed to indicate the street address as soon as it is available. A descriptive geographic location may be used when a building is in a very rural area of the country and a standard street address is not available. Property location cannot be listed as a post office box. Leave the rest of the section blank unless there is more than 1 building at the property location.

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.: _____
	IS INSURANCE REQUIRED UNDER MANDATORY PURCHASE? <input type="checkbox"/> YES <input type="checkbox"/> NO

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

Check YES for Mandatory Purchase if the building is located within the SFHA and the purchase of flood insurance is being required by a federally regulated or insured lender; otherwise, check NO.

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

H. 2nd Mortgagee/Other

2ND MORTGAGEE/OTHER	NAME AND MAILING ADDRESS OF: <input type="checkbox"/> 2ND MORTGAGEE <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> OTHER
	IF OTHER, SPECIFY: _____
	LOAN NO.: _____
	IS INSURANCE REQUIRED UNDER MANDATORY PURCHASE? <input type="checkbox"/> YES <input type="checkbox"/> NO

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

Check YES for Mandatory Purchase if the initial purchase of flood insurance is in connection with the making, increasing, extension or renewal of a loan; otherwise, check NO.

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

If more than 2 additional mortgagee or disaster assistance agencies exist, provide the requested information on the insurance agency's letterhead and attach the letterhead to the application form. Include whether or not the insurance is required under Mandatory Purchase along with the mortgagee information.

I. Disaster Assistance

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

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

J. Community

• Rating Map Information

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

Use the FIRM in effect and that has been published at the time of presentment of premium and completion of the application.

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.

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

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

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

Enter the FIRM zone in the space provided.

Enter the effective date of the map used for rating in the space provided.

• Current Map Information

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

Do not complete this section for a PRP. If applying for a Newly-Mapped-rated policy, refer to the Newly Mapped section of this manual.

• Newly Mapped Information

COMMUNITY	NEWLY MAPPED INFORMATION
	DATE THE BUILDING WAS NEWLY MAPPED INTO THE SFHA: ____/____/____

Do not complete this section for a PRP. If applying for a Newly-Mapped-rated policy, refer to the Newly Mapped section of this manual.

K. Prior NFIP Coverage

PRIOR NFIP COVERAGE	COMPLETE THIS SECTION FOR PRE- AND POST-FIRM BUILDINGS LOCATED IN AN SFHA.
	1. HAS THE APPLICANT HAD A PRIOR NFIP POLICY FOR THIS PROPERTY? <input type="checkbox"/> YES <input type="checkbox"/> NO
	2. WAS THE POLICY REQUIRED BY THE LENDER UNDER MANDATORY PURCHASE? <input type="checkbox"/> YES <input type="checkbox"/> NO
	3. IF YES, HAS THE PRIOR NFIP POLICY EVER LAPSED WHILE COVERAGE WAS REQUIRED UNDER MANDATORY PURCHASE BY THE LENDER? <input type="checkbox"/> YES <input type="checkbox"/> NO
	4. IF YES, WAS THE LAPSE THE RESULT OF A COMMUNITY SUSPENSION? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, WHAT IS THE SUSPENSION DATE? ____/____/____ WHAT IS THE REINSTATEMENT DATE? ____/____/____
5. WILL THIS POLICY BE EFFECTIVE WITHIN 180 DAYS OF THE COMMUNITY REINSTATEMENT AFTER SUSPENSION REFERRED TO IN (4) ABOVE? <input type="checkbox"/> YES <input type="checkbox"/> NO	

Do not complete this section for a PRP. If applying for a Newly-Mapped-rated policy, refer to the Newly Mapped section of this manual.

L. All Buildings

Complete all required information in this section.

1. Building Purpose

ALL BUILDINGS	1. BUILDING PURPOSE
	<input type="checkbox"/> 100% RESIDENTIAL
	<input type="checkbox"/> 100% NON-RESIDENTIAL
	<input type="checkbox"/> MIXED-USE – SPECIFY PERCENTAGE OF RESIDENTIAL USE: ____ %

- Indicate if the building's purpose is 100% Residential or 100% Non-Residential. If Mixed Use, specify percentage of residential use.

2. Building Occupancy

ALL BUILDINGS	2. BUILDING OCCUPANCY
	<input type="checkbox"/> SINGLE FAMILY
	<input type="checkbox"/> 2-4 FAMILY
	<input type="checkbox"/> OTHER RESIDENTIAL
	<input type="checkbox"/> NON-RESIDENTIAL BUSINESS
	<input type="checkbox"/> OTHER NON-RESIDENTIAL

Check the type of occupancy for the building (i.e., Single Family, 2–4 Family, Other Residential, Non-Residential Business or Other Non-Residential).

• Single Family – This is either:

- a. A residential single-family building in which the total floor area devoted to non-residential uses is less than 50% of the building's total floor area, or
- b. A single-family residential unit within a 2–4 family building, other-residential building, business, or non-residential building, in which commercial uses within the unit are limited to less than 50% of the unit's total floor area.

This includes a residential 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: Commercial uses within the unit are offices, private schools, studios, or small service operations within a residential building.

- **2–4 Family** – This is a residential building, including an apartment building, containing 2–4 residential spaces and in which commercial uses are limited to less than 25% of the building’s total floor area. This category includes apartment buildings and condominium buildings. This excludes hotels and motels with normal room rentals for less than 6 months.
- **Other Residential** – This is a residential building that is designed for use as a residential space for 5 or more families or a mixed-use building in which the total floor area devoted to non-residential uses is less than 25% of the total floor area within the building. 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. Additional examples of other residential buildings include dormitories and assisted-living facilities.
- **Non-Residential Business** – This is a building in which the named insured is a commercial enterprise primarily carried out to generate income and the coverage is for:
 - a. A building designed as a non-habitation building;
 - b. A mixed-use building in which the total floor area devoted to residential uses is
 - i. 50% or less of the total floor area within the building if the residential building is a single family property; or
 - ii. 75% or less of the total floor area within the building for all other residential properties; or
 - c. A building designed for use as office or retail space, wholesale space, hospitality space, or for similar uses.
- **Other Non-Residential** – This is a subcategory of non-residential buildings; a non-habitation building that does not qualify as a business building or a mixed-use building that does not qualify as a residential building. This category includes, but is not limited to, churches, schools, farm buildings (including grain bins and silos), garages, poolhouses, clubhouses and recreational buildings. A small business cannot use this category.

3. Is the Building a House of Worship?

ALL BUILDINGS	3. IS THE BUILDING A HOUSE OF WORSHIP?
	<input type="checkbox"/> YES <input type="checkbox"/> NO

Check YES if the intended use of the building is for a house of worship; otherwise, check NO.

4. Is the Building An Agricultural Structure?

ALL BUILDINGS	4. IS THE BUILDING AN AGRICULTURAL STRUCTURE?
	<input type="checkbox"/> YES <input type="checkbox"/> NO

Check YES if the intended use of the building is for agricultural purposes; otherwise, check NO.

5. Building Description (Check One)

ALL BUILDINGS	5. BUILDING DESCRIPTION (CHECK ONE)
	<input type="checkbox"/> MAIN HOUSE
	<input type="checkbox"/> DETACHED GUEST HOUSE
	<input type="checkbox"/> DETACHED GARAGE
	<input type="checkbox"/> BARN
	<input type="checkbox"/> APARTMENT BUILDING
	<input type="checkbox"/> APARTMENT - UNIT
	<input type="checkbox"/> COOPERATIVE BUILDING
	<input type="checkbox"/> COOPERATIVE - UNIT
	<input type="checkbox"/> WAREHOUSE
	<input type="checkbox"/> TOOL/STORAGE SHED
	<input type="checkbox"/> POOLHOUSE, CLUBHOUSE, RECREATION BUILDING
	<input type="checkbox"/> OTHER: _____

Check the box that best indicates the insured building’s description. If OTHER, provide the building description.

6. Condominium Information

ALL BUILDINGS	6. CONDOMINIUM INFORMATION
	IS BUILDING IN A CONDOMINIUM FORM OF OWNERSHIP? <input type="checkbox"/> YES <input type="checkbox"/> NO
	IS COVERAGE FOR THE ENTIRE BUILDING? <input type="checkbox"/> YES <input type="checkbox"/> NO
	TOTAL NUMBER OF UNITS: _____
	<input type="checkbox"/> HIGH-RISE <input type="checkbox"/> LOW-RISE
	IS COVERAGE FOR A CONDOMINIUM UNIT? <input type="checkbox"/> YES <input type="checkbox"/> NO

• Condominium Form of Ownership

Check YES if the building is in a condominium form of ownership; otherwise, check NO.

• Entire Building

Check YES if coverage is for the entire building; otherwise, check NO.

NOTE: Multi-unit residential condominium buildings eligible for the RCBAP are not eligible for the PRP. A unit within such a building may be eligible for the PRP.

• Total Number of Units

Enter the total number of units in the building, regardless of the number of units intended for coverage.

NOTE: Multi-unit residential condominium buildings eligible for the RCBAP are not eligible for the PRP.

A unit within such a building may be eligible for the PRP.

- **Condominium Unit**

Check YES if coverage is for a single condominium unit; otherwise, check NO.

7. Additions and Extensions (if Applicable)

ALL BUILDINGS	7. ADDITIONS AND EXTENSIONS (IF APPLICABLE)
	DOES THE BUILDING HAVE ANY ADDITIONS OR EXTENSIONS? <input type="checkbox"/> YES <input type="checkbox"/> NO (ADDITIONS AND EXTENSIONS MAY BE SEPARATELY INSURED.)
	COVERAGE IS FOR: <input type="checkbox"/> BUILDING INCLUDING ADDITION(S) AND EXTENSION(S) <input type="checkbox"/> BUILDING EXCLUDING ADDITION(S) AND EXTENSION(S) PROVIDE POLICY NUMBER FOR ADDITION OR EXTENSION:
	<input type="checkbox"/> ADDITION OR EXTENSION ONLY (INCLUDE DESCRIPTION IN THE PROPERTY LOCATION BOX ABOVE). PROVIDE POLICY NUMBER FOR BUILDING EXCLUDING ADDITION(S) OR EXTENSION(S):

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. 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.

Check the appropriate box to indicate the desired coverage 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 or extension only (include description in the Property Location box above)” 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. Provide the policy (or quote or application) number for the policy covering the main building.

8. Insured's Primary Residence, Rental Property, Tenant's Coverage

ALL BUILDINGS	8. PRIMARY RESIDENCE, RENTAL PROPERTY, TENANT'S COVERAGE
	IS BUILDING INSURED'S PRIMARY RESIDENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO
	IS BUILDING A RENTAL PROPERTY? <input type="checkbox"/> YES <input type="checkbox"/> NO
	IS THE INSURED A TENANT? <input type="checkbox"/> YES <input type="checkbox"/> NO
	IF YES, IS THE TENANT REQUESTING BUILDING COVERAGE? <input type="checkbox"/> YES <input type="checkbox"/> NO
	IF YES, SEE NOTICE IN SIGNATURE BLOCK ON PAGE 2.

- **Insured's Primary Residence**

FEMA defines a primary residence as a single family building, condominium unit, apartment unit, or unit within a cooperative building that will be lived in by the policyholder or the policyholder's spouse for more than 50% of the 365 calendar days following the current policy effective date or 50% or less of the 365 calendar days following the current policy effective date if the policyholder has only one residence and does not lease that residence to another party or use it as rental or income property at any time during the policy term.

A policyholder and the policyholder's spouse may not collectively have more than one primary residence.

Policyholders with primary residences could include the following, as long as they meet the conditions above:

- a. Active-duty military personnel who are deployed for 50% or more of the policy year in compliance with military orders;
- b. Policyholders displaced from a primary residence and living in a temporary residence due to a federally declared disaster or a loss event on the primary residence claimed on any line of insurance for 50% or more of the policy year; or
- c. Policyholders who are absent from a primary residence for reasons such as routine business travel, hospitalizations, and/or vacation for 50% or more of the policy year.

Check YES if an applicant or an applicant's spouse is the primary resident; 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, 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 block on Page 2. 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.

9. Building Information

ALL BUILDINGS	9. BUILDING INFORMATION
	IS 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 LOCATED ON FEDERAL LAND? <input type="checkbox"/> YES <input type="checkbox"/> NO
	IS BUILDING A SEVERE REPETITIVE LOSS PROPERTY? <input type="checkbox"/> YES <input type="checkbox"/> 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 Walled and Roofed

Check YES if the building has at least 2 outside rigid walls and a fully secured roof; 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

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.

• Severe Repetitive Loss Property

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

10. Elevated Building

ALL BUILDINGS	10. IS BUILDING ELEVATED? <input type="checkbox"/> YES <input type="checkbox"/> NO
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Check YES if the building is an elevated building; otherwise, check NO. If YES, complete the Elevated Building section on Page 2. 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.

11. Basement, Enclosure, CrawlSpace

ALL BUILDINGS	11. BASEMENT, ENCLOSURE, CRAWLSPACE
	<input type="checkbox"/> NONE
	<input type="checkbox"/> FINISHED BASEMENT/ENCLOSURE
	<input type="checkbox"/> CRAWLSPACE
	<input type="checkbox"/> UNFINISHED BASEMENT/ENCLOSURE
	<input type="checkbox"/> SUBGRADE CRAWLSPACE
	IS THE BASEMENT/SUBGRADE CRAWLSPACE FLOOR BELOW GRADE ON ALL SIDES? <input type="checkbox"/> YES <input type="checkbox"/> NO

Check whether the building contains:

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

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

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

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

- **Subgrade Crawlspace** – A crawlspace foundation where the subgrade under-floor area is no more than 5 feet below the top of the next higher floor and no more than 2 feet below the lowest adjacent grade on all sides. (A building with a subgrade crawlspace is not an elevated building.)

Check YES if the Basement/Subgrade Crawlspace floor is below grade on all sides; otherwise, check NO.

NOTE: For buildings that have crawlspaces or subgrade crawlspaces, including those with an attached garage that have the proper openings, use the Without Basement/Enclosure section of the rate tables in this manual.

12. Number of Floors in Building or Building Type

ALL BUILDINGS	12. NUMBER OF FLOORS IN BUILDING (INCLUDING BASEMENT/ENCLOSED AREA, IF ANY) OR BUILDING TYPE		
	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3 OR MORE
	<input type="checkbox"/> SPLIT LEVEL		
	<input type="checkbox"/> TOWNHOUSE/ROWHOUSE (RCBAP LOW-RISE ONLY)		
	<input type="checkbox"/> MANUFACTURED (MOBILE) HOME/TRAVEL TRAILER ON FOUNDATION		

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

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

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

M. Non-Elevated Buildings

1. Garage

NON-ELEVATED BUILDINGS	1. GARAGE IS A GARAGE ATTACHED TO THE BUILDING? <input type="checkbox"/> YES <input type="checkbox"/> NO	
	TOTAL NET AREA OF THE GARAGE: [] [] [] [] [] SQUARE FEET.	
	ARE THERE ANY OPENINGS (EXCLUDING DOORS) THAT ARE DESIGNED TO ALLOW THE PASSAGE OF FLOODWATERS THROUGH THE GARAGE? <input type="checkbox"/> YES <input type="checkbox"/> NO	
	IF YES, NUMBER OF PERMANENT FLOOD OPENINGS WITHIN 1 FOOT ABOVE THE ADJACENT GRADE: _____	
	TOTAL AREA OF ALL PERMANENT OPENINGS: [] [] [] [] [] SQUARE INCHES.	
	IS THE GARAGE USED SOLELY FOR PARKING OF VEHICLES, BUILDING ACCESS, AND/OR STORAGE? <input type="checkbox"/> YES <input type="checkbox"/> NO	
	IF YES, DOES THE GARAGE CONTAIN MACHINERY AND/OR EQUIPMENT? <input type="checkbox"/> YES <input type="checkbox"/> NO	

Check YES if a garage is attached to the building; otherwise, check NO. If YES, provide the total square footage of the garage.

Check YES if the garage has any openings that allow the passage of floodwaters; otherwise, check NO. If flood openings are present, provide the total number and the total square inches of permanent flood openings.

Check YES if the garage is used solely for parking of vehicles, building access, and/or storage; otherwise check NO.

If YES, indicate if the garage contains machinery and/or equipment; otherwise check NO.

For more information on non-elevated buildings and attached garages, refer to the Lowest Floor Guide (LFG) section of this manual.

2. Basement/Subgrade Crawlspace

NON-ELEVATED BUILDINGS	2. BASEMENT/SUBGRADE CRAWLSPACE DOES THE BASEMENT/SUBGRADE CRAWLSPACE CONTAIN MACHINERY AND/OR EQUIPMENT? <input type="checkbox"/> YES <input type="checkbox"/> NO	
	IF YES, SELECT THE VALUE BELOW:	
	<input type="checkbox"/> UP TO \$10,000	
	<input type="checkbox"/> \$10,001 TO \$20,000	
	<input type="checkbox"/> IF GREATER THAN \$20,000 - INDICATE THE AMOUNT: _____	
	DOES THE BASEMENT/SUBGRADE CRAWLSPACE CONTAIN A WASHER, DRYER OR FOOD FREEZER? <input type="checkbox"/> YES <input type="checkbox"/> NO	
	IF YES, SELECT THE VALUE BELOW:	
<input type="checkbox"/> UP TO \$5,000		
<input type="checkbox"/> \$5,001 TO \$10,000		
<input type="checkbox"/> IF GREATER THAN \$10,000 - INDICATE THE AMOUNT: _____		

Check YES if the basement/subgrade crawlspace contains machinery and/or equipment and select the appropriate value; otherwise, check NO.

Check YES if the basement/subgrade crawlspace contains a washer, dryer, or food freezer and select the appropriate value; otherwise, check NO.

XIII. COMPLETING PAGE 2 OF THE PREFERRED RISK POLICY AND NEWLY MAPPED APPLICATION FORM

The agent/producer must complete all relevant items in Page 2 of the Preferred Risk Policy and Newly Mapped Application form for all buildings.

A. Elevated Buildings (Including Manufactured [Mobile] Homes/Travel Trailers)

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

1. Area Below the Lowest Elevated Floor

ELEVATED BUILDINGS	1. IF THE BUILDING IS ELEVATED, IS THE AREA BELOW
	<input type="checkbox"/> FREE OF OBSTRUCTION
	<input type="checkbox"/> WITH OBSTRUCTION

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.

2. Elevating Foundation Type

ELEVATED BUILDINGS	2. ELEVATING FOUNDATION TYPE
	<input type="checkbox"/> PIERS, POSTS, OR PILES
	<input type="checkbox"/> REINFORCED MASONRY PIERS OR CONCRETE PIERS OR COLUMNS
	<input type="checkbox"/> REINFORCED CONCRETE SHEAR WALLS
	<input type="checkbox"/> WOOD SHEAR WALLS
	<input type="checkbox"/> SOLID FOUNDATION WALLS

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.

3. Machinery and/or Equipment Below the Elevated Floor

ELEVATED BUILDINGS	3. MACHINERY AND/OR EQUIPMENT
	DOES THE AREA BELOW THE ELEVATED FLOOR CONTAIN MACHINERY AND/OR EQUIPMENT? <input type="checkbox"/> YES <input type="checkbox"/> NO
	IF YES, SELECT THE VALUE BELOW:
	<input type="checkbox"/> UP TO \$10,000
	<input type="checkbox"/> \$10,001 TO \$20,000
	<input type="checkbox"/> IF GREATER THAN \$20,000 - INDICATE THE AMOUNT: _____
	DOES THE AREA BELOW THE ELEVATED FLOOR CONTAIN A WASHER, DRYER OR FOOD FREEZER? <input type="checkbox"/> YES <input type="checkbox"/> NO
	IF YES, SELECT THE VALUE BELOW:
	<input type="checkbox"/> UP TO \$5,000
	<input type="checkbox"/> \$5,001 TO \$10,000
	<input type="checkbox"/> IF GREATER THAN \$10,000 - INDICATE THE AMOUNT: _____

Check YES if the area below the elevated floor contains machinery and/or equipment and select the appropriate value. Otherwise, check NO.

Check YES if the area below the elevated floor contains a washer, dryer, or food freezer and select the appropriate value. Otherwise, check NO.

4. Area Below the Elevated Floor

ELEVATED BUILDINGS	4. AREA BELOW THE ELEVATED FLOOR
	IS THE AREA BELOW THE ELEVATED FLOOR ENCLOSED? <input type="checkbox"/> YES <input type="checkbox"/> NO
	IF YES, CHECK ONE OF THE FOLLOWING:
	<input type="checkbox"/> FULLY <input type="checkbox"/> PARTIALLY
	IS THERE A GARAGE? (CHECK ONE)
	<input type="checkbox"/> NO GARAGE
	<input type="checkbox"/> BENEATH THE LIVING SPACE
	<input type="checkbox"/> NEXT TO THE LIVING SPACE
	DOES THE AREA BELOW THE ELEVATED FLOOR CONTAIN ELEVATORS?
	<input type="checkbox"/> YES <input type="checkbox"/> NO
IF YES, HOW MANY? _____	

Check YES if the area below the elevated floor is enclosed; otherwise, check NO. If YES, indicate whether the area is fully or partially enclosed.

Select NO if there is no garage attached to the building.

Select Beneath the Living Space if the garage is under the lowest elevated floor and within the footprint of the building.

Select Next to Living Space if the garage is not under the lowest elevated floor and is attached to the building.

For additional guidance on elevated buildings with a garage, refer to Lowest Floor Guide (LFG) section of this manual.

Check YES if the area below the elevated floor contains elevators; otherwise, check NO. If YES, indicate the number of elevators.

ELEVATED BUILDINGS	IF THE ANSWER TO ANY OF THE QUESTIONS REGARDING THE AREA BELOW THE ELEVATED FLOOR IS YES, OR THERE IS A GARAGE, ANSWER ALL THE FOLLOWING.
	INDICATE MATERIAL USED FOR ENCLOSURE:
	<input type="checkbox"/> INSECT SCREENING
	<input type="checkbox"/> LIGHT WOOD LATTICE
	<input type="checkbox"/> SOLID WOOD FRAME WALLS (BREAKAWAY)
	<input type="checkbox"/> SOLID WOOD FRAME WALLS (NON-BREAKAWAY)
	<input type="checkbox"/> MASONRY WALLS (IF BREAKAWAY, SUBMIT CERTIFICATION DOCUMENTATION)
	<input type="checkbox"/> MASONRY WALLS (NON-BREAKAWAY)
	<input type="checkbox"/> OTHER (DESCRIBE): _____
	IF ENCLOSED WITH A MATERIAL OTHER THAN INSECT SCREENING OR LIGHT WOOD LATTICE, PROVIDE THE SIZE OF ENCLOSED AREA:
	_____ _____ _____ _____ _____ _____ _____ _____ _____ _____ SQUARE FEET

Indicate the materials used for the enclosure.

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

ELEVATED BUILDINGS	IS THE ENCLOSED AREA/CRAWLSPACE USED FOR ANY PURPOSE OTHER THAN SOLELY FOR PARKING OF VEHICLES, BUILDING ACCESS AND/OR STORAGE? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, DESCRIBE: _____
	DOES THE ENCLOSED AREA HAVE MORE THAN 20 LINEAR FEET OF FINISHED INTERIOR WALL, PANELING, ETC.? <input type="checkbox"/> YES <input type="checkbox"/> NO

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.

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

5. Flood Openings

ELEVATED BUILDINGS	5. FLOOD OPENINGS
	IS THE ENCLOSED AREA/CRAWLSPACE CONSTRUCTED WITH OPENINGS (EXCLUDING DOORS) TO ALLOW THE PASSAGE OF FLOODWATERS THROUGH THE ENCLOSED AREA? <input type="checkbox"/> YES <input type="checkbox"/> NO
	IF YES, INDICATE NUMBER OF PERMANENT FLOOD OPENINGS WITHIN 1 FOOT ABOVE ADJACENT GRADE: _____
	TOTAL AREA OF ALL PERMANENT FLOOD OPENINGS: _____ SQUARE INCHES.
	ARE FLOOD OPENINGS ENGINEERED? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, SUBMIT CERTIFICATION.

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 exterior 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.

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

For further guidance, refer to the Proper Opening Requirements in the Lowest Floor Guide (LFG) section of this manual.

B. Manufactured (Mobile) Homes/Travel Trailers (Wheels must be removed for travel trailer to be insurable.)

1. Manufactured (Mobile) Homes/Travel Trailer Data

MANUFACTURED (MOBILE) HOMES/ TRAVEL TRAILERS	NOTE: 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: _____

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

DIMENSIONS: _____ x _____ FEET
ARE THERE ANY PERMANENT ADDITIONS AND/OR EXTENSIONS? <input type="checkbox"/> YES <input type="checkbox"/> NO
IF YES, THE DIMENSIONS ARE: _____ x _____ FEET

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

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.)
<input type="checkbox"/> OVER-THE-TOP TIES <input type="checkbox"/> GROUND ANCHORS
<input type="checkbox"/> FRAME TIES <input type="checkbox"/> SLAB ANCHORS
<input type="checkbox"/> FRAME CONNECTORS
<input type="checkbox"/> 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.)
<input type="checkbox"/> MANUFACTURER'S SPECIFICATIONS
<input type="checkbox"/> LOCAL FLOODPLAIN MANAGEMENT STANDARDS
<input type="checkbox"/> STATE AND/OR LOCAL BUILDING STANDARDS

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

C. Construction Information

CONSTRUCTION INFORMATION	CHECK ONE OF THE FOLLOWING AND ENTER DATE FOR ORIGINAL CONSTRUCTION: <input type="checkbox"/> BUILDING PERMIT <input type="checkbox"/> CONSTRUCTION ____/____/____
	CHECK IF BUILDING HAS BEEN SUBSTANTIALLY IMPROVED AND ENTER DATE: <input type="checkbox"/> SUBSTANTIAL IMPROVEMENT ____/____/____
	CHECK ONE OF THE FOLLOWING FOR MANUFACTURED (MOBILE) HOMES/TRAVEL TRAILERS: <input type="checkbox"/> LOCATED OUTSIDE A MOBILE HOME PARK OR SUBDIVISION: DATE OF PERMANENT PLACEMENT
	<input type="checkbox"/> LOCATED INSIDE A MOBILE HOME PARK OR SUBDIVISION: CONSTRUCTION DATE OF MOBILE HOME PARK OR SUBDIVISION FACILITIES

• Construction Date

Enter the building construction date (month/day/year). For Pre-FIRM buildings, enter the date the building was originally constructed, even if the building has subsequently been substantially improved. For Post-FIRM buildings, enter the date the building was originally constructed, unless the building has been substantially improved. For Post-FIRM buildings that have been substantially improved, enter the date the building was substantially improved.

Select the applicable box.

NOTE: For optional rating for Pre-FIRM buildings, refer to the Rating section of this manual.

• 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.

• Substantial Improvement

Select this box if the building has been substantially improved. 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.

• 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 Inside 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.

D. Contents

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

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

E. Building Eligibility

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 NEWLY MAPPED PROCEDURE, 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) EXCLUDING ZONES AR AND A99? <input type="checkbox"/> YES <input type="checkbox"/> NO

Check YES if the building is located in an SFHA excluding Zones AR and A99; otherwise, check NO.

NOTE: If the answer to question A is YES, this risk is not eligible for the PRP, but may be eligible under the Newly Mapped procedure.

BUILDING ELIGIBILITY	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 <input type="checkbox"/> YES <input type="checkbox"/> NO
	• 3 OR MORE LOSS PAYMENTS, REGARDLESS OF AMOUNT <input type="checkbox"/> YES <input type="checkbox"/> NO
	• 2 FEDERAL DISASTER RELIEF PAYMENTS, EACH MORE THAN \$1,000 <input type="checkbox"/> YES <input type="checkbox"/> NO
	• 3 FEDERAL DISASTER RELIEF PAYMENTS, REGARDLESS OF AMOUNT <input type="checkbox"/> YES <input type="checkbox"/> NO
	• 1 FLOOD INSURANCE CLAIM PAYMENT AND 1 FLOOD DISASTER RELIEF PAYMENT (INCLUDING LOANS AND GRANTS), EACH MORE THAN \$1,000 <input type="checkbox"/> YES <input type="checkbox"/> 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 or the Newly Mapped procedure.

F. Coverage and Premium

COVERAGE AND PREMIUM	ESTIMATED BUILDING REPLACEMENT COST (INCLUDING FOUNDATION): \$ _____	
	ENTER SELECTED OPTION FOR COVERAGE LIMIT AND PREMIUM FROM THE TABLES IN THE NFIP FLOOD INSURANCE MANUAL	
	BUILDING AND CONTENTS COVERAGE COMBINATION	
	REQUESTED COVERAGE	
	BUILDING COVERAGE	\$ _____
	CONTENTS COVERAGE / CONTENTS ONLY	\$ _____
	PREMIUM CALCULATION	
	BASE PREMIUM	\$ _____
	MULTIPLIER	_____
	ADJUSTED PREMIUM	\$ _____
	ICC PREMIUM	\$ _____
	PREMIUM SUBTOTAL	\$ _____
	RESERVE FUND ASSESSMENT PERCENT	_____ %
	RESERVE FUND ASSESSMENT AMOUNT	\$ _____
	TOTAL PREMIUM	\$ _____
	FEES AND SURCHARGES	
	HFIAA SURCHARGE	\$ _____
	PROBATION SURCHARGE	\$ _____
	FEDERAL POLICY FEE	\$ _____
	TOTAL AMOUNT DUE	\$ _____
	INDICATE THE RATE TABLE USED FOR THE BASE PREMIUM: _____	
	RISK RATING METHOD: <input type="checkbox"/> 7 - PRP <input type="checkbox"/> R - NEWLY MAPPED	

Enter the replacement cost, coverage limits, and base premium amounts from the appropriate PRP premium tables in this section. Apply a multiplier of 1.00 and enter the adjusted premium.

Next, add the Increased Cost of Compliance (ICC) premium and calculate the premium subtotal. The ICC Premium is \$5 for residential coverage up to and including \$230,000 and \$4 for coverage over \$230,000. The ICC Premium is \$5 for Non-Residential Business and Other Non-Residential coverage up to and including \$480,000 and \$4 for coverage over \$480,000.

Next, in the Reserve Fund Assessment percent field, enter 15%. Determine and enter the Reserve Fund Assessment dollar amount. Then calculate the total premium.

Next, add either a \$25.00 or a \$250.00 surcharge to the premium in accordance with the Homeowner Flood Insurance Affordability Act of 2014 (HFIAA).

The HFIAA surcharge is \$25.00 for policies covering primary residences, including contents-only policies. Refer to the Primary Residence guidance in this section of the manual. For all other policies, the HFIAA surcharge is \$250.00. The HFIAA surcharge is not subject to agent commissions.

Next, add the \$50 Probation Surcharge, if applicable.

Next, enter the \$25 Federal Policy Fee, and calculate the Total Amount Due. A rating example is shown at the end of this section.

Finally, indicate the table used to determine the base premium from the appropriate PRP tables in this section, and check risk rating method "7" for a PRP.

G. Signature

SIGNATURE	<small>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.</small>	
	<small>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.</small>	
	SIGNATURE OF INSURANCE AGENT/PRODUCER _____	DATE (MM/DD/YYYY) ____/____/____
	SIGNATURE OF INSURED (OPTIONAL) _____	DATE (MM/DD/YYYY) ____/____/____

The agent/producer must sign and date Page 2 of the Preferred Risk Policy and Newly Mapped Application form 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 the application 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.

XIV. 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 and Newly Mapped Application form.

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 validate and 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).

■ XV. 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 Preferred Risk Policy and Newly Mapped Application

form, 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.

XVI. PRP RATING EXAMPLE
PREFERRED RISK POLICY, \$1,250/\$1,250 DEDUCTIBLE, ZONE X, PRIMARY RESIDENCE

Essential Data to Determine Appropriate Rates and Premium:

REGULAR PROGRAM:

- | | | | |
|--------------------------|---|---------------------------|-----------|
| • Flood Zone: | X | • Building Coverage: | \$200,000 |
| • Policy Effective Date: | 4/8/2016 | • Contents Coverage: | \$80,000 |
| • Occupancy: | Single-Family Dwelling | • Multiplier: | 1.000 |
| • Number of Floors: | 2 Floors | • ICC Premium: | \$5 |
| • Basement/Enclosure: | None | • Reserve Fund Percent | 15% |
| • Deductible: | \$1,250/\$1,250 | • Reserve Fund Assessment | \$49 |
| • Contents Location: | Lowest Floor Above Ground Level and Higher Floors | • Probation Surcharge: | N/A |
| • Date of Construction: | Post-FIRM | • HFIAA Surcharge: | |
| • Replacement Cost | \$200,000 | Primary Residence | \$25 |
| | | Federal Policy Fee | \$25 |

COVERAGE AND PREMIUM:

ESTIMATED BUILDING REPLACEMENT COST (INCLUDING FOUNDATION):

\$ _____

ENTER SELECTED OPTION FOR COVERAGE LIMIT AND PREMIUM FROM THE TABLES IN THIS MANUAL.

BUILDING AND CONTENTS COVERAGE COMBINATION

REQUESTED COVERAGE	
BUILDING COVERAGE	\$200,000
CONTENTS COVERAGE / CONTENTS ONLY	\$80,000
PREMIUM CALCULATION	
BASE PREMIUM	\$321
MULTIPLIER	1.000
ADJUSTED PREMIUM	\$321
ICC PREMIUM	\$5
PREMIUM SUBTOTAL	\$326
RESERVE FUND ASSESSMENT PERCENT	15%
RESERVE FUND ASSESSMENT AMOUNT	\$49
TOTAL PREMIUM	\$375
FEES AND SURCHARGES	
HFIAA SURCHARGE	\$25
PROBATION SURCHARGE	\$0
FEDERAL POLICY FEE	\$25
TOTAL AMOUNT DUE	\$425

PREMIUM CALCULATION:

- | | | |
|----|---|--------------|
| 1 | Enter the coverage amounts:
Building: \$200,000 / Contents: \$80,000 | |
| 2 | Select Base Premium: | \$321 |
| 3 | Apply the Multiplier: | 1.000 |
| 4 | Adjusted Premium: | \$321 |
| 5 | Add ICC Premium: | \$5 |
| 6 | Subtotal: | \$326 |
| 7 | Enter Reserve Fund Assessment Percentage: | 15% |
| 8 | Add Reserve Fund Assessment Amount: | \$49 |
| 9 | Subtotal: | \$375 |
| 10 | HFIAA Surcharge: | \$25 |
| 11 | Add Federal Policy Fee: | \$25 |
| 12 | Total Prepaid Amount: | \$425 |

INDICATE THE RATE TABLE USED FOR THE BASE PREMIUM: 3A
 RISK RATING METHOD: ☒ 7 - PRP ☐ R - NEWLY MAPPED

THIS LAYOUT OF THE REVISED FLOOD INSURANCE APPLICATION, PAGE 1 OF 2, IS PROVIDED FOR YOUR REFERENCE.
THE FINAL FORM WILL BE RELEASED UPON O.M.B. APPROVAL.

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

National Flood Insurance Program

PREFERRED RISK POLICY AND NEWLY MAPPED APPLICATION, PAGE 1 (OF 2)

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

☐ NEW ☐ RENEWAL
☐ TRANSFER (NFIP ONLY)

PRIOR POLICY #: _____

BILLING	AGENT/PRODUCER INFORMATION	PROPERTY LOCATION	DISASTER ASSISTANCE	COMMUNITY	PRIOR NFIP COVERAGE	ALL BUILDINGS	NON-ELEVATED BUILDINGS
FOR RENEWAL, BILL: <input type="checkbox"/> INSURED <input type="checkbox"/> FIRST MORTGAGEE <input type="checkbox"/> SECOND MORTGAGEE <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> OTHER (AS SPECIFIED IN THE "2ND MORTGAGEE/OTHER" BOX BELOW)	NAME AND MAILING ADDRESS OF AGENT/PRODUCER: AGENCY NO.: _____ AGENT'S TAX ID: _____ PHONE NO.: _____ FAX NO.: _____ EMAIL ADDRESS: _____	NOTE: ONE BUILDING PER POLICY — BLANKET COVERAGE NOT PERMITTED. IS INSURED PROPERTY LOCATION SAME AS INSURED'S MAILING ADDRESS? <input type="checkbox"/> YES <input type="checkbox"/> NO IF NO, ENTER PROPERTY ADDRESS: IF RURAL, ENTER LEGAL DESCRIPTION, OR GEOGRAPHIC LOCATION OF PROPERTY (DO NOT USE P.O. BOX). IDENTIFY ADDRESS TYPE: <input type="checkbox"/> STREET <input type="checkbox"/> LEGAL DESCRIPTION* <input type="checkbox"/> GEOGRAPHIC LOCATION FOR AN ADDRESS WITH MULTIPLE BUILDINGS AND/OR FOR A BUILDING WITH ADDITIONS OR EXTENSIONS, DESCRIBE THE INSURED BUILDING: _____ * LEGAL DESCRIPTION MAY BE USED ONLY WHILE A BUILDING OR SUBDIVISION IS IN THE COURSE OF CONSTRUCTION OR PRIOR TO ESTABLISHING A STREET ADDRESS.	IS INSURANCE REQUIRED FOR DISASTER ASSISTANCE? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, CHECK THE GOVERNMENT AGENCY: <input type="checkbox"/> SBA <input type="checkbox"/> FEMA <input type="checkbox"/> FHA <input type="checkbox"/> OTHER (SPECIFY): _____ CASE FILE NO.: _____	RATING MAP INFORMATION NAME OF COUNTY/PARISH: _____ COMMUNITY NO./PANEL NO. AND SUFFIX: _____ FIRM ZONE: _____ MAP DATE: ____/____/____ CURRENT MAP INFORMATION CURRENT COMMUNITY NO./PANEL NO. AND SUFFIX: _____ CURRENT FIRM ZONE: _____ CURRENT BFE: _____ MAP DATE: ____/____/____ NEWLY MAPPED INFORMATION DATE THE BUILDING WAS NEWLY MAPPED INTO THE SFHA: ____/____/____	POLICY PERIOD IS FROM ____/____/____ TO ____/____/____ 12:01 A.M. LOCAL TIME AT THE INSURED PROPERTY LOCATION. WAITING PERIOD: <input type="checkbox"/> STANDARD 30-DAY <input type="checkbox"/> REQUIRED FOR LOAN TRANSACTION — NO WAITING PERIOD <input type="checkbox"/> MAP REVISION (ZONE CHANGE FROM NON-SFHA TO SFHA) — 1 DAY <input type="checkbox"/> TRANSFER (NFIP ONLY) — NO WAITING PERIOD INDICATE THE PROPERTY PURCHASE DATE: ____/____/____ NAME AND MAILING ADDRESS OF INSURED: PHONE NO.: _____ IS THE INSURED A SMALL BUSINESS? <input type="checkbox"/> YES <input type="checkbox"/> NO IS THE INSURED A NON-PROFIT ENTITY? <input type="checkbox"/> YES <input type="checkbox"/> NO NAME AND MAILING ADDRESS OF FIRST MORTGAGEE: LOAN NO.: _____ IS INSURANCE REQUIRED UNDER MANDATORY PURCHASE? <input type="checkbox"/> YES <input type="checkbox"/> NO NAME AND MAILING ADDRESS OF: <input type="checkbox"/> 2ND MORTGAGEE <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> OTHER IF OTHER, SPECIFY: _____ LOAN NO.: _____ IS INSURANCE REQUIRED UNDER MANDATORY PURCHASE? <input type="checkbox"/> YES <input type="checkbox"/> NO COMPLETE THIS SECTION FOR PRE- AND POST-FIRM BUILDINGS LOCATED IN AN SFHA. 1. HAS THE APPLICANT HAD A PRIOR NFIP POLICY FOR THIS PROPERTY? <input type="checkbox"/> YES <input type="checkbox"/> NO 2. WAS THE POLICY REQUIRED BY THE LENDER UNDER MANDATORY PURCHASE? <input type="checkbox"/> YES <input type="checkbox"/> NO 3. IF YES, HAS THE PRIOR NFIP POLICY EVER LAPSED WHILE COVERAGE WAS REQUIRED UNDER MANDATORY PURCHASE BY THE LENDER? <input type="checkbox"/> YES <input type="checkbox"/> NO 4. IF YES, WAS THE LAPSE THE RESULT OF A COMMUNITY SUSPENSION? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, WHAT IS THE SUSPENSION DATE? ____/____/____ WHAT IS THE REINSTATEMENT DATE? ____/____/____ 5. WILL THIS POLICY BE EFFECTIVE WITHIN 180 DAYS OF THE COMMUNITY REINSTATEMENT AFTER SUSPENSION REFERRED TO IN (4) ABOVE? <input type="checkbox"/> YES <input type="checkbox"/> NO	1. BUILDING PURPOSE <input type="checkbox"/> 100% RESIDENTIAL <input type="checkbox"/> 100% NON-RESIDENTIAL <input type="checkbox"/> MIXED-USE — SPECIFY PERCENTAGE OF RESIDENTIAL USE: _____ % 2. BUILDING OCCUPANCY <input type="checkbox"/> SINGLE FAMILY <input type="checkbox"/> 2-4 FAMILY <input type="checkbox"/> OTHER RESIDENTIAL <input type="checkbox"/> NON-RESIDENTIAL BUSINESS <input type="checkbox"/> OTHER NON-RESIDENTIAL 3. IS THE BUILDING A HOUSE OF WORSHIP? <input type="checkbox"/> YES <input type="checkbox"/> NO 4. IS THE BUILDING AN AGRICULTURAL STRUCTURE? <input type="checkbox"/> YES <input type="checkbox"/> NO 5. BUILDING DESCRIPTION (CHECK ONE) <input type="checkbox"/> MAIN HOUSE <input type="checkbox"/> DETACHED GUEST HOUSE <input type="checkbox"/> DETACHED GARAGE <input type="checkbox"/> BARN <input type="checkbox"/> APARTMENT BUILDING <input type="checkbox"/> APARTMENT — UNIT <input type="checkbox"/> COOPERATIVE BUILDING <input type="checkbox"/> COOPERATIVE — UNIT <input type="checkbox"/> WAREHOUSE <input type="checkbox"/> TOOL/STORAGE SHED <input type="checkbox"/> POOLHOUSE, CLUBHOUSE, RECREATION BUILDING <input type="checkbox"/> OTHER: _____ 6. CONDOMINIUM INFORMATION IS BUILDING IN A CONDOMINIUM FORM OF OWNERSHIP? <input type="checkbox"/> YES <input type="checkbox"/> NO IS COVERAGE FOR THE ENTIRE BUILDING? <input type="checkbox"/> YES <input type="checkbox"/> NO TOTAL NUMBER OF UNITS: _____ <input type="checkbox"/> HIGH-RISE <input type="checkbox"/> LOW-RISE IS COVERAGE FOR A CONDOMINIUM UNIT? <input type="checkbox"/> YES <input type="checkbox"/> NO 7. ADDITIONS AND EXTENSIONS (IF APPLICABLE) DOES THE BUILDING HAVE ANY ADDITIONS OR EXTENSIONS? <input type="checkbox"/> YES <input type="checkbox"/> NO (ADDITIONS AND EXTENSIONS MAY BE SEPARATELY INSURED.) COVERAGE IS FOR: <input type="checkbox"/> BUILDING INCLUDING ADDITION(S) AND EXTENSION(S) <input type="checkbox"/> BUILDING EXCLUDING ADDITION(S) AND EXTENSION(S) PROVIDE POLICY NUMBER FOR ADDITION OR EXTENSION: _____ 8. PRIMARY RESIDENCE, RENTAL PROPERTY, TENANT'S COVERAGE IS BUILDING INSURED'S PRIMARY RESIDENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO IS BUILDING A RENTAL PROPERTY? <input type="checkbox"/> YES <input type="checkbox"/> NO IS THE INSURED A TENANT? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, IS THE TENANT REQUESTING BUILDING COVERAGE? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, SEE NOTICE IN SIGNATURE BLOCK ON PAGE 2. 9. BUILDING INFORMATION IS 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 10. IS BUILDING LOCATED ON FEDERAL LAND? <input type="checkbox"/> YES <input type="checkbox"/> NO IS BUILDING A SEVERE REPETITIVE LOSS PROPERTY? <input type="checkbox"/> YES <input type="checkbox"/> NO 11. IS BUILDING ELEVATED? <input type="checkbox"/> YES <input type="checkbox"/> NO 12. BASEMENT, ENCLOSURE, CRAWLSPACE <input type="checkbox"/> NONE <input type="checkbox"/> FINISHED BASEMENT/ENCLOSURE <input type="checkbox"/> CRAWLSPACE <input type="checkbox"/> UNFINISHED BASEMENT/ENCLOSURE <input type="checkbox"/> SUBGRADE CRAWLSPACE IS THE BASEMENT/SUBGRADE CRAWLSPACE FLOOR BELOW GRADE ON ALL SIDES? <input type="checkbox"/> YES <input type="checkbox"/> NO 13. NUMBER OF FLOORS IN BUILDING (INCLUDING BASEMENT/ENCLOSED AREA, IF ANY) OR BUILDING TYPE <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 OR MORE <input type="checkbox"/> SPLIT LEVEL <input type="checkbox"/> TOWNHOUSE/ROWHOUSE (RCBAP LOW-RISE ONLY) <input type="checkbox"/> MANUFACTURED (MOBILE) HOME/TRAVEL TRAILER ON FOUNDATION	1. GARAGE IS A GARAGE ATTACHED TO THE BUILDING? <input type="checkbox"/> YES <input type="checkbox"/> NO TOTAL NET AREA OF THE GARAGE: _____ SQUARE FEET. ARE THERE ANY OPENINGS (EXCLUDING DOORS) THAT ARE DESIGNED TO ALLOW THE PASSAGE OF FLOODWATERS THROUGH THE GARAGE? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, NUMBER OF PERMANENT FLOOD OPENINGS WITHIN 1 FOOT ABOVE THE ADJACENT GRADE: _____ TOTAL AREA OF ALL PERMANENT OPENINGS: _____ SQUARE INCHES. IS THE GARAGE USED SOLELY FOR PARKING OF VEHICLES, BUILDING ACCESS, AND/OR STORAGE? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, DOES THE GARAGE CONTAIN MACHINERY AND/OR EQUIPMENT? <input type="checkbox"/> YES <input type="checkbox"/> NO 2. BASEMENT/SUBGRADE CRAWLSPACE DOES THE BASEMENT/SUBGRADE CRAWLSPACE CONTAIN MACHINERY AND/OR EQUIPMENT? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, SELECT THE VALUE BELOW: <input type="checkbox"/> UP TO \$10,000 <input type="checkbox"/> \$10,001 TO \$20,000 <input type="checkbox"/> IF GREATER THAN \$20,000 — INDICATE THE AMOUNT: _____ DOES THE BASEMENT/SUBGRADE CRAWLSPACE CONTAIN A WASHER, DRYER OR FOOD FREEZER? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, SELECT THE VALUE BELOW: <input type="checkbox"/> UP TO \$5,000 <input type="checkbox"/> \$5,001 TO \$10,000 <input type="checkbox"/> IF GREATER THAN \$10,000 — INDICATE THE AMOUNT: _____

N F I P C O P Y

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

THIS LAYOUT OF THE REVISED PRP AND NEWLY MAPPED APPLICATION, PAGE 2 OF 2, IS PROVIDED FOR YOUR REFERENCE.
THE FINAL FORM WILL BE RELEASED UPON O.M.B. APPROVAL.

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

National Flood Insurance Program

PREFERRED RISK POLICY AND
NEWLY MAPPED APPLICATION, PAGE 2 (OF 2)

IMPORTANT—PLEASE PRINT OR TYPE; ENTER DATES AS MM/DD/YYYY.
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 (N/FIP ONLY)
PRIOR POLICY #: _____

ELEVATED BUILDINGS (INCLUDING MANUFACTURED (MOBILE) HOMES/TRAVEL TRAILERS)

1. IF THE BUILDING IS ELEVATED, IS THE AREA BELOW
☐ FREE OF OBSTRUCTION
☐ WITH OBSTRUCTION

2. ELEVATING FOUNDATION TYPE

☐ PIERS, POSTS, OR PILES
☐ REINFORCED MASONRY PIERS OR CONCRETE PIERS OR COLUMNS
☐ REINFORCED CONCRETE SHEAR WALLS
☐ WOOD SHEAR WALLS
☐ SOLID FOUNDATION WALLS

3. MACHINERY AND/OR EQUIPMENT

DOES THE AREA BELOW THE ELEVATED FLOOR CONTAIN MACHINERY AND/OR EQUIPMENT? ☐ YES ☐ NO
IF YES, SELECT THE VALUE BELOW:
☐ UP TO \$10,000
☐ \$10,001 TO \$20,000
☐ IF GREATER THAN \$20,000 - INDICATE THE AMOUNT: _____

DOES THE AREA BELOW THE ELEVATED FLOOR CONTAIN A WASHER, DRYER OR FOOD FREEZER? ☐ YES ☐ NO
IF YES, SELECT THE VALUE BELOW:
☐ UP TO \$5,000
☐ \$5,001 TO \$10,000
☐ IF GREATER THAN \$10,000 - INDICATE THE AMOUNT: _____

4. AREA BELOW THE ELEVATED FLOOR

IS THE AREA BELOW THE ELEVATED FLOOR ENCLOSED? ☐ YES ☐ NO
IF YES, CHECK ONE OF THE FOLLOWING:
☐ FULLY ☐ PARTIALLY

IS THERE A GARAGE? (CHECK ONE)

☐ NO GARAGE
☐ BENEATH THE LIVING SPACE
☐ NEXT TO THE LIVING SPACE

DOES THE AREA BELOW THE ELEVATED FLOOR CONTAIN ELEVATORS? ☐ YES ☐ NO
IF YES, HOW MANY? _____

IF THE ANSWER TO ANY OF THE QUESTIONS REGARDING THE AREA BELOW THE ELEVATED FLOOR IS YES, OR THERE IS A GARAGE, ANSWER ALL THE FOLLOWING.

INDICATE MATERIAL USED FOR ENCLOSURE:

☐ INSECT SCREENING
☐ LIGHT WOOD LATTICE
☐ SOLID WOOD FRAME WALLS (BREAKAWAY)
☐ SOLID WOOD FRAME WALLS (NON-BREAKAWAY)
☐ MASONRY WALLS (IF BREAKAWAY, SUBMIT CERTIFICATION DOCUMENTATION)
☐ MASONRY WALLS (NON-BREAKAWAY)
☐ OTHER (DESCRIBE): _____

IF ENCLOSED WITH A MATERIAL OTHER THAN INSECT SCREENING OR LIGHT WOOD LATTICE, PROVIDE THE SIZE OF ENCLOSED AREA:
_____ SQUARE FEET

IS THE ENCLOSED AREA/CRAWLSPACE USED FOR ANY PURPOSE OTHER THAN SOLELY FOR PARKING OF VEHICLES, BUILDING ACCESS AND/OR STORAGE? ☐ YES ☐ NO

IF YES, DESCRIBE:

DOES THE ENCLOSED AREA HAVE MORE THAN 20 LINEAR FEET OF FINISHED INTERIOR WALL, PANELING, ETC.? ☐ YES ☐ NO

5. FLOOD OPENINGS

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.

ARE FLOOD OPENINGS ENGINEERED? ☐ YES ☐ NO
IF YES, SUBMIT CERTIFICATION.

NOTE: 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: _____ x _____ FEET

ARE THERE ANY PERMANENT ADDITIONS AND/OR EXTENSIONS? ☐ YES ☐ NO

IF YES, THE DIMENSIONS ARE: _____ x _____ 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

CHECK ONE OF THE FOLLOWING AND ENTER DATE FOR ORIGINAL CONSTRUCTION:

☐ BUILDING PERMIT ☐ CONSTRUCTION _____/_____/_____

CHECK IF BUILDING HAS BEEN SUBSTANTIALLY IMPROVED AND ENTER DATE:

☐ SUBSTANTIAL IMPROVEMENT _____/_____/_____

CHECK ONE OF THE FOLLOWING FOR MANUFACTURED (MOBILE) HOMES/TRAVEL TRAILERS:

☐ LOCATED OUTSIDE A MOBILE HOME PARK OR SUBDIVISION: DATE OF PERMANENT PLACEMENT
☐ LOCATED INSIDE A MOBILE HOME PARK OR SUBDIVISION: CONSTRUCTION DATE OF MOBILE HOME PARK OR SUBDIVISION FACILITIES

CONTENTS LOCATED IN:*

☐ BASEMENT/ENCLOSURE ☐ 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

IS PERSONAL PROPERTY HOUSEHOLD CONTENTS? ☐ YES ☐ NO

IF NO, DESCRIBE: _____

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

THE PREFERRED RISK POLICY (PRP) IS ONLY AVAILABLE IF ALL ANSWERS TO QUESTIONS A AND B ARE NO, EXCEPT FOR BUILDINGS ELIGIBLE UNDER THE NEWLY MAPPED PROCEDURE, 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) EXCLUDING ZONES AR AND A99? ☐ 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

ESTIMATED BUILDING REPLACEMENT COST (INCLUDING FOUNDATION):

\$ _____

ENTER SELECTED OPTION FOR COVERAGE LIMIT AND PREMIUM FROM THE TABLES IN THE NFIP FLOOD INSURANCE MANUAL

BUILDING AND CONTENTS COVERAGE COMBINATION

REQUESTED COVERAGE	
BUILDING COVERAGE	\$
CONTENTS COVERAGE / CONTENTS ONLY	\$
PREMIUM CALCULATION	
BASE PREMIUM	\$
MULTIPLIER	
ADJUSTED PREMIUM	\$
ICC PREMIUM	\$
PREMIUM SUBTOTAL	\$
RESERVE FUND ASSESSMENT PERCENT	%
RESERVE FUND ASSESSMENT AMOUNT	\$
TOTAL PREMIUM	\$
FEES AND SURCHARGES	
HFIAA SURCHARGE	\$
PROBATION SURCHARGE	\$
FEDERAL POLICY FEE	\$
TOTAL AMOUNT DUE	\$

INDICATE THE RATE TABLE USED FOR THE BASE PREMIUM: _____

RISK RATING METHOD: ☐ 7 - PRP ☐ R - NEWLY MAPPED

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.

SIGNATURE OF INSURANCE AGENT/PRODUCER

DATE (MM/DD/YYYY) _____

SIGNATURE OF INSURED (OPTIONAL)

DATE (MM/DD/YYYY) _____

PLEASE SUBMIT TOTAL AMOUNT DUE AND ALL REQUIRED CERTIFICATIONS WITH THE NFIP COPY OF THIS APPLICATION.
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PREFERRED RISK POLICY AND NEWLY MAPPED 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.

