

Appendix B: Forms

I. NFIP Flood Insurance Application

| U.S. DEPARTMENT OF HOMELAND SECURITY FEDERAL EMERGENCY MANAGEMENT AGENCY National Flood Insurance Program FLOOD INSURANCE APPLICATION, PAGE 1 (OF 2) | | O.M.B. No. 1660-0006 Expires April 30, 2020 | |
|--|--|--|---|
| IMPORTANT—PLEASE PRINT OR TYPE; ENTER DATES AS MM/DD/YYYY. | | <input type="checkbox"/> NEW <input type="checkbox"/> RENEWAL <input type="checkbox"/> TRANSFER (NFIP ONLY) PRIOR POLICY #: _____ | |
| BILLING | FOR RENEWAL, BILL: <input type="checkbox"/> INSURED <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> FIRST MORTGAGEE <input type="checkbox"/> OTHER (AS SPECIFIED IN THE "2ND MORTGAGEE/OTHER" BOX BELOW) <input type="checkbox"/> SECOND MORTGAGEE | POLICY PERIOD | POLICY PERIOD IS FROM ____/____/____ TO ____/____/____ 12:01 A.M. LOCAL TIME AT THE INSURED PROPERTY LOCATION. WAITING PERIOD: <input type="checkbox"/> STANDARD 30-DAY <input type="checkbox"/> REQUIRED FOR LOAN TRANSACTION – NO WAITING PERIOD <input type="checkbox"/> MAP REVISION (ZONE CHANGE FROM NON-SFHA TO SFHA) – 1 DAY <input type="checkbox"/> TRANSFER (NFIP ONLY) – NO WAITING PERIOD INDICATE THE PROPERTY PURCHASE DATE: ____/____/____ |
| AGENT/PRODUCER INFORMATION | NAME AND MAILING ADDRESS OF AGENT/PRODUCER: AGENCY NO.: _____ AGENT'S TAX ID: _____ PHONE NO.: _____ FAX NO.: _____ EMAIL ADDRESS: _____ | INSURED INFORMATION | NAME AND MAILING ADDRESS OF INSURED: PHONE NO.: _____ 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 |
| 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. | 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 |
| DISASTER ASSISTANCE | IS INSURANCE REQUIRED FOR DISASTER ASSISTANCE? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, CHECK THE GOVERNMENT AGENCY: <input type="checkbox"/> SBA <input type="checkbox"/> FEMA <input type="checkbox"/> FHA <input type="checkbox"/> OTHER (SPECIFY): _____ CASE FILE NO.: _____ | 2ND MORTGAGEE/OTHER | NAME AND MAILING ADDRESS OF: <input type="checkbox"/> 2ND MORTGAGEE <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> OTHER IF OTHER, SPECIFY: _____ LOAN NO.: _____ IS INSURANCE REQUIRED UNDER MANDATORY PURCHASE? <input type="checkbox"/> YES <input type="checkbox"/> NO |
| COMMUNITY | GRANDFATHERING INFORMATION GRANDFATHERED? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, <input type="checkbox"/> BUILT IN COMPLIANCE OR <input type="checkbox"/> CONTINUOUS COVERAGE (PROVIDE PRIOR POLICY NUMBER IN BOX ABOVE) RATING MAP INFORMATION NAME OF COUNTY/PARISH: _____ COMMUNITY NO./PANEL NO. AND SUFFIX: _____ FIRM ZONE: _____ MAP DATE: ____/____/____ COMMUNITY PROGRAM TYPE IS: <input type="checkbox"/> REGULAR <input type="checkbox"/> EMERGENCY CURRENT MAP INFORMATION CURRENT COMMUNITY NO./PANEL NO. AND SUFFIX: _____ CURRENT FIRM ZONE: _____ CURRENT BFE: _____ MAP DATE: ____/____/____ | PRIOR NFIP COVERAGE | COMPLETE THIS SECTION ONLY FOR PRE-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 |
| 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: ____% 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 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 11. IS BUILDING A SEVERE REPETITIVE LOSS PROPERTY? <input type="checkbox"/> YES <input type="checkbox"/> NO 12. IS BUILDING ELEVATED? <input type="checkbox"/> YES <input type="checkbox"/> NO 13. 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 14. 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: _____ | |
| 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 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: _____ | | |

FEMA Form 086-0-1 Previously FEMA Form 81-16 F050 (FEB 2015)

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

ONLINE

The NFIP Flood Insurance Application, FEMA Form 086-0-1, is available at
<https://www.fema.gov/media-library/assets/documents/154>

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

O.M.B. No. 1660-0006 Expires April 30, 2020

National Flood Insurance Program

FLOOD INSURANCE APPLICATION, PAGE 2 (OF 2)

| <p>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.</p> | | <div style="border: 1px solid black; padding: 5px;"> <input type="checkbox"/> NEW <input type="checkbox"/> RENEWAL <input type="checkbox"/> TRANSFER (NFIP ONLY) PRIOR POLICY #: _____ </div> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|--|---|--------------------|---------------------------|--|----------------|----------|--|------------------------------|--|------------|---------------|----------------------|------|----------------|---------------------|---------------------|----------------|-----------------|--|--------------------|--|-------------------------|-----------|--|-----|-----|-----|----------|--|--|--|-----|--|--|-----|-----|-----|
| ELEVATED BUILDINGS | <p>ELEVATED BUILDINGS (INCLUDING MANUFACTURED (MOBILE) HOMES/TRAVEL TRAILERS)</p> <p>1. IF THE BUILDING IS ELEVATED, IS THE AREA BELOW</p> <p><input type="checkbox"/> FREE OF OBSTRUCTION <input type="checkbox"/> WITH OBSTRUCTION</p> <p>2. ELEVATING FOUNDATION TYPE</p> <p><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</p> <p>3. MACHINERY AND/OR EQUIPMENT</p> <p>DOES THE AREA BELOW THE ELEVATED FLOOR CONTAIN MACHINERY AND/OR EQUIPMENT? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>IF YES, SELECT THE VALUE BELOW:</p> <p><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: _____</p> | <p>DOES THE AREA BELOW THE ELEVATED FLOOR CONTAIN A WASHER, DRYER OR FOOD FREEZER? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>IF YES, SELECT THE VALUE BELOW:</p> <p><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: _____</p> <p>4. AREA BELOW THE ELEVATED FLOOR</p> <p>IS THE AREA BELOW THE ELEVATED FLOOR ENCLOSED? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>IF YES, CHECK ONE OF THE FOLLOWING:</p> <p><input type="checkbox"/> FULLY <input type="checkbox"/> PARTIALLY</p> <p>IS THERE A GARAGE? (CHECK ONE)</p> <p><input type="checkbox"/> NO GARAGE <input type="checkbox"/> BENEATH THE LIVING SPACE <input type="checkbox"/> NEXT TO THE LIVING SPACE</p> <p>DOES THE AREA BELOW THE ELEVATED FLOOR CONTAIN ELEVATORS? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>IF YES, HOW MANY? _____</p> | <p>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.</p> <p>INDICATE MATERIAL USED FOR ENCLOSURE:</p> <p><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): _____</p> <p>IF ENCLOSED WITH A MATERIAL OTHER THAN INSECT SCREENING OR LIGHT WOOD LATTICE, PROVIDE THE SIZE OF ENCLOSED AREA:</p> <p>_____ SQUARE FEET</p> <p>IS THE ENCLOSED AREA/CRAWLSPACE USED FOR ANY PURPOSE OTHER THAN SOLELY FOR</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| MANUFACTURED (MOBILE) HOMES/TRAVEL TRAILERS | <p>NOTE: WHEELS MUST BE REMOVED FOR TRAVEL TRAILER TO BE INSURABLE.</p> <p>1. MANUFACTURED (MOBILE) HOME/TRAVEL TRAILER DATA</p> <p>YEAR OF MANUFACTURE: _____</p> <p>MAKE: _____</p> <p>MODEL NUMBER: _____</p> <p>SERIAL NUMBER: _____</p> <p>DIMENSIONS: _____ x _____ FEET</p> <p>ARE THERE ANY PERMANENT ADDITIONS AND/OR EXTENSIONS? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>IF YES, THE DIMENSIONS ARE: _____ x _____ FEET</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CONSTRUCTION INFORMATION | <p>2. ANCHORING</p> <p>THE MANUFACTURED (MOBILE) HOME/TRAVEL TRAILER ANCHORING SYSTEM UTILIZES: (CHECK ALL THAT APPLY.)</p> <p><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): _____</p> <p>3. INSTALLATION</p> <p>THE MANUFACTURED (MOBILE) HOME/TRAVEL TRAILER WAS INSTALLED IN ACCORDANCE WITH: (CHECK ALL THAT APPLY.)</p> <p><input type="checkbox"/> MANUFACTURER'S SPECIFICATIONS <input type="checkbox"/> LOCAL FLOODPLAIN MANAGEMENT STANDARDS <input type="checkbox"/> STATE AND/OR LOCAL BUILDING STANDARDS</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CONTENTS | <p>CONTENTS LOCATED IN:*</p> <p><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</p> <p>IS PERSONAL PROPERTY HOUSEHOLD CONTENTS? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>IF NO, DESCRIBE: _____</p> <p>*IF SINGLE FAMILY, CONTENTS ARE RATED THROUGHOUT THE BUILDING.</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ELEVATION DATA | <p>IS BUILDING POST-FIRM CONSTRUCTION? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>(IF POST-FIRM CONSTRUCTION IN ZONES A1-A30, AE, AO, AH, V, V1-V30, VE, OR IF PRE-FIRM CONSTRUCTION IS ELEVATION RATED, ATTACH ELEVATION CERTIFICATE.)</p> <p>ELEVATION CERTIFICATION DATE: ____/____/____</p> <p>BUILDING DIAGRAM NO.: _____ LOWEST ADJACENT GRADE (LAG): _____</p> <p>LOWEST FLOOR ELEVATION: _____ (-) BASE FLOOD ELEVATION: _____ (-) DIFFERENCE TO NEAREST FOOT: _____ (+ OR -)</p> <p>IN ZONES V AND V1-V30 ONLY, DOES BASE FLOOD ELEVATION INCLUDE EFFECTS OF WAVE ACTION? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>IS BUILDING FLOODPROOFED? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>(SEE THE NFIP FLOOD INSURANCE MANUAL FOR CERTIFICATION REQUIREMENTS.)</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| COVERAGE AND RATING | <p>ESTIMATED BUILDING REPLACEMENT COST (INCLUDING FOUNDATION): \$ _____ DEDUCTIBLE: BUILDING \$ _____ CONTENTS \$ _____</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2">INSURANCE COVERAGE</th> <th rowspan="2">TOTAL AMOUNT OF INSURANCE</th> <th colspan="3">BASIC LIMITS</th> <th colspan="3">ADDITIONAL LIMITS (REGULAR PROGRAM ONLY)</th> <th rowspan="2">DEDUCTIBLE</th> <th rowspan="2">TOTAL PREMIUM</th> </tr> <tr> <th>AMOUNT OF INSURANCE</th> <th>RATE</th> <th>ANNUAL PREMIUM</th> <th>AMOUNT OF INSURANCE</th> <th>RATE</th> <th>ANNUAL PREMIUM</th> </tr> </thead> <tbody> <tr> <td>BUILDING</td> <td></td> <td></td> <td></td> <td>.00</td> <td></td> <td></td> <td>.00</td> <td>.00</td> <td>.00</td> </tr> <tr> <td>CONTENTS</td> <td></td> <td></td> <td></td> <td>.00</td> <td></td> <td></td> <td>.00</td> <td>.00</td> <td>.00</td> </tr> </tbody> </table> <p>RATE CATEGORY: <input type="checkbox"/> MANUAL <input type="checkbox"/> SUBMIT FOR RATE <input type="checkbox"/> PROVISIONAL RATING</p> <p>INDICATE THE RATE TABLE USED: _____</p> <p>PAYMENT METHOD: <input type="checkbox"/> CHECK <input type="checkbox"/> CREDIT CARD <input type="checkbox"/> OTHER: _____</p> | | | INSURANCE COVERAGE | TOTAL AMOUNT OF INSURANCE | BASIC LIMITS | | | ADDITIONAL LIMITS (REGULAR PROGRAM ONLY) | | | DEDUCTIBLE | TOTAL PREMIUM | AMOUNT OF INSURANCE | RATE | ANNUAL PREMIUM | AMOUNT OF INSURANCE | RATE | ANNUAL PREMIUM | BUILDING | | | | .00 | | | .00 | .00 | .00 | CONTENTS | | | | .00 | | | .00 | .00 | .00 |
| INSURANCE COVERAGE | TOTAL AMOUNT OF INSURANCE | BASIC LIMITS | | | | ADDITIONAL LIMITS (REGULAR PROGRAM ONLY) | | | DEDUCTIBLE | TOTAL PREMIUM | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | AMOUNT OF INSURANCE | RATE | ANNUAL PREMIUM | AMOUNT OF INSURANCE | RATE | ANNUAL PREMIUM | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| BUILDING | | | | .00 | | | .00 | .00 | .00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CONTENTS | | | | .00 | | | .00 | .00 | .00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SIGNATURE | <p>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.</p> <p>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.</p> <p>SIGNATURE OF INSURANCE AGENT/PRODUCER: _____ DATE (MM/DD/YYYY): _____</p> <p>SIGNATURE OF INSURED (OPTIONAL): _____ DATE (MM/DD/YYYY): _____</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>ANNUAL SUBTOTAL</td><td>\$</td></tr> <tr><td>ICC PREMIUM</td><td></td></tr> <tr><td>SUBTOTAL</td><td></td></tr> <tr><td>CRS PREMIUM DISCOUNT _____ %</td><td></td></tr> <tr><td>SUBTOTAL</td><td></td></tr> <tr><td>RESERVE FUND _____ %</td><td></td></tr> <tr><td>SUBTOTAL</td><td></td></tr> <tr><td>PROBATION SURCHARGE</td><td></td></tr> <tr><td>HFIAA SURCHARGE</td><td></td></tr> <tr><td>FEDERAL POLICY FEE</td><td></td></tr> <tr><td>TOTAL AMOUNT DUE</td><td>\$</td></tr> </table> | | | ANNUAL SUBTOTAL | \$ | ICC PREMIUM | | SUBTOTAL | | CRS PREMIUM DISCOUNT _____ % | | SUBTOTAL | | RESERVE FUND _____ % | | SUBTOTAL | | PROBATION SURCHARGE | | HFIAA SURCHARGE | | FEDERAL POLICY FEE | | TOTAL AMOUNT DUE | \$ | | | | | | | | | | | | | | |
| ANNUAL SUBTOTAL | \$ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ICC PREMIUM | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SUBTOTAL | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CRS PREMIUM DISCOUNT _____ % | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SUBTOTAL | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RESERVE FUND _____ % | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SUBTOTAL | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| PROBATION SURCHARGE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| HFIAA SURCHARGE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| FEDERAL POLICY FEE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| TOTAL AMOUNT DUE | \$ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FEMA Form 086-0-1

Previously FEMA Form 81-16

F-050 (FEB 2015)

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**

National Flood Insurance Program

FLOOD INSURANCE APPLICATION
FEMA FORM 086-0-1

NONDISCRIMINATION

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

PRIVACY ACT

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

GENERAL

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

AUTHORITY

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

PAPERWORK BURDEN DISCLOSURE NOTICE

Public reporting burden for this form is estimated to average 12 minutes per response. The burden estimate includes the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and submitting the form. This collection of information is required to obtain or retain benefits. You are not required to respond to this collection of information unless a valid OMB control number is displayed in the upper right corner of this form. Send comments regarding the accuracy of the burden estimate and any suggestions for reducing the burden to: Information Collections Management, Department of Homeland Security, Federal Emergency Management Agency, 500 C Street SW, Washington, DC 20742, Paperwork Reduction Project (1660-0033).

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

II. NFIP Preferred Risk Policy and Newly Mapped Policy Application

| U.S. DEPARTMENT OF HOMELAND SECURITY FEDERAL EMERGENCY MANAGEMENT AGENCY | | | O.M.B. No. 1660-0006 Expires April 30, 2020 | | |
|--|--|--|--|--|--|
| 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. | | | <input type="checkbox"/> NEW <input type="checkbox"/> RENEWAL <input type="checkbox"/> TRANSFER (NFIP ONLY) PRIOR POLICY #: _____ | | |
| BILLING | FOR RENEWAL, BILL: <input type="checkbox"/> INSURED <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> FIRST MORTGAGEE <input type="checkbox"/> OTHER (AS SPECIFIED IN THE "2ND MORTGAGEE/OTHER" BOX BELOW) <input type="checkbox"/> SECOND MORTGAGEE | | POLICY PERIOD 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 AGENT/PRODUCER: AGENCY NO.: _____ AGENT'S TAX ID: _____ PHONE NO.: _____ FAX NO.: _____ EMAIL ADDRESS: _____ | | NAME AND MAILING ADDRESS OF INSURED: PHONE NO.: _____ | | |
| AGENT/PRODUCER INFORMATION | 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 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 | | |
| | 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.: _____ | | NAME AND MAILING ADDRESS OF FIRST MORTGAGEE: LOAN NO.: _____ IS INSURANCE REQUIRED UNDER MANDATORY PURCHASE? <input type="checkbox"/> YES <input type="checkbox"/> NO | | |
| PROPERTY LOCATION | 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.: _____ | | 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 | | |
| | 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: ____/____/____ | | 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 | | |
| DISASTER ASSISTANCE | 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: ____/____/____ | | 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 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. ADDITION OR EXTENSION ONLY (INCLUDE DESCRIPTION IN THE PROPERTY LOCATION BOX ABOVE). PROVIDE POLICY NUMBER FOR BUILDING EXCLUDING ADDITION(S) OR EXTENSION(S): _____ 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. 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 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 | | 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: _____ | | |
| 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: _____ % 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 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. ADDITION OR EXTENSION ONLY (INCLUDE DESCRIPTION IN THE PROPERTY LOCATION BOX ABOVE). PROVIDE POLICY NUMBER FOR BUILDING EXCLUDING ADDITION(S) OR EXTENSION(S): _____ 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. 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 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 | | 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: _____ | | |
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| 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 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: _____ | | 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: _____ | | |

FEMA Form 086-0-5

Previously FEMA Form 81-67

F-089 (FEB 2015)

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**

ONLINE

The NFIP Preferred Risk Policy and Newly Mapped Application, FEMA Form 086-0-5, is available at <https://www.fema.gov/media-library/assets/documents/209>

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

O.M.B. No. 1660-0006 Expires April 30, 2020

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

| | <p>IMPORTANT—PLEASE PRINT OR TYPE; ENTER DATES AS MM/DD/YYYY.</p> <p>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.</p> | <p><input type="checkbox"/> NEW <input type="checkbox"/> RENEWAL <input type="checkbox"/> TRANSFER (NFIP ONLY)</p> <p>PRIOR POLICY #: _____</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|---|---|---|--|----|-----------------------------------|----|---------------------|--|--------------|----|------------|--|------------------|----|-------------|----|-------------------------|----|---------------------------------|---|--------------------------------|----|----------------------|----|---------------------|--|-----------------|----|---------------------|----|--------------------|----|-------------------------|
| ELEVATED BUILDINGS | <p>ELEVATED BUILDINGS (INCLUDING MANUFACTURED [MOBILE] HOMES/TRAVEL TRAILERS)</p> <ol style="list-style-type: none"> IF THE BUILDING IS ELEVATED, IS THE AREA BELOW <ul style="list-style-type: none"> <input type="checkbox"/> FREE OF OBSTRUCTION <input type="checkbox"/> WITH OBSTRUCTION ELEVATING FOUNDATION TYPE <ul style="list-style-type: none"> <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 MACHINERY AND/OR EQUIPMENT <p>DOES THE AREA BELOW THE ELEVATED FLOOR CONTAIN MACHINERY AND/OR EQUIPMENT? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>IF YES, SELECT THE VALUE BELOW:</p> <ul style="list-style-type: none"> <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: _____ | <p>DOES THE AREA BELOW THE ELEVATED FLOOR CONTAIN A WASHER, DRYER OR FOOD FREEZER? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>IF YES, SELECT THE VALUE BELOW:</p> <ul style="list-style-type: none"> <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: _____ <p>4. AREA BELOW THE ELEVATED FLOOR</p> <p>IS THE AREA BELOW THE ELEVATED FLOOR ENCLOSED? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>IF YES, CHECK ONE OF THE FOLLOWING:</p> <ul style="list-style-type: none"> <input type="checkbox"/> FULLY <input type="checkbox"/> PARTIALLY <p>IS THERE A GARAGE? (CHECK ONE)</p> <ul style="list-style-type: none"> <input type="checkbox"/> NO GARAGE <input type="checkbox"/> BENEATH THE LIVING SPACE <input type="checkbox"/> NEXT TO THE LIVING SPACE <p>DOES THE AREA BELOW THE ELEVATED FLOOR CONTAIN ELEVATORS?</p> <ul style="list-style-type: none"> <input type="checkbox"/> YES <input type="checkbox"/> NO <p>IF YES, HOW MANY? _____</p> | <p>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.</p> <p>INDICATE MATERIAL USED FOR ENCLOSURE:</p> <ul style="list-style-type: none"> <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): _____ <p>IF ENCLOSED WITH A MATERIAL OTHER THAN INSECT SCREENING OR LIGHT WOOD LATTICE, PROVIDE THE SIZE OF ENCLOSED AREA: _____ SQUARE FEET</p> <p>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</p> | <p>IF YES, DESCRIBE:</p> <p>DOES THE ENCLOSED AREA HAVE MORE THAN 20 LINEAR FEET OF FINISHED INTERIOR WALL, PANELING, ETC.? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>5. FLOOD OPENINGS</p> <p>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</p> <p>IF YES, INDICATE NUMBER OF PERMANENT FLOOD OPENINGS WITHIN 1 FOOT ABOVE ADJACENT GRADE: _____</p> <p>TOTAL AREA OF ALL PERMANENT FLOOD OPENINGS: _____ SQUARE INCHES.</p> <p>ARE FLOOD OPENINGS ENGINEERED? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>IF YES, SUBMIT CERTIFICATION.</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | MANUFACTURED (MOBILE) HOMES/ TRAVEL TRAILERS | <p>NOTE: WHEELS MUST BE REMOVED FOR TRAVEL TRAILER TO BE INSURABLE.</p> <p>1. MANUFACTURED (MOBILE) HOME/TRAVEL TRAILER DATA</p> <p>YEAR OF MANUFACTURE: _____</p> <p>MAKE: _____</p> <p>MODEL NUMBER: _____</p> <p>SERIAL NUMBER: _____</p> <p>DIMENSIONS: _____ x _____ FEET</p> <p>ARE THERE ANY PERMANENT ADDITIONS AND/OR EXTENSIONS? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>IF YES, THE DIMENSIONS ARE: _____ x _____ FEET</p> | <p>2. ANCHORING</p> <p>THE MANUFACTURED (MOBILE) HOME/TRAVEL TRAILER ANCHORING SYSTEM UTILIZES: (CHECK ALL THAT APPLY.)</p> <ul style="list-style-type: none"> <input type="checkbox"/> OVER-THE-TOPIES <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): _____ <p>3. INSTALLATION</p> <p>THE MANUFACTURED (MOBILE) HOME/TRAVEL TRAILER WAS INSTALLED IN ACCORDANCE WITH: (CHECK ALL THAT APPLY.)</p> <ul style="list-style-type: none"> <input type="checkbox"/> MANUFACTURER'S SPECIFICATIONS <input type="checkbox"/> LOCAL FLOODPLAIN MANAGEMENT STANDARDS <input type="checkbox"/> STATE AND/OR LOCAL BUILDING STANDARDS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>CONSTRUCTION INFORMATION</p> <p>CHECK ONE OF THE FOLLOWING AND ENTER DATE FOR ORIGINAL CONSTRUCTION:</p> <ul style="list-style-type: none"> <input type="checkbox"/> BUILDING PERMIT <input type="checkbox"/> CONSTRUCTION _____ / ____ / ____ <p>CHECK IF BUILDING HAS BEEN SUBSTANTIALLY IMPROVED AND ENTER DATE:</p> <ul style="list-style-type: none"> <input type="checkbox"/> SUBSTANTIAL IMPROVEMENT _____ / ____ / ____ <p>CHECK ONE OF THE FOLLOWING FOR MANUFACTURED (MOBILE) HOMES/TRAVEL TRAILERS:</p> <ul style="list-style-type: none"> <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 _____ | | <p>CONTENTS</p> <p>CONTENTS LOCATED IN:* <input type="checkbox"/> BASEMENT/ENCLOSURE AND ABOVE</p> <ul style="list-style-type: none"> <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 <p>IS PERSONAL PROPERTY HOUSEHOLD CONTENTS? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>IF NO, DESCRIBE: _____</p> <p>*IF SINGLE FAMILY, CONTENTS ARE RATED THROUGHOUT THE BUILDING.</p> | COVERAGE AND PREMIUM | <p>BUILDING ELIGIBILITY</p> <p>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.</p> <p>ANSWER THE FOLLOWING TO DETERMINE A BUILDING'S ELIGIBILITY FOR A PRP:</p> <p>A) IS THE BUILDING LOCATED IN A SPECIAL FLOOD HAZARD AREA (SFHA) EXCLUDING ZONES AR AND A997? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>B) DO ANY OF THE FOLLOWING CONDITIONS, ARISING FROM 1 OR MORE OCCURRENCES IN ANY 10-YEAR PERIOD, EXIST?</p> <ul style="list-style-type: none"> • 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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>ESTIMATED BUILDING REPLACEMENT COST (INCLUDING FOUNDATION):</p> <p>\$ _____</p> <p>ENTER SELECTED OPTION FOR COVERAGE LIMIT AND PREMIUM FROM THE TABLES IN THE NFIP FLOOD INSURANCE MANUAL</p> <p>BUILDING AND CONTENTS COVERAGE COMBINATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2">REQUESTED COVERAGE</th> </tr> </thead> <tbody> <tr> <td>BUILDING COVERAGE</td> <td>\$</td> </tr> <tr> <td>CONTENTS COVERAGE / CONTENTS ONLY</td> <td>\$</td> </tr> <tr> <th colspan="2">PREMIUM CALCULATION</th> </tr> <tr> <td>BASE PREMIUM</td> <td>\$</td> </tr> <tr> <td>MULTIPLIER</td> <td></td> </tr> <tr> <td>ADJUSTED PREMIUM</td> <td>\$</td> </tr> <tr> <td>ICC PREMIUM</td> <td>\$</td> </tr> <tr> <td>PREMIUM SUBTOTAL</td> <td>\$</td> </tr> <tr> <td>RESERVE FUND ASSESSMENT PERCENT</td> <td>%</td> </tr> <tr> <td>RESERVE FUND ASSESSMENT AMOUNT</td> <td>\$</td> </tr> <tr> <td>TOTAL PREMIUM</td> <td>\$</td> </tr> <tr> <th colspan="2">FEES AND SURCHARGES</th> </tr> <tr> <td>HFAIA SURCHARGE</td> <td>\$</td> </tr> <tr> <td>PROBATION SURCHARGE</td> <td>\$</td> </tr> <tr> <td>FEDERAL POLICY FEE</td> <td>\$</td> </tr> <tr> <td>TOTAL AMOUNT DUE</td> <td>\$</td> </tr> </tbody> </table> <p>INDICATE THE RATE TABLE USED FOR THE BASE PREMIUM: _____</p> <p>RISK RATING METHOD: <input type="checkbox"/> 7 - PRP <input type="checkbox"/> R - NEWLY MAPPED</p> | 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 | | HFAIA SURCHARGE | \$ | PROBATION SURCHARGE | \$ | FEDERAL POLICY FEE | \$ | TOTAL AMOUNT DUE |
| 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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| HFAIA SURCHARGE | \$ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| PROBATION SURCHARGE | \$ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| FEDERAL POLICY FEE | \$ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| TOTAL AMOUNT DUE | \$ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SIGNATURE | <p>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.</p> <p>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.</p> <p>SIGNATURE OF INSURANCE AGENT/PRODUCER _____ DATE (MM/DD/YYYY) _____</p> <p>SIGNATURE OF INSURED (OPTIONAL) _____ DATE (MM/DD/YYYY) _____</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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**

National Flood Insurance Program

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, 500 C Street SW, Washington, DC 20742, Paperwork Reduction Project (1660-0033).

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

III. NFIP Flood Insurance General Change Endorsement

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

O.M.B. No. 1660-0006
Expires April 30, 2020

National Flood Insurance Program

FLOOD INSURANCE GENERAL CHANGE ENDORSEMENT, PAGE 1 (OF 2)

FOR ALL POLICY TYPES. IMPORTANT—PLEASE PRINT OR TYPE; ENTER DATES AS MM/DD/YYYY.

POLICY #: _____

| | | | | | | |
|----------------------------|--|------------|--|---------|--|--|
| CHANGE | REASON FOR CHANGE (CHECK ALL THAT APPLY) | ASSIGNMENT | REASON FOR ASSIGNMENT: | BILLING | FOR RENEWAL, BILL: | |
| | <input type="checkbox"/> MORTGAGE <input type="checkbox"/> INCREASE COVERAGE <input type="checkbox"/> BUILDING INFORMATION <input type="checkbox"/> INSURED INFORMATION <input type="checkbox"/> OTHER (SPECIFY): _____ | | <input type="checkbox"/> MAILING ADDRESS <input type="checkbox"/> BILLING <input type="checkbox"/> AGENT/PRODUCER <input type="checkbox"/> OTHER (SPECIFY): _____ | | <input type="checkbox"/> NEW PURCHASE DATE OF PURCHASE: ____/____/____ <input type="checkbox"/> OTHER (SPECIFY): _____ | <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) |
| AGENT/PRODUCER INFORMATION | NAME AND MAILING ADDRESS OF AGENT/PRODUCER: | | POLICY PERIOD | | POLICY PERIOD IS FROM ____/____/____ TO ____/____/____ 12:01 A.M. LOCAL TIME AT THE INSURED PROPERTY LOCATION. | |
| | AGENCY NO.: _____ AGENT'S TAX ID: _____ PHONE NO.: _____ FAX NO.: _____ EMAIL ADDRESS: _____ | | WAITING PERIOD: <input type="checkbox"/> STANDARD 30-DAY <input type="checkbox"/> REQUIRED FOR LOAN TRANSACTION – NO WAITING PERIOD <input type="checkbox"/> MAP REVISION (ZONE CHANGE FROM NON-SFHA TO SFHA) – 1 DAY <input type="checkbox"/> TRANSFER (NFIP ONLY) – NO WAITING PERIOD | | | |
| PROPERTY 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 | | INSURED INFORMATION | | NAME AND MAILING ADDRESS OF INSURED: | |
| | 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. | | 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 | | | |
| COMMUNITY | GRANDFATHERING INFORMATION GRANDFATHERED? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, <input type="checkbox"/> BUILT IN COMPLIANCE OR <input type="checkbox"/> CONTINUOUS COVERAGE (PROVIDE PRIOR POLICY NUMBER IN BOX ABOVE) | | 1ST MORTGAGEE | | NAME AND MAILING ADDRESS OF FIRST MORTGAGEE: | |
| | RATING MAP INFORMATION NAME OF COUNTY/PARISH: _____ COMMUNITY NO./PANEL NO. AND SUFFIX: _____ FIRM ZONE: _____ MAP DATE: ____/____/____ COMMUNITY PROGRAM TYPE IS: <input type="checkbox"/> REGULAR <input type="checkbox"/> EMERGENCY 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: ____/____/____ | | LOAN NO.: _____ IS INSURANCE REQUIRED UNDER MANDATORY PURCHASE? <input type="checkbox"/> YES <input type="checkbox"/> NO | | | |
| 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: ____% 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"/> 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 | | 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 ELEVATED? <input type="checkbox"/> YES <input type="checkbox"/> NO 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 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 | | | | | |
| NO-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 | | 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: _____ | |

FEMA Form 086-0-3

Previously FEMA Form 81-18

F-051 (OCT 2015)

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

ONLINE

The NFIP Flood Insurance General Change Endorsement, FEMA Form 086-0-3, is available at <https://www.fema.gov/media-library/assets/documents/144>

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

O.M.B. No. 1660-0006 Expires April 30, 2020
**FLOOD INSURANCE GENERAL CHANGE
ENDORSEMENT, PAGE 2 (OF 2)**

FOR ALL POLICY TYPES. 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 ENDORSEMENT MUST BE COMPLETED FOR ALL BUILDINGS.

POLICY #: _____

| ELEVATED BUILDINGS | <p>ELEVATED BUILDINGS (INCLUDING MANUFACTURED [MOBILE] HOMES/TRAVEL TRAILERS)</p> <p>1. IF THE BUILDING IS ELEVATED, IS THE AREA BELOW</p> <p><input type="checkbox"/> FREE OF OBSTRUCTION <input type="checkbox"/> WITH OBSTRUCTION</p> <p>2. ELEVATING FOUNDATION TYPE</p> <p><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</p> <p>3. MACHINERY AND/OR EQUIPMENT</p> <p>DOES THE AREA BELOW THE ELEVATED FLOOR CONTAIN MACHINERY AND/OR EQUIPMENT? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>IF YES, SELECT THE VALUE BELOW:</p> <p><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: _____</p> | <p>DOES THE AREA BELOW THE ELEVATED FLOOR CONTAIN A WASHER, DRYER OR FOOD FREEZER? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>IF YES, SELECT THE VALUE BELOW:</p> <p><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: _____</p> <p>4. AREA BELOW THE ELEVATED FLOOR</p> <p>IS THE AREA BELOW THE ELEVATED FLOOR ENCLOSED? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>IF YES, CHECK ONE OF THE FOLLOWING:</p> <p><input type="checkbox"/> FULLY <input type="checkbox"/> PARTIALLY</p> <p>IS THERE A GARAGE? (CHECK ONE)</p> <p><input type="checkbox"/> NO GARAGE <input type="checkbox"/> BENEATH THE LIVING SPACE <input type="checkbox"/> NEXT TO THE LIVING SPACE</p> <p>DOES THE AREA BELOW THE ELEVATED FLOOR CONTAIN ELEVATORS? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>IF YES, HOW MANY? _____</p> | <p>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.</p> <p>INDICATE MATERIAL USED FOR ENCLOSURE:</p> <p><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): _____</p> <p>IF ENCLOSED WITH A MATERIAL OTHER THAN INSECT SCREENING OR LIGHT WOOD LATTICE, PROVIDE THE SIZE OF ENCLOSED AREA: _____ SQUARE FEET</p> <p>IS THE ENCLOSED AREA/CRAWLSPACE USED FOR ANY PURPOSE OTHER THAN SOLELY FOR</p> | <p>PARKING OF VEHICLES, BUILDING ACCESS AND/OR STORAGE? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>IF YES, DESCRIBE: _____</p> <p>DOES THE ENCLOSED AREA HAVE MORE THAN 20 LINEAR FEET OF FINISHED INTERIOR WALL, PANELING, ETC.? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>5. FLOOD OPENINGS</p> <p>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</p> <p>IF YES, INDICATE NUMBER OF PERMANENT FLOOD OPENINGS WITHIN 1 FOOT ABOVE ADJACENT GRADE: _____</p> <p>TOTAL AREA OF ALL PERMANENT FLOOD OPENINGS: _____ SQUARE INCHES.</p> <p>ARE FLOOD OPENINGS ENGINEERED? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>IF YES, SUBMIT CERTIFICATION.</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|---|--|---|--|---|---------|--|---------------|---------------|------|---------|--------|------|---------|----------------------|--|--|--|--|--|--|--|---------------------------|--|--|--|--|--|--|--|----------------------|--|--|--|--|--|--|--|---------------------------|--|--|--|--|--|--|--|--|----------|----------|---------|----------|----------|---------|--|---|--|--|-----------------|--|----------|--|--|-------------------|--|--|-------|--|-------------------------------|--|--|-------------------|--|--|-------------|--|----------|--|--|---|--|--|--------|--|-------------|--|--|--|--|--|--|--|----------|--|--|--|--|--|--|--|------------------------------|--|--|--|--|--|--|--|----------|--|--|--|--|--|--|--|----------------------|--|--|--|--|--|--|--|----------|--|--|--|--|--|--|--|---|--|--|--|--|--|--|--|-----------------|--|--|--|--|--|--|--|------------------|--|--|--|--|--|--|--|-----------------|--|--|--|--|--|--|--|------------------------|--|--|--|
| | <p>NOTE: WHEELS MUST BE REMOVED FOR TRAVEL TRAILER TO BE INSURABLE.</p> <p>1. MANUFACTURED (MOBILE) HOME/TRAVEL TRAILER DATA</p> <p>YEAR OF MANUFACTURE: _____</p> <p>MAKE: _____</p> <p>MODEL NUMBER: _____</p> <p>SERIAL NUMBER: _____</p> <p>DIMENSIONS: _____ x _____ FEET</p> <p>ARE THERE ANY PERMANENT ADDITIONS AND/OR EXTENSIONS? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>IF YES, THE DIMENSIONS ARE: _____ x _____ FEET</p> | <p>2. ANCHORING</p> <p>THE MANUFACTURED (MOBILE) HOME/TRAVEL TRAILER ANCHORING SYSTEM UTILIZES: (CHECK ALL THAT APPLY)</p> <p><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): _____</p> <p>3. INSTALLATION</p> <p>THE MANUFACTURED (MOBILE) HOME/TRAVEL TRAILER WAS INSTALLED IN ACCORDANCE WITH: (CHECK ALL THAT APPLY)</p> <p><input type="checkbox"/> MANUFACTURER'S SPECIFICATIONS <input type="checkbox"/> LOCAL FLOODPLAIN MANAGEMENT STANDARDS <input type="checkbox"/> STATE AND/OR LOCAL BUILDING STANDARDS</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>CONSTRUCTION INFORMATION</p> <p>CHECK ONE OF THE FOLLOWING AND ENTER DATE FOR ORIGINAL CONSTRUCTION:</p> <p><input type="checkbox"/> BUILDING PERMIT <input type="checkbox"/> CONSTRUCTION _____ / _____ / _____</p> <p>CHECK IF BUILDING HAS BEEN SUBSTANTIALLY IMPROVED AND ENTER DATE:</p> <p><input type="checkbox"/> SUBSTANTIAL IMPROVEMENT _____ / _____ / _____</p> <p>CHECK ONE OF THE FOLLOWING FOR MANUFACTURED (MOBILE) HOMES/TRAVEL TRAILERS:</p> <p><input type="checkbox"/> LOCATED OUTSIDE A MOBILE HOME PARK OR SUBDIVISION: DATE OF PERMANENT PLACEMENT _____</p> <p><input type="checkbox"/> LOCATED INSIDE A MOBILE HOME PARK OR SUBDIVISION: CONSTRUCTION DATE OF MOBILE HOME PARK OR SUBDIVISION FACILITIES _____</p> | <p>CONTENTS</p> <p>CONTENTS LOCATED IN-*</p> <p><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</p> <p>IS PERSONAL PROPERTY HOUSEHOLD CONTENTS? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>IF NO, DESCRIBE: _____</p> <p>*IF SINGLE FAMILY, CONTENTS ARE RATED THROUGHOUT THE BUILDING.</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>ELEVATION DATA</p> <p>IS BUILDING POST-FIRM CONSTRUCTION? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>(IF POST-FIRM CONSTRUCTION IN ZONES A, 1-A30, AE, AO, AH, V, V1-V30, VE, OR IF PRE-FIRM CONSTRUCTION IS ELEVATION RATED, ATTACH ELEVATION CERTIFICATE.)</p> <p>ELEVATION CERTIFICATION DATE: _____ / _____ / _____</p> <p>BUILDING DIAGRAM NO.: _____</p> <p>LOWEST FLOOR ELEVATION: _____ (-) BASE FLOOD ELEVATION: _____ (-) DIFFERENCE TO NEAREST FOOT: _____ (+ OR -)</p> <p>IN ZONES V AND V1-V30 ONLY, DOES BASE FLOOD ELEVATION INCLUDE EFFECTS OF WAVE ACTION? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>IS BUILDING FLOODPROOFED? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>(SEE THE NFIP FLOOD INSURANCE MANUAL FOR CERTIFICATION REQUIREMENTS.)</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>COVERAGE AND RATING</p> <p>ESTIMATED BUILDING REPLACEMENT COST (INCLUDING FOUNDATION): \$ _____ DEDUCTIBLE: BUILDING \$ _____ CONTENTS \$ _____</p> <p>TO INCREASE/DECREASE COVERAGE, COMPLETE SECTIONS A & B. FOR RATE CHANGE, COMPLETE SECTION A ONLY.</p> <p>INDICATE THE RATE TABLE USED: _____ RISK RATING METHOD: 7 - PRP R - NEWLY MAPPED</p> <table border="1"> <thead> <tr> <th rowspan="2">INSURANCE COVERAGE</th> <th colspan="3">SECTION A - CURRENT LIMITS</th> <th colspan="3">SECTION B - NEW LIMITS</th> <th rowspan="2">A + B PREMIUM</th> </tr> <tr> <th>AMOUNT</th> <th>RATE</th> <th>PREMIUM</th> <th>AMOUNT</th> <th>RATE</th> <th>PREMIUM</th> </tr> </thead> <tbody> <tr> <td>BUILDING BASIC LIMIT</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>BUILDING ADDITIONAL LIMIT</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>CONTENTS BASIC LIMIT</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>CONTENTS ADDITIONAL LIMIT</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>FOR PRP AND NEWLY MAPPED ONLY, ENTER LIMITS FROM THE NFIP FLOOD INSURANCE MANUAL</td> <td>BUILDING</td> <td>CONTENTS</td> <td>PREMIUM</td> <td>BUILDING</td> <td>CONTENTS</td> <td>PREMIUM</td> <td></td> </tr> <tr> <td colspan="3">IF CHANGING AMOUNT OF INSURANCE, ENTER NEW TOTAL AMOUNT BELOW</td> <td colspan="2">PAYMENT METHOD:</td> <td colspan="2">SUBTOTAL</td> <td></td> </tr> <tr> <td colspan="3">BUILDING COVERAGE</td> <td colspan="2">CHECK</td> <td colspan="2">DEDUCTIBLE DISCOUNT/SURCHARGE</td> <td></td> </tr> <tr> <td colspan="3">CONTENTS COVERAGE</td> <td colspan="2">CREDIT CARD</td> <td colspan="2">SUBTOTAL</td> <td></td> </tr> <tr> <td colspan="3">BASIC ADDITIONAL TOTAL BASIC ADDITIONAL TOTAL</td> <td colspan="2">OTHER:</td> <td colspan="2">ICC PREMIUM</td> <td></td> </tr> <tr> <td colspan="3">IF RETURN PREMIUM, MAIL REFUND TO: <input type="checkbox"/> INSURED <input type="checkbox"/> AGENT/PRODUCER <input type="checkbox"/> PAYOR</td> <td colspan="2"></td> <td colspan="2">SUBTOTAL</td> <td></td> </tr> <tr> <td colspan="3"></td> <td colspan="2"></td> <td colspan="2">CRS PREMIUM DISCOUNT _____ %</td> <td></td> </tr> <tr> <td colspan="3"></td> <td colspan="2"></td> <td colspan="2">SUBTOTAL</td> <td></td> </tr> <tr> <td colspan="3"></td> <td colspan="2"></td> <td colspan="2">RESERVE FUND _____ %</td> <td></td> </tr> <tr> <td colspan="3"></td> <td colspan="2"></td> <td colspan="2">SUBTOTAL</td> <td></td> </tr> <tr> <td colspan="3"></td> <td colspan="2"></td> <td colspan="2">PREMIUM PREVIOUSLY PAID (Excludes Probation Surcharge/Federal Policy Fee)</td> <td></td> </tr> <tr> <td colspan="3"></td> <td colspan="2"></td> <td colspan="2">HFIAA SURCHARGE</td> <td></td> </tr> <tr> <td colspan="3"></td> <td colspan="2"></td> <td colspan="2">DIFFERENCE (+/-)</td> <td></td> </tr> <tr> <td colspan="3"></td> <td colspan="2"></td> <td colspan="2">PRO-RATA FACTOR</td> <td></td> </tr> <tr> <td colspan="3"></td> <td colspan="2"></td> <td colspan="2">TOTAL AMOUNT DUE (+/-)</td> <td></td> </tr> </tbody> </table> | INSURANCE COVERAGE | SECTION A - CURRENT LIMITS | | | SECTION B - NEW LIMITS | | | A + B PREMIUM | AMOUNT | RATE | PREMIUM | AMOUNT | RATE | PREMIUM | BUILDING BASIC LIMIT | | | | | | | | BUILDING ADDITIONAL LIMIT | | | | | | | | CONTENTS BASIC LIMIT | | | | | | | | CONTENTS ADDITIONAL LIMIT | | | | | | | | FOR PRP AND NEWLY MAPPED ONLY, ENTER LIMITS FROM THE NFIP FLOOD INSURANCE MANUAL | BUILDING | CONTENTS | PREMIUM | BUILDING | CONTENTS | PREMIUM | | IF CHANGING AMOUNT OF INSURANCE, ENTER NEW TOTAL AMOUNT BELOW | | | PAYMENT METHOD: | | SUBTOTAL | | | BUILDING COVERAGE | | | CHECK | | DEDUCTIBLE DISCOUNT/SURCHARGE | | | CONTENTS COVERAGE | | | CREDIT CARD | | SUBTOTAL | | | BASIC ADDITIONAL TOTAL BASIC ADDITIONAL TOTAL | | | OTHER: | | ICC PREMIUM | | | IF RETURN PREMIUM, MAIL REFUND TO: <input type="checkbox"/> INSURED <input type="checkbox"/> AGENT/PRODUCER <input type="checkbox"/> PAYOR | | | | | SUBTOTAL | | | | | | | | CRS PREMIUM DISCOUNT _____ % | | | | | | | | SUBTOTAL | | | | | | | | RESERVE FUND _____ % | | | | | | | | SUBTOTAL | | | | | | | | PREMIUM PREVIOUSLY PAID (Excludes Probation Surcharge/Federal Policy Fee) | | | | | | | | HFIAA SURCHARGE | | | | | | | | DIFFERENCE (+/-) | | | | | | | | PRO-RATA FACTOR | | | | | | | | TOTAL AMOUNT DUE (+/-) | | | |
| INSURANCE COVERAGE | | SECTION A - CURRENT LIMITS | | | SECTION B - NEW LIMITS | | | | A + B PREMIUM | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | AMOUNT | RATE | PREMIUM | AMOUNT | RATE | PREMIUM | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| BUILDING BASIC LIMIT | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| BUILDING ADDITIONAL LIMIT | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CONTENTS BASIC LIMIT | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CONTENTS ADDITIONAL LIMIT | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| FOR PRP AND NEWLY MAPPED ONLY, ENTER LIMITS FROM THE NFIP FLOOD INSURANCE MANUAL | BUILDING | CONTENTS | PREMIUM | BUILDING | CONTENTS | PREMIUM | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| IF CHANGING AMOUNT OF INSURANCE, ENTER NEW TOTAL AMOUNT BELOW | | | PAYMENT METHOD: | | SUBTOTAL | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| BUILDING COVERAGE | | | CHECK | | DEDUCTIBLE DISCOUNT/SURCHARGE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CONTENTS COVERAGE | | | CREDIT CARD | | SUBTOTAL | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| BASIC ADDITIONAL TOTAL BASIC ADDITIONAL TOTAL | | | OTHER: | | ICC PREMIUM | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| IF RETURN PREMIUM, MAIL REFUND TO: <input type="checkbox"/> INSURED <input type="checkbox"/> AGENT/PRODUCER <input type="checkbox"/> PAYOR | | | | | SUBTOTAL | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | CRS PREMIUM DISCOUNT _____ % | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | SUBTOTAL | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | RESERVE FUND _____ % | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | SUBTOTAL | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | PREMIUM PREVIOUSLY PAID (Excludes Probation Surcharge/Federal Policy Fee) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | HFIAA SURCHARGE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | DIFFERENCE (+/-) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | PRO-RATA FACTOR | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | TOTAL AMOUNT DUE (+/-) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>SIGNATURE</p> <p>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.</p> <p>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.</p> <p>SIGNATURE OF INSURANCE AGENT/PRODUCER _____ DATE (MM/DD/YYYY) _____</p> <p>SIGNATURE OF INSURED (IF APPLICABLE) _____ DATE (MM/DD/YYYY) _____</p> <p>SIGNATURE OF ASSIGNEE (FOR ASSIGNMENT ONLY) _____ DATE (MM/DD/YYYY) _____</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FEMA Form 086-0-3

Previously FEMA Form 81-18

F-051 (OCT 2015)

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

National Flood Insurance Program

FLOOD INSURANCE GENERAL CHANGE ENDORSEMENT
FEMA FORM 086-0-3

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 9 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, 500 C Street SW, Washington, DC 20742, Paperwork Reduction Project (1660-0033).

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

IV. NFIP Flood Insurance Cancellation/Nullification Request Form

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

O.M.B. No. 1660-0006 Expires April 30, 2020

National Flood Insurance Program

FLOOD INSURANCE CANCELLATION/NULLIFICATION REQUEST FORM

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

POLICY #: _____

| | | | | |
|-----------------------------------|---|--|--|--|
| POLICY PERIOD | POLICY PERIOD IS FROM ____/____/____ TO ____/____/____ | | CANCELLATION EFFECTIVE DATE: ____/____/____ | |
| AGENT/PRODUCER INFORMATION | NAME AND MAILING ADDRESS OF AGENT/PRODUCER ON THE POLICY BEING CANCELED. | | NAME AND MAILING ADDRESS OF INSURED FOR MAILING REFUND: | |
| | AGENCY NO.: _____ AGENT'S TAX ID: _____ PHONE NO.: _____ FAX NO.: _____ EMAIL ADDRESS: _____ | | PHONE NO.: _____ | |
| 1ST MORTGAGEE | NAME AND MAILING ADDRESS OF FIRST MORTGAGEE: | | PROPERTY LOCATION | |
| | LOAN NO.: _____ | | | |
| 2ND MORTGAGEE/OTHER | NAME AND MAILING ADDRESS OF OTHER PARTIES NOTIFIED: | | INSURED PROPERTY LOCATION: | |
| CANCELLATION REASON CODES | <div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;"> CANCELLATION REASON CODE: _____ </div> <ol style="list-style-type: none"> 1. BUILDING SOLD OR REMOVED, DESTROYED OR PHYSICALLY ALTERED TO NO LONGER MEET THE DEFINITION OF AN ELIGIBLE BUILDING 2. CONTENTS SOLD OR REMOVED 3. POLICY CANCELED AND REWRITTEN TO ESTABLISH COMMON EXPIRATION DATE WITH OTHER INSURANCE COVERAGE 4. DUPLICATE NFIP POLICIES 5. NON-PAYMENT 6. RISK NOT ELIGIBLE FOR COVERAGE 7. PROPERTY CLOSING DID NOT OCCUR (NO INSURABLE INTEREST) 8. POLICY OBTAINED FOR PROPERTY CLOSING, BUT NOT REQUIRED BY MORTGAGEE AS PROPERTY NOT IN SFHA 9. INSURANCE NO LONGER REQUIRED BY MORTGAGEE; PROPERTY NO LONGER IN SFHA BECAUSE OF PHYSICAL MAP REVISION | | <ol style="list-style-type: none"> 10. CONDOMINIUM POLICY (UNIT OR ASSOCIATION) CONVERTING TO RCBAP 12. MORTGAGE PAID OFF 13. VOIDANCE PRIOR TO EFFECTIVE DATE 15. INSURANCE NO LONGER REQUIRED BASED ON FEMA REVIEW OF LENDER'S SFHA DETERMINATION (LODR) 18. MORTGAGE PAID OFF ON AN MPPP POLICY 19. INSURANCE NO LONGER REQUIRED BY THE MORTGAGEE BECAUSE THE BUILDING HAS BEEN REMOVED FROM THE SFHA BY MEANS OF A LOMA 20. POLICY WRITTEN TO WRONG FACILITY (SEVERE REPETITIVE LOSS PROPERTY) 21. OTHER: CONTINUOUS LAKE FLOODING OR CLOSED BASIN LAKES 22. CANCEL/REWRITE DUE TO MISRATING 23. FRAUD (FEMA APPROVAL REQUIRED) 24. CANCEL/REWRITE DUE TO MAP REVISION, LOMA, OR LOMR | |
| | REFUND | MAKE REFUND PAYABLE TO (CHECK ONE): <input type="checkbox"/> INSURED <input type="checkbox"/> PAYOR <input type="checkbox"/> AGENT (REASON 5 ABOVE ONLY) MAIL REFUND TO (CHECK ONE): <input type="checkbox"/> INSURED <input type="checkbox"/> PAYOR <input type="checkbox"/> AGENT (REASON 5 ABOVE OR AT REQUEST OF INSURED) | | |
| SIGNATURE | THE ABOVE STATEMENTS ARE CORRECT TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT ANY FALSE STATEMENTS MAY BE PUNISHABLE BY FINE AND/OR IMPRISONMENT UNDER APPLICABLE FEDERAL LAW. SEE REVERSE SIDE OF COPIES 2, 3, AND 4. | | | |
| | SIGNATURE OF INSURED (NOT REQUIRED FOR REASON 5, 6, 22, OR 25) | | DATE (MM/DD/YYYY) _____ | |
| | SIGNATURE OF OTHER INSURED | | DATE (MM/DD/YYYY) _____ | |
| | SIGNATURE OF AGENT/PRODUCER | | DATE (MM/DD/YYYY) _____ | |

FEMA Form 086-0-2

Previously FEMA Form 81-17

F-052 (JUN 2015)

PLEASE ATTACH ALL REQUIRED DOCUMENTS TO NFIP COPY OF CANCELLATION/ NULLIFICATION REQUEST FORM.
SPECIAL NOTE TO INSURANCE AGENT/PRODUCER: SEND ORIGINAL TO NFIP, KEEP SECOND COPY FOR YOUR RECORDS, GIVE THIRD COPY TO THE INSURED, AND FOURTH COPY TO MORTGAGEE.

ONLINE

The NFIP Flood Insurance Cancellation/Nullification Request Form, FEMA Form 086-0-2, is available at <https://www.fema.gov/media-library/assets/documents/1190>

National Flood Insurance Program

FLOOD INSURANCE CANCELLATION/NULLIFICATION REQUEST FORM
FEMA FORM 086-0-2

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 7.5 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, 500 C Street SW, Washington, DC 20742, Paperwork Reduction Project (1660-0033). **NOTE: Do not send your completed form to this address.**

V. NFIP Residential Basement Floodproofing Certificate

| | |
|--|---|
| DEPARTMENT OF HOMELAND SECURITY Federal Emergency Management Agency RESIDENTIAL BASEMENT FLOODPROOFING CERTIFICATE | OMB Control Number: 1660-0033 Expiration: April 30, 2020 |
| PAPERWORK BURDEN DISCLOSURE NOTICE | |
| <p>Public reporting burden for this data collection is estimated to average 3.25 hours per response. The burden estimate includes the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and submitting this Residential Basement Floodproofing Certificate. 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 Residential Basement Floodproofing Certificate. Send comments regarding the accuracy of the burden estimate and any suggestions for reducing the burden to: Information Collections Management, Department of Homeland Security, Federal Emergency Management Agency, 500 C Street, SW, Washington, DC 20472, Paperwork Reduction Project (1660-0033). NOTE: Do not send your completed form to this address.</p> | |
| Privacy Act Statement | |
| <p>AUTHORITY Title 44 CFR § 61.7 and 61.8.</p> <p>PRINCIPAL PURPOSE(S) This information is being collected for the primary purpose of estimating the risk premium rates necessary to provide flood insurance for new or substantially improved structures in designated Special Flood Hazard Areas.</p> <p>ROUTINE USE(S) The information on this form may be disclosed as generally permitted under 5 U.S.C. § 552a(b) of the Privacy Act of 1974, as amended. This includes using this information as necessary and authorized by the routine uses published in DHS/FEMA-003 - National Flood Insurance Program Files System or Records Notice 73 Fed. Reg. 77747 (December 19, 2008); DHS/FEMA/NFIP/LOMA-1 - National Flood Insurance Program (NFIP) Letter of Map Amendment (LOMA) System of Records Notice 71 Fed. Reg. 7990 (February 15, 2006); and upon written request, written consent, by agreement, or as required by law.</p> <p>DISCLOSURE The disclosure of information on this form is voluntary; however, failure to provide the information requested may result in the inability to obtain flood insurance through the National Flood Insurance Program or may be subject to higher premium rates for flood insurance. Information will only be released as permitted by law.</p> | |
| FEMA FORM 086-0-24 (09/16) | Page 1 of 4 |

ONLINE

The NFIP Residential Basement Floodproofing Certificate, FEMA Form 086-0-24, is available at <https://www.fema.gov/media-library/assets/documents/215>

RESIDENTIAL BASEMENT FLOODPROOFING CERTIFICATE

| | | | | | | | |
|--|-----------------|--------|---------------------------------------|-------|---|--|--|
| BUILDING OWNER'S NAME | | | | | FOR INSURANCE COMPANY USE | | |
| | | | | | POLICY NUMBER | | |
| | | | | | | | |
| BUILDING STREET ADDRESS <i>(Including Apt., Unit Number)</i> | | | | | COMPANY NAIC NUMBER | | |
| | | | | | | | |
| OTHER DESCRIPTION <i>(Lot and Block Numbers, etc.)</i> | | | | | | | |
| | | | | | | | |
| CITY | | | | STATE | | ZIP CODE | |
| | | | | | | | |
| SECTION I - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION | | | | | | | |
| Provide the following from the FIRM and flood profile <i>(from Flood Insurance Study)</i> | | | | | | | |
| COMMUNITY NUMBER | PANEL NUMBER | SUFFIX | DATE OF FIRM | ZONE | BASE FLOOD ELEVATION <i>(In AO Zones, Use depth)</i> | NAME OF FLOODING SOURCE(S) AFFECTING BUILDING | |
| | | | | | | | |
| Indicate elevation datum used for Base Flood Elevation shown above: <input type="checkbox"/> NGVD 1929 <input type="checkbox"/> NAVD 1988 <input type="checkbox"/> Other/Source: _____ | | | | | | | |
| SECTION II - FLOODPROOFED ELEVATION CERTIFICATION <i>(By a Registered Professional Land Surveyor, Engineer, or Architect)</i> | | | | | | | |
| All elevations must be based on finished construction. | | | | | | | |
| Floodproofing Elevation Information for Zones A1-30, AE, AH, AO: | | | | | | | |
| Building is floodproofed to an elevation of _____ feet. <i>(In Puerto Rico only: _____ meters.)</i> | | | | | | | |
| <i>(Elevation datum used must be the same as that on the FIRM.)</i> | | | | | | | |
| Elevation of the top of the basement floor is _____ feet. <i>(In Puerto Rico only: _____ meters.)</i> | | | | | | | |
| Lowest adjacent (finished) grade next to the building (LAG): _____ feet. <i>(In Puerto Rico only: _____ meters.)</i> | | | | | | | |
| Highest adjacent (finished) grade next to the building (HAG): _____ feet. <i>(In Puerto Rico only: _____ meters.)</i> | | | | | | | |
| Indicate elevation datum used for Section II: <input type="checkbox"/> NGVD 1929 <input type="checkbox"/> NAVD 1988 <input type="checkbox"/> Other/Source: _____ | | | | | | | |
| (NOTE: For insurance rating purposes, the building's floodproofed elevation must be at least 1 foot above the Base Flood Elevation to receive rating credit. If the building is floodproofed only to the Base Flood Elevation, then the building's insurance rating will result in a higher premium.) | | | | | | | |
| Section II certification is to be signed and sealed by a land surveyor, engineer, or architect authorized by law to certify elevation information. | | | | | | | |
| <i>I certify that the information in Section II on this Certificate represents a true and accurate interpretation and determination by the undersigned using the available information and data. I understand that any false statement may be punishable by fine or imprisonment under 18 U.S. Code, Section 1001.</i> | | | | | | | |
| CERTIFIER'S NAME | | | LICENSE NUMBER <i>(or affix Seal)</i> | | | Place Seal Here | |
| | | | | | | | |
| TITLE | | | COMPANY NAME | | | | |
| | | | | | | | |
| ADDRESS | | | CITY | STATE | ZIP CODE | | |
| | | | | | | | |
| SIGNATURE | | | PHONE NO. | | DATE | | |
| | | | | | | | |

RESIDENTIAL BASEMENT FLOODPROOFING CERTIFICATE cont.

| | | | |
|--|---------------------------------------|----------|----------|
| BUILDING STREET ADDRESS <i>(Including Apt., Unit Number)</i> | | | |
| | | | |
| CITY | STATE | ZIP CODE | |
| | | | |
| SECTION III - FLOODPROOFING CERTIFICATION <i>(By a Registered Professional Engineer or Architect)</i> | | | |
| <p style="text-align: center;">Residential Floodproofed Basement Construction Certification:</p> <p>I certify the structure, based upon development and/or review of the design, specifications, as-built drawings for construction and physical inspection, has been designed and constructed in accordance with the accepted standards of practice (ASCE 24-05, ASCE 24-14, or their equivalent) and any alterations also meet those standards and the following provisions.</p> <ul style="list-style-type: none"> * Basement area, together with attendant utilities and sanitary facilities, is watertight to the floodproofing design elevation with walls that are impermeable to the passage of water without human intervention; and * Basement walls and floor are capable of resisting hydrostatic and hydrodynamic loads and the effects of buoyancy resulting from flooding to the floodproofing design elevation; and have been designed so that minimal damage will occur from floods that exceed the floodproofing design elevation; and * Building design, including the floodproofing design elevation, complies with community requirements; and * Soil or fill adjacent to the structure is compacted and protected against erosion and local scour (in accordance with ASCE 24). | | | |
| <p>I certify that the information in Section III on this certificate represents a true and accurate determination by the undersigned using the available information and data. I understand that any false statement may be punishable by fine or imprisonment under 18 U.S. Code, Section 1001.</p> | | | |
| CERTIFIER'S NAME | LICENSE NUMBER <i>(or affix Seal)</i> | | |
| | | | |
| TITLE | COMPANY NAME | | |
| | | | |
| ADDRESS | CITY | STATE | ZIP CODE |
| | | | |
| SIGNATURE | PHONE NO. | DATE | |
| | | | |
| Place Seal Here | | | |
| | | | |
| <p style="text-align: center;">Copies of this certificate must be given to: 1) the community official: 2) the insurance agent: and 3) the building owner.</p> | | | |

RESIDENTIAL BASEMENT FLOODPROOFING CERTIFICATE cont.**Instructions for Completing the Residential Basement Floodproofing Certificate**

To receive credit for floodproofing, a completed Residential Basement Floodproofing Certificate is required for residential buildings with basements in Regular Program communities, located in zones A1 -A30, AE, AR, AR Dual, AO, AH, and A with BFE.

The communities must have been specifically approved and authorized by FEMA to receive residential basement floodproofing rating credit. Approved communities are listed in the Special Certifications section of the NFIP Flood Insurance Manual, available on the FEMA website at <https://www.fema.gov/flood-insurance-manual>.

When applying for flood insurance, the following information must be provided with the completed Residential Basement Floodproofing Certificate:

- The Flood Insurance Application
- At least two photographs of the building.

VI. NFIP Floodproofing Certificate for Non-Residential Structures

U.S. DEPARTMENT OF HOMELAND SECURITY
FEDERAL EMERGENCY MANAGEMENT AGENCY
NATIONAL FLOOD INSURANCE PROGRAM
**FLOODPROOFING CERTIFICATE
FOR NON-RESIDENTIAL STRUCTURES**

OMB Control Number: 1660-0008
Expiration: 11/30/2018

Paperwork Burden Disclosure Notice

Public reporting burden for this data collection is estimated to average 3.25 hours per response. The burden estimate includes the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and submitting this form. You are not required to respond to this collection of information unless a valid OMB control number is displayed on this form. Send comments regarding the accuracy of the burden estimate and any suggestions for reducing the burden to: Information Collections Management, Department of Homeland Security, Federal Emergency Management Agency, 1800 South Bell Street, Arlington, VA 20598-3005, Paperwork Reduction Project (1660-0008). **NOTE: Do not send your completed form to this address.**

General: This information is provided pursuant to Public Law 96-511 (the 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.

Privacy Act Statement

Authority: Title 44 CFR § 61.7 and 61.8.

Principal Purpose(s): This information is being collected for the primary purpose of estimating the risk premium rates necessary to provide flood insurance for new or substantially improved structures in designated Special Flood Hazard Areas.

Routine Use(s): The information on this form may be disclosed as generally permitted under 5 U.S.C. § 552a(b) of the Privacy Act of 1974, as amended. This includes using this information as necessary and authorized by the routine uses published in DHS/FEMA-003 – National Flood Insurance Program Files System or Records Notice 73 Fed. Reg. 77747 (December 19, 2008); DHS/FEMA/NFIP/LOMA-1 – National Flood Insurance Program (NFIP) Letter of Map Amendment (LOMA) System of Records Notice 71 Fed. Reg. 7990 (February 15, 2006); and upon written request, written consent, by agreement, or as required by law.

Disclosure: The disclosure of information on this form is voluntary; however, failure to provide the information requested may result in the inability to obtain flood insurance through the National Flood Insurance Program or being subject to higher premium rates for flood insurance. Information will only be released as permitted by law.

Purpose of the Floodproofing Certificate for Non-Residential Structures

Under the National Flood Insurance Program (NFIP), the floodproofing of non-residential buildings may be permitted as an alternative to elevating to or above the Base Flood Elevation (BFE). A floodproofing design certification is required for non-residential structures that are floodproofed. This form is to be used for that certification.

A floodproofed building is a building that has been designed and constructed to be watertight (substantially impermeable to floodwaters) below the BFE and with structural components having the capability of resisting hydrostatic and hydrodynamic loads and effects of buoyancy. Before a floodproofed building is designed, numerous planning considerations, including flood warning time, uses of the building, mode of entry to and exit from the building and the site in general, floodwater velocities, flood depths, debris impact potential, and flood frequency, must be addressed to ensure that dry floodproofing will be a viable floodplain management measure.

The minimum NFIP requirement is to floodproof a building to the BFE. However, when it is rated for flood insurance one-foot is subtracted from the floodproofed elevation. Therefore, a building has to be floodproofed to one foot above the BFE to receive the same favorable flood insurance rates as a building elevated to the BFE.

Additional guidance can be found in FEMA Publication 936, Floodproofing Non-Residential Buildings (2013), available on FEMA's website at <https://www.fema.gov/media-library/assets/documents/34270>.

ONLINE

The NFIP Floodproofing Certificate for Non-Residential Structures, FEMA Form 086-0-34, is available at <https://www.fema.gov/media-library/assets/documents/2748>

U.S. DEPARTMENT OF HOMELAND SECURITY
FEDERAL EMERGENCY MANAGEMENT AGENCY
National Flood Insurance Program
**FLOODPROOFING CERTIFICATE
FOR NON-RESIDENTIAL STRUCTURES**

OMB Control Number: 1660-0008
Expiration: 11/30/2018

The floodproofing of non-residential buildings may be permitted as an alternative to elevating to or above the Base Flood Elevation; however, a floodproofing design certification is required. This form is to be used for that certification. Floodproofing of a residential building does not alter a community's floodplain management elevation requirements or affect the insurance rating unless the community has been issued an exception by FEMA to allow floodproofed residential basements. The permitting of a floodproofed residential basement requires a separate certification specifying that the design complies with the local floodplain management ordinance.

| | | | | |
|---|-------|----------|---------------------------|--|
| BUILDING OWNER'S NAME | | | FOR INSURANCE COMPANY USE | |
| BUILDING STREET ADDRESS (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. | | | POLICY NUMBER | |
| OTHER DESCRIPTION (Lot and Block Numbers, etc.) | | | COMPANY NAIC NUMBER | |
| CITY | STATE | Zip Code | | |

SECTION I – FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

Provide the following from the proper FIRM:

| | | | | | |
|------------------|--------------|--------|--------------------|-----------|--|
| COMMUNITY NUMBER | PANEL NUMBER | SUFFIX | DATE OF FIRM INDEX | FIRM ZONE | BASE FLOOD ELEVATION (in AO Zones, Use Depth) |
|------------------|--------------|--------|--------------------|-----------|--|

Indicate elevation datum used for Base Flood Elevation shown above: ☐ NGVD 1929 ☐ NAVD 1988 ☐ Other/Source: _____

SECTION II – FLOODPROOFED ELEVATION CERTIFICATION (By a Registered Professional Land Surveyor, Engineer, or Architect)

All elevations must be based on finished construction.

Floodproofing Elevation Information:

Building is floodproofed to an elevation of _____ . _____ feet (In Puerto Rico only: _____ . _____ meters).

☐ NGVD 1929 ☐ NAVD 1988 ☐ Other/Source: _____

(Elevation datum used must be the same as that used for the Base Flood Elevation.)

Height of floodproofing on the building above the lowest adjacent grade is _____ feet (In Puerto Rico only: _____ meters).

For Unnumbered A Zones Only:

Highest adjacent (finished) grade next to the building (HAG) _____ . _____ feet (In Puerto Rico only: _____ . _____ meters).

☐ NGVD 1929 ☐ NAVD 1988 ☐ Other/Source: _____

(NOTE: For insurance rating purposes, the building's floodproofed design elevation must be at least 1 foot above the Base Flood Elevation to receive rating credit. If the building is floodproofed only to the Base Flood Elevation, then the building's insurance rating will result in a higher premium. See the Instructions section for information on documentation that must accompany this certificate if being submitted for flood insurance rating purposes.)

FLOODPROOFING CERTIFICATE FOR NON-RESIDENTIAL STRUCTURES (Continued)

OMB Control Number: 1660-0008
Expiration: 11/30/2018

| | | | | |
|---|-------|----------|----------------------------------|--|
| IMPORTANT: In these spaces, copy the corresponding information from page 2. | | | FOR INSURANCE COMPANY USE | |
| Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. | | | Policy Number: | |
| City | State | Zip Code | Company NAIC Number: | |

SECTION II – FLOODPROOFED ELEVATION CERTIFICATION Continued

Non-Residential Floodproofed Elevation Information Certification:

Section II certification is to be signed and sealed by a land surveyor, engineer, or architect authorized by law to certify elevation information.

I certify that the information in Section II on this Certificate represents a true and accurate interpretation and determination by the undersigned using the available information and data. I understand that any false statement may be punishable by fine or imprisonment under 18 U.S. Code, Section 1001.

| | | | | |
|------------------|--------------------------------|-------|----------|-----------------------|
| CERTIFIER'S NAME | LICENSE NUMBER (or Affix Seal) | | | PLACE SEAL HERE |
| TITLE | COMPANY NAME | | | |
| ADDRESS | CITY | STATE | ZIP CODE | |
| SIGNATURE | DATE | PHONE | | |

SECTION III – FLOODPROOFED CERTIFICATION (By a Registered Professional Engineer or Architect)

Non-Residential Floodproofed Construction Certification:

I certify the structure, based upon development and/or review of the design, specifications, as-built drawings for construction and physical inspection, has been designed and constructed in accordance with the accepted standards of practice (ASCE 24-05, ASCE 24-14 or their equivalent) and any alterations also meet those standards and the following provisions.

The structure, together with attendant utilities and sanitary facilities is watertight to the floodproofed design elevation indicated above, is substantially impermeable to the passage of water, and shall perform in accordance with Title 44 Code of Federal Regulations (44 CFR 60.3(c)(3)).

All structural components are capable of resisting hydrostatic and hydrodynamic flood forces, including the effects of buoyancy, and anticipated debris impact forces.

I certify that the information in Section III on this certificate represents a true and accurate determination by the undersigned using the available information and data. I understand that any false statement may be punishable by fine or imprisonment under 18 U.S. Code, Section 1001.

| | | | | |
|------------------|--------------------------------|-------|----------|-----------------------|
| CERTIFIER'S NAME | LICENSE NUMBER (or Affix Seal) | | | PLACE SEAL HERE |
| TITLE | COMPANY NAME | | | |
| ADDRESS | CITY | STATE | ZIP CODE | |
| SIGNATURE | DATE | PHONE | | |

Copy all pages of this Floodproofing Certificate and all attachments for 1) community official, 2) insurance agent/company, and 3) building owner.

FLOODPROOFING CERTIFICATE FOR NON-RESIDENTIAL STRUCTURES (Continued)

Instructions for Completing the Floodproofing Certificate for Non-Residential Structures

To receive credit for floodproofing, a completed Floodproofing Certificate for Non-Residential Structures is required for non-residential and business buildings in the Regular Program communities, located in zones A1–A30, AE, AR, AR Dual, AO, AH, and A with BFE.

In order to ensure compliance and provide reasonable assurance that due diligence had been applied in designing and constructing floodproofing measures, the following information must be provided with the completed Floodproofing Certificate:

- Photographs of shields, gates, barriers, or components designed to provide floodproofing protection to the structure
- A comprehensive Maintenance Plan for the entire structure to include but not limited to:
 - Exterior envelope of the structure
 - All penetrations to the exterior of the structure
 - All shields, gates, barriers, or components designed to provide floodproofing protection to the structure
 - All seals or gaskets for shields, gates, barriers, or components
 - Location of all shields, gates, barriers, and components as well as all associated hardware, and any materials or specialized tools necessary to seal the structure.

VII. NFIP Elevation Certificate and Instructions



FEMA

NATIONAL FLOOD INSURANCE PROGRAM

ELEVATION CERTIFICATE

AND

INSTRUCTIONS

2015 EDITION

ONLINE

The NFIP Elevation Certificate and Instructions, FEMA Form 086-0-33, is available at
<https://www.fema.gov/media-library/assets/documents/160?id=1383>

OMB No. 1660-0008
Expiration Date: November 30, 2018

U.S. DEPARTMENT OF HOMELAND SECURITY
Federal Emergency Management Agency
National Flood Insurance Program

ELEVATION CERTIFICATE AND INSTRUCTIONS

Paperwork Reduction Act Notice

Public reporting burden for this data collection is estimated to average 3.75 hours per response. The burden estimate includes the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and submitting this form. You are not required to respond to this collection of information unless a valid OMB control number is displayed on this form. Send comments regarding the accuracy of the burden estimate and any suggestions for reducing the burden to: Information Collections Management, Department of Homeland Security, Federal Emergency Management Agency, 500 C Street SW, Washington, DC 20742, Paperwork Reduction Project (1660-0008). **NOTE: Do not send your completed form to this address.**

Privacy Act Statement

Authority: Title 44 CFR § 61.7 and 61.8.

Principal Purpose(s): This information is being collected for the primary purpose of estimating the risk premium rates necessary to provide flood insurance for new or substantially improved structures in designated Special Flood Hazard Areas.

Routine Use(s): The information on this form may be disclosed as generally permitted under 5 U.S.C. § 552a(b) of the Privacy Act of 1974, as amended. This includes using this information as necessary and authorized by the routine uses published in DHS/FEMA-003 – National Flood Insurance Program Files System or Records Notice 73 Fed. Reg. 77747 (December 19, 2008); DHS/FEMA/NFIP/LOMA-1 – National Flood Insurance Program (NFIP) Letter of Map Amendment (LOMA) System of Records Notice 71 Fed. Reg. 7990 (February 15, 2006); and upon written request, written consent, by agreement, or as required by law.

Disclosure: The disclosure of information on this form is voluntary; however, failure to provide the information requested may result in the inability to obtain flood insurance through the National Flood Insurance Program or the applicant may be subject to higher premium rates for flood insurance. Information will only be released as permitted by law.

Purpose of the Elevation Certificate

The Elevation Certificate is an important administrative tool of the National Flood Insurance Program (NFIP). It is to be used to provide elevation information necessary to ensure compliance with community floodplain management ordinances, to determine the proper insurance premium rate, and to support a request for a Letter of Map Amendment (LOMA) or Letter of Map Revision based on fill (LOMR-F).

The Elevation Certificate is required in order to properly rate Post-FIRM buildings, which are buildings constructed after publication of the Flood Insurance Rate Map (FIRM), located in flood insurance Zones A1–A30, AE, AH, A (with BFE), VE, V1–V30, V (with BFE), AR, AR/A, AR/AE, AR/A1–A30, AR/AH, and AR/AO. The Elevation Certificate is not required for Pre-FIRM buildings unless the building is being rated under the optional Post-FIRM flood insurance rules.

As part of the agreement for making flood insurance available in a community, the NFIP requires the community to adopt floodplain management regulations that specify minimum requirements for reducing flood losses. One such requirement is for the community to obtain the elevation of the lowest floor (including basement) of all new and substantially improved buildings, and maintain a record of such information. The Elevation Certificate provides a way for a community to document compliance with the community's floodplain management ordinance.

Use of this certificate does not provide a waiver of the flood insurance purchase requirement. Only a LOMA or LOMR-F from the Federal Emergency Management Agency (FEMA) can amend the FIRM and remove the Federal mandate for a lending institution to require the purchase of flood insurance. However, the lending institution has the option of requiring flood insurance even if a LOMA/LOMR-F has been issued by FEMA. The Elevation Certificate may be used to support a LOMA or LOMR-F request. Lowest floor and lowest adjacent grade elevations certified by a surveyor or engineer will be required if the certificate is used to support a LOMA or LOMR-F request. A LOMA or LOMR-F request must be submitted with either a completed FEMA MT-EZ or MT-1 package, whichever is appropriate.

This certificate is used only to certify building elevations. A separate certificate is required for floodproofing. Under the NFIP, non-residential buildings can be floodproofed up to or above the Base Flood Elevation (BFE). A floodproofed building is a building that has been designed and constructed to be watertight (substantially impermeable to floodwaters) below the BFE. Floodproofing of residential buildings is not permitted under the NFIP unless FEMA has granted the community an exception for residential floodproofed basements. The community must adopt standards for design and construction of floodproofed basements before FEMA will grant a basement exception. For both floodproofed non-residential buildings and residential floodproofed basements in communities that have been granted an exception by FEMA, a floodproofing certificate is required.

Additional guidance can be found in FEMA Publication 467-1, Floodplain Management Bulletin: Elevation Certificate, available on FEMA's website at <https://www.fema.gov/media-library/assets/documents/3539?id=1727>.

FEMA Form 086-0-33 (Revised 7/15)

Replaces all previous editions.

F-053

U.S. DEPARTMENT OF HOMELAND SECURITY
Federal Emergency Management Agency
National Flood Insurance Program

OMB No. 1660-0008
Expiration Date: November 30, 2018

ELEVATION CERTIFICATE

Important: Follow the instructions on pages 1–9.

Copy all pages of this Elevation Certificate and all attachments for (1) community official, (2) insurance agent/company, and (3) building owner.

| SECTION A – PROPERTY INFORMATION | | | | | | FOR INSURANCE COMPANY USE | |
|--|------------|---------------------|--|-------------------|---|---------------------------|--|
| A1. Building Owner's Name | | | | | | Policy Number: | |
| A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. | | | | | | Company NAIC Number: | |
| City | | State | | ZIP Code | | | |
| A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) | | | | | | | |
| A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) _____ | | | | | | | |
| A5. Latitude/Longitude: Lat. _____ Long. _____ Horizontal Datum: <input type="checkbox"/> NAD 1927 <input type="checkbox"/> NAD 1983 | | | | | | | |
| A6. Attach at least 2 photographs of the building if the Certificate is being used to obtain flood insurance. | | | | | | | |
| A7. Building Diagram Number _____ | | | | | | | |
| A8. For a building with a crawlspace or enclosure(s): | | | | | | | |
| a) Square footage of crawlspace or enclosure(s) _____ sq ft | | | | | | | |
| b) Number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade _____ | | | | | | | |
| c) Total net area of flood openings in A8.b _____ sq in | | | | | | | |
| d) Engineered flood openings? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | |
| A9. For a building with an attached garage: | | | | | | | |
| a) Square footage of attached garage _____ sq ft | | | | | | | |
| b) Number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade _____ | | | | | | | |
| c) Total net area of flood openings in A9.b _____ sq in | | | | | | | |
| d) Engineered flood openings? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | |
| SECTION B – FLOOD INSURANCE RATE MAP (FIRM) INFORMATION | | | | | | | |
| B1. NFIP Community Name & Community Number | | | | B2. County Name | | B3. State | |
| B4. Map/Panel Number | B5. Suffix | B6. FIRM Index Date | B7. FIRM Panel Effective/ Revised Date | B8. Flood Zone(s) | B9. Base Flood Elevation(s) (Zone AO, use Base Flood Depth) | | |
| B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9: <input type="checkbox"/> FIS Profile <input type="checkbox"/> FIRM <input type="checkbox"/> Community Determined <input type="checkbox"/> Other/Source: _____ | | | | | | | |
| B11. Indicate elevation datum used for BFE in Item B9: <input type="checkbox"/> NGVD 1929 <input type="checkbox"/> NAVD 1988 <input type="checkbox"/> Other/Source: _____ | | | | | | | |
| B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? <input type="checkbox"/> Yes <input type="checkbox"/> No Designation Date: _____ <input type="checkbox"/> CBRS <input type="checkbox"/> OPA | | | | | | | |

FEMA Form 086-0-33 (7/15)

Replaces all previous editions.

Form Page 1 of 6

ELEVATION CERTIFICATEOMB No. 1660-0008
Expiration Date: November 30, 2018

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|---|-----------------------|----------------------------------|--|------------------|-----------------------------|---|---|---------------------------------------|---|---|---|--|---|---|---|--|---|---|---|--|---|--|--|--|--|--|---|--|--|--|--|--|
| IMPORTANT: In these spaces, copy the corresponding information from Section A. | | | FOR INSURANCE COMPANY USE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. | | | Policy Number: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| City | State | ZIP Code | Company NAIC Number | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SECTION C – BUILDING ELEVATION INFORMATION (SURVEY REQUIRED) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>C1. Building elevations are based on: <input type="checkbox"/> Construction Drawings* <input type="checkbox"/> Building Under Construction* <input type="checkbox"/> Finished Construction</p> <p style="font-size: small;">*A new Elevation Certificate will be required when construction of the building is complete.</p> <p>C2. Elevations – Zones A1–A30, AE, AH, A (with BFE), VE, V1–V30, V (with BFE), AR, AR/A, AR/AE, AR/A1–A30, AR/AH, AR/AO. Complete Items C2.a–h below according to the building diagram specified in Item A7. In Puerto Rico only, enter meters.</p> <p>Benchmark Utilized: _____ Vertical Datum: _____</p> <p>Indicate elevation datum used for the elevations in items a) through h) below.</p> <p style="text-align: center;"><input type="checkbox"/> NGVD 1929 <input type="checkbox"/> NAVD 1988 <input type="checkbox"/> Other/Source: _____</p> <p>Datum used for building elevations must be the same as that used for the BFE.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 60%;"></td> <td style="text-align: right; font-size: small;">Check the measurement used.</td> </tr> <tr> <td>a) Top of bottom floor (including basement, crawlspace, or enclosure floor) _____</td> <td style="text-align: right;"><input type="checkbox"/> feet <input type="checkbox"/> meters</td> </tr> <tr> <td>b) Top of the next higher floor _____</td> <td style="text-align: right;"><input type="checkbox"/> feet <input type="checkbox"/> meters</td> </tr> <tr> <td>c) Bottom of the lowest horizontal structural member (V Zones only) _____</td> <td style="text-align: right;"><input type="checkbox"/> feet <input type="checkbox"/> meters</td> </tr> <tr> <td>d) Attached garage (top of slab) _____</td> <td style="text-align: right;"><input type="checkbox"/> feet <input type="checkbox"/> meters</td> </tr> <tr> <td>e) Lowest elevation of machinery or equipment servicing the building (Describe type of equipment and location in Comments) _____</td> <td style="text-align: right;"><input type="checkbox"/> feet <input type="checkbox"/> meters</td> </tr> <tr> <td>f) Lowest adjacent (finished) grade next to building (LAG) _____</td> <td style="text-align: right;"><input type="checkbox"/> feet <input type="checkbox"/> meters</td> </tr> <tr> <td>g) Highest adjacent (finished) grade next to building (HAG) _____</td> <td style="text-align: right;"><input type="checkbox"/> feet <input type="checkbox"/> meters</td> </tr> <tr> <td>h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support _____</td> <td style="text-align: right;"><input type="checkbox"/> feet <input type="checkbox"/> meters</td> </tr> </table> | | | | | | Check the measurement used. | a) Top of bottom floor (including basement, crawlspace, or enclosure floor) _____ | <input type="checkbox"/> feet <input type="checkbox"/> meters | b) Top of the next higher floor _____ | <input type="checkbox"/> feet <input type="checkbox"/> meters | c) Bottom of the lowest horizontal structural member (V Zones only) _____ | <input type="checkbox"/> feet <input type="checkbox"/> meters | d) Attached garage (top of slab) _____ | <input type="checkbox"/> feet <input type="checkbox"/> meters | e) Lowest elevation of machinery or equipment servicing the building (Describe type of equipment and location in Comments) _____ | <input type="checkbox"/> feet <input type="checkbox"/> meters | f) Lowest adjacent (finished) grade next to building (LAG) _____ | <input type="checkbox"/> feet <input type="checkbox"/> meters | g) Highest adjacent (finished) grade next to building (HAG) _____ | <input type="checkbox"/> feet <input type="checkbox"/> meters | h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support _____ | <input type="checkbox"/> feet <input type="checkbox"/> meters | | | | | | | | | | | |
| | Check the measurement used. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| a) Top of bottom floor (including basement, crawlspace, or enclosure floor) _____ | <input type="checkbox"/> feet <input type="checkbox"/> meters | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| b) Top of the next higher floor _____ | <input type="checkbox"/> feet <input type="checkbox"/> meters | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| c) Bottom of the lowest horizontal structural member (V Zones only) _____ | <input type="checkbox"/> feet <input type="checkbox"/> meters | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| d) Attached garage (top of slab) _____ | <input type="checkbox"/> feet <input type="checkbox"/> meters | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| e) Lowest elevation of machinery or equipment servicing the building (Describe type of equipment and location in Comments) _____ | <input type="checkbox"/> feet <input type="checkbox"/> meters | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| f) Lowest adjacent (finished) grade next to building (LAG) _____ | <input type="checkbox"/> feet <input type="checkbox"/> meters | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| g) Highest adjacent (finished) grade next to building (HAG) _____ | <input type="checkbox"/> feet <input type="checkbox"/> meters | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support _____ | <input type="checkbox"/> feet <input type="checkbox"/> meters | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SECTION D – SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>This certification is to be signed and sealed by a land surveyor, engineer, or architect authorized by law to certify elevation information. <i>I certify that the information on this Certificate represents my best efforts to interpret the data available. I understand that any false statement may be punishable by fine or imprisonment under 18 U.S. Code, Section 1001.</i></p> <p>Were latitude and longitude in Section A provided by a licensed land surveyor? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Check here if attachments.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 40%; border-bottom: 1px solid black;">Certifier's Name</td> <td style="width: 20%; border-bottom: 1px solid black;">License Number</td> <td rowspan="5" style="width: 40%; text-align: center; vertical-align: middle; font-size: 2em; font-weight: bold;">Place Seal Here</td> </tr> <tr><td style="border-bottom: 1px solid black;">Title</td><td></td></tr> <tr><td style="border-bottom: 1px solid black;">Company Name</td><td></td></tr> <tr><td style="border-bottom: 1px solid black;">Address</td><td></td></tr> <tr> <td style="border-bottom: 1px solid black;">City</td> <td style="border-bottom: 1px solid black;">State ZIP Code</td> </tr> <tr> <td style="border-bottom: 1px solid black;">Signature</td> <td style="border-bottom: 1px solid black;">Date</td> <td style="border-bottom: 1px solid black;">Telephone</td> <td style="border-bottom: 1px solid black;">Ext.</td> <td colspan="2"></td> </tr> <tr> <td colspan="6" style="padding: 5px;">Copy all pages of this Elevation Certificate and all attachments for (1) community official, (2) insurance agent/company, and (3) building owner.</td> </tr> <tr> <td colspan="6" style="padding: 5px;">Comments (including type of equipment and location, per C2(e), if applicable)</td> </tr> </table> | | | | | Certifier's Name | License Number | Place Seal Here | Title | | Company Name | | Address | | City | State ZIP Code | Signature | Date | Telephone | Ext. | | | Copy all pages of this Elevation Certificate and all attachments for (1) community official, (2) insurance agent/company, and (3) building owner. | | | | | | Comments (including type of equipment and location, per C2(e), if applicable) | | | | | |
| Certifier's Name | License Number | Place Seal Here | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Title | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Company Name | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Address | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| City | State ZIP Code | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Signature | Date | Telephone | Ext. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Copy all pages of this Elevation Certificate and all attachments for (1) community official, (2) insurance agent/company, and (3) building owner. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Comments (including type of equipment and location, per C2(e), if applicable) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

ELEVATION CERTIFICATEOMB No. 1660-0008
Expiration Date: November 30, 2018

| | | | | |
|---|-------|----------|----------------------------------|--|
| IMPORTANT: In these spaces, copy the corresponding information from Section A. | | | FOR INSURANCE COMPANY USE | |
| Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. | | | Policy Number: | |
| City | State | ZIP Code | Company NAIC Number | |
| SECTION E – BUILDING ELEVATION INFORMATION (SURVEY NOT REQUIRED) FOR ZONE AO AND ZONE A (WITHOUT BFE) | | | | |
| <p>For Zones AO and A (without BFE), complete Items E1–E5. If the Certificate is intended to support a LOMA or LOMR-F request, complete Sections A, B, and C. For Items E1–E4, use natural grade, if available. Check the measurement used. In Puerto Rico only, enter meters.</p> <p>E1. Provide elevation information for the following and check the appropriate boxes to show whether the elevation is above or below the highest adjacent grade (HAG) and the lowest adjacent grade (LAG).</p> <p style="margin-left: 20px;">a) Top of bottom floor (including basement, crawlspace, or enclosure) is _____ <input type="checkbox"/> feet <input type="checkbox"/> meters <input type="checkbox"/> above or <input type="checkbox"/> below the HAG.</p> <p style="margin-left: 20px;">b) Top of bottom floor (including basement, crawlspace, or enclosure) is _____ <input type="checkbox"/> feet <input type="checkbox"/> meters <input type="checkbox"/> above or <input type="checkbox"/> below the LAG.</p> <p>E2. For Building Diagrams 6–9 with permanent flood openings provided in Section A Items 8 and/or 9 (see pages 1–2 of Instructions), the next higher floor (elevation C2.b in the diagrams) of the building is _____ <input type="checkbox"/> feet <input type="checkbox"/> meters <input type="checkbox"/> above or <input type="checkbox"/> below the HAG.</p> <p>E3. Attached garage (top of slab) is _____ <input type="checkbox"/> feet <input type="checkbox"/> meters <input type="checkbox"/> above or <input type="checkbox"/> below the HAG.</p> <p>E4. Top of platform of machinery and/or equipment servicing the building is _____ <input type="checkbox"/> feet <input type="checkbox"/> meters <input type="checkbox"/> above or <input type="checkbox"/> below the HAG.</p> <p>E5. Zone AO only: If no flood depth number is available, is the top of the bottom floor elevated in accordance with the community's floodplain management ordinance? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown. The local official must certify this information in Section G.</p> | | | | |
| SECTION F – PROPERTY OWNER (OR OWNER'S REPRESENTATIVE) CERTIFICATION | | | | |
| <p>The property owner or owner's authorized representative who completes Sections A, B, and E for Zone A (without a FEMA-issued or community-issued BFE) or Zone AO must sign here. The statements in Sections A, B, and E are correct to the best of my knowledge.</p> <p>Property Owner or Owner's Authorized Representative's Name _____</p> <p>Address _____ City _____ State _____ ZIP Code _____</p> <p>Signature _____ Date _____ Telephone _____</p> <p>Comments _____</p> <p style="text-align: right; margin-top: 20px;"><input type="checkbox"/> Check here if attachments.</p> | | | | |

| BUILDING PHOTOGRAPHS | | OMB No. 1660-0008 Expiration Date: November 30, 2018 |
|---|-------------------------------------|---|
| ELEVATION CERTIFICATE | | |
| See Instructions for Item A6. | | |
| IMPORTANT: In these spaces, copy the corresponding information from Section A. | | FOR INSURANCE COMPANY USE |
| Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. | | Policy Number: |
| City | State ZIP Code | Company NAIC Number |
| <p>If using the Elevation Certificate to obtain NFIP flood insurance, affix at least 2 building photographs below according to the instructions for Item A6. Identify all photographs with date taken; "Front View" and "Rear View"; and, if required, "Right Side View" and "Left Side View." When applicable, photographs must show the foundation with representative examples of the flood openings or vents, as indicated in Section A8. If submitting more photographs than will fit on this page, use the Continuation Page.</p> | | |
| <p>Photo One</p> | | |
| Photo One | | Clear Photo One |
| Photo One Caption | | |
| <p>Photo Two</p> | | |
| Photo Two | | Clear Photo Two |
| Photo Two Caption | | |

FEMA Form 086-0-33 (7/15) Replaces all previous editions. Form Page 5 of 6

| ELEVATION CERTIFICATE | | BUILDING PHOTOGRAPHS | OMB No. 1660-0008 Expiration Date: November 30, 2018 |
|--|-------|----------------------------------|---|
| Continuation Page | | | |
| IMPORTANT: In these spaces, copy the corresponding information from Section A. | | FOR INSURANCE COMPANY USE | |
| Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. | | Policy Number: | |
| City | State | ZIP Code | Company NAIC Number |
| <p>If submitting more photographs than will fit on the preceding page, affix the additional photographs below. Identify all photographs with: date taken; "Front View" and "Rear View"; and, if required, "Right Side View" and "Left Side View." When applicable, photographs must show the foundation with representative examples of the flood openings or vents, as indicated in Section A8.</p> | | | |
| Photo Three | | | |
| Photo Three Caption | | Clear Photo Three | |
| Photo Four | | | |
| Photo Four Caption | | Clear Photo Four | |

U.S. DEPARTMENT OF HOMELAND SECURITY
Federal Emergency Management Agency
National Flood Insurance Program

OMB No. 1660-0008
Expiration Date: November 30, 2018

Instructions for Completing the Elevation Certificate

The Elevation Certificate is to be completed by a land surveyor, engineer, or architect who is authorized by law to certify elevation information when elevation information is required for Zones A1–A30, AE, AH, A (with BFE), VE, V1–V30, V (with BFE), AR, AR/A, AR/AE, AR/A1–A30, AR/AH, or AR/AO. Community officials who are authorized by law or ordinance to provide floodplain management information may also complete this form. For Zones AO and A (without BFE), a community official, a property owner, or an owner's representative may provide information on this certificate, unless the elevations are intended for use in supporting a request for a LOMA or LOMR-F. Certified elevations must be included if the purpose of completing the Elevation Certificate is to obtain a LOMA or LOMR-F.

The property owner, the owner's representative, or local official who is authorized by law to administer the community floodplain ordinance can complete Section A and Section B. The partially completed form can then be given to the land surveyor, engineer, or architect to complete Section C. The land surveyor, engineer, or architect should verify the information provided by the property owner or owner's representative to ensure that this certificate is complete.

In Puerto Rico only, elevations for building information and flood hazard information may be entered in meters.

SECTION A – PROPERTY INFORMATION

Items A1–A4. This section identifies the building, its location, and its owner. Enter the name(s) of the building owner(s), the building's complete street address, and the lot and block numbers. If the building's address is different from the owner's address, enter the address of the building being certified. If the address is a rural route or a Post Office box number, enter the lot and block numbers, the tax parcel number, the legal description, or an abbreviated location description based on distance and direction from a fixed point of reference. For the purposes of this certificate, "building" means both a building and a manufactured (mobile) home.

A map may be attached to this certificate to show the location of the building on the property. A tax map, FIRM, or detailed community map is appropriate. If no map is available, provide a sketch of the property location, and the location of the building on the property. Include appropriate landmarks such as nearby roads, intersections, and bodies of water. For building use, indicate whether the building is residential, non-residential, an addition to an existing residential or non-residential building, an accessory building (e.g., garage), or other type of structure. Use the Comments area of the appropriate section if needed, or attach additional comments.

Item A5. Provide latitude and longitude coordinates for the center of the front of the building. Use either decimal degrees (e.g., 39.5043°, -110.7585°) or degrees, minutes, seconds (e.g., 39° 30' 15.5", -110° 45' 30.7") format. If decimal degrees are used, provide coordinates to at least 5 decimal places or better. When using degrees, minutes, seconds, provide seconds to at least 1 decimal place or better. The latitude and longitude coordinates must be accurate within 66 feet. When the latitude and longitude are provided by a surveyor, check the "Yes" box in Section D and indicate the method used to determine the latitude and longitude in the Comments area of Section D. If the Elevation Certificate is being certified by other than a licensed surveyor, engineer, or architect, this information is not required. Provide the type of datum used to obtain the latitude and longitude. FEMA prefers the use of NAD 1983.

Item A6. If the Elevation Certificate is being used to obtain flood insurance through the NFIP, the certifier must provide at least 2 photographs showing the front and rear of the building taken within 90 days from the date of certification. The photographs must be taken with views confirming the building description and diagram number provided in Section A. To the extent possible, these photographs should show the entire building including foundation. If the building has split-level or multi-level areas, provide at least 2 additional photographs showing side views of the building. In addition, when applicable, provide a photograph of the foundation showing a representative example of the flood openings or vents. All photographs must be in color and measure at least 3" × 3". Digital photographs are acceptable.

Item A7. Select the diagram on pages 7–9 that best represents the building. Then enter the diagram number and use the diagram to identify and determine the appropriate elevations requested in Items C2.a–h. If you are unsure of the correct diagram, select the diagram that most closely resembles the building being certified.

Item A8.a. Provide the square footage of the crawlspace or enclosure(s) below the lowest elevated floor of an elevated building with or without permanent flood openings. Take the measurement from the outside of the crawlspace or enclosure(s). Examples of elevated buildings constructed with crawlspace and enclosure(s) are shown in Diagrams 6–9

Instructions for Completing the Elevation Certificate (continued)

on pages 8–9. Diagrams 2A, 2B, 4, and 9 should be used for a building constructed with a crawlspace floor that is below the exterior grade on all sides.

Items A8.b–d. Enter in Item A8.b the number of permanent flood openings in the crawlspace or enclosure(s) that are no higher than 1.0 foot above the higher of the exterior or interior grade or floor immediately below the opening. (A permanent flood opening is a flood vent or other opening that allows the free passage of water automatically in both directions without human intervention.) If the interior grade elevation is used, note this in the Comments area of Section D. Estimate the total net area of all such permanent flood openings in square inches, excluding any bars, louvers, or other covers of the permanent flood openings, and enter the total in Item A8.c. If the net area cannot be reasonably estimated, provide the size of the flood openings without consideration of any covers and indicate in the Comments area the type of cover that exists in the flood openings. Indicate in Item A8.d whether the flood openings are engineered. If applicable, attach a copy of the Individual Engineered Flood Openings Certification or an Evaluation Report issued by the International Code Council Evaluation Service (ICC ES), if you have it. If the crawlspace or enclosure(s) have no permanent flood openings, or if the openings are not within 1.0 foot above adjacent grade, enter "N/A" for not applicable in Items A8.b–c.

Item A9.a. Provide the square footage of the attached garage with or without permanent flood openings. Take the measurement from the outside of the garage.

Items A9.b–d. Enter in Item A9.b the number of permanent flood openings in the attached garage that are no higher than 1.0 foot above the higher of the exterior or interior grade or floor immediately below the opening. (A permanent flood opening is a flood vent or other opening that allows the free passage of water automatically in both directions without human intervention.) If the interior grade elevation is used, note this in the Comments area of Section D. This includes any openings that are in the garage door that are no higher than 1.0 foot above the adjacent grade. Estimate the total net area of all such permanent flood openings in square inches and enter the total in Item A9.c. If the net area cannot be reasonably estimated, provide the size of the flood openings without consideration of any covers and indicate in the Comments area the type of cover that exists in the flood openings. Indicate in Item A9.d whether the flood openings are engineered. If applicable, attach a copy of the Individual Engineered Flood Openings Certification or an Evaluation Report issued by the International Code Council Evaluation Service (ICC ES), if you have it. If the garage has no permanent flood openings, or if the openings are not within 1.0 foot above adjacent grade, enter "N/A" for not applicable in Items A9.b–c.

SECTION B – FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

Complete the Elevation Certificate on the basis of the FIRM in effect at the time of the certification.

The information for Section B is obtained by reviewing the FIRM panel that includes the building's location. Information about the current FIRM is available from the Federal Emergency Management Agency (FEMA) by calling 1-800-358-9616. If a Letter of Map Amendment (LOMA) or Letter of Map Revision (LOMR-F) has been issued by FEMA, please provide the letter date and case number in the Comments area of Section D or Section G, as appropriate.

For a building in an area that has been annexed by one community but is shown on another community's FIRM, enter the community name and 6-digit number of the annexing community in Item B1, the name of the county or new county, if necessary, in Item B2, and the FIRM index date for the annexing community in Item B6. Enter information from the actual FIRM panel that shows the building location, even if it is the FIRM for the previous jurisdiction, in Items B4, B5, B7, B8, and B9.

If the map in effect at the time of the building's construction was other than the current FIRM, and you have the past map information pertaining to the building, provide the information in the Comments area of Section D.

Item B1. NFIP Community Name & Community Number. Enter the complete name of the community in which the building is located and the associated 6-digit community number. For a newly incorporated community, use the name and 6-digit number of the new community. Under the NFIP, a "community" is any State or area or political subdivision thereof, or any Indian tribe or authorized native organization, that has authority to adopt and enforce floodplain management regulations for the areas within its jurisdiction. To determine the current community number, see the *NFIP Community Status Book*, available on FEMA's web site at <https://www.fema.gov/national-flood-insurance-program/national-flood-insurance-program-community-status-book>, or call 1-800-358-9616.

Instructions for Completing the Elevation Certificate (continued)

Item B2. County Name. Enter the name of the county or counties in which the community is located. For an unincorporated area of a county, enter "unincorporated area." For an independent city, enter "independent city."

Item B3. State. Enter the 2-letter state abbreviation (for example, VA, TX, CA).

Items B4–B5. Map/Panel Number and Suffix. Enter the 10-character "Map Number" or "Community Panel Number" shown on the FIRM where the building or manufactured (mobile) home is located. For maps in a county-wide format, the sixth character of the "Map Number" is the letter "C" followed by a 4-digit map number. For maps not in a county-wide format, enter the "Community Panel Number" shown on the FIRM.

Item B6. FIRM Index Date. Enter the effective date or the map revised date shown on the FIRM Index.

Item B7. FIRM Panel Effective/Revised Date. Enter the map effective date or the map revised date shown on the FIRM panel. This will be the latest of all dates shown on the map. The current FIRM panel effective date can be determined by calling 1-800-358-9616.

Item B8. Flood Zone(s). Enter the flood zone, or flood zones, in which the building is located. All flood zones containing the letter "A" or "V" are considered Special Flood Hazard Areas. The flood zones are A, AE, A1–A30, V, VE, V1–V30, AH, AO, AR, AR/A, AR/AE, AR/A1–A30, AR/AH, and AR/AO. Each flood zone is defined in the legend of the FIRM panel on which it appears.

Item B9. Base Flood Elevation(s). Using the appropriate Flood Insurance Study (FIS) Profile, Floodway Data Table, or FIRM panel, locate the property and enter the BFE (or base flood depth) of the building site. If the building is located in more than 1 flood zone in Item B8, list all appropriate BFEs in Item B9. BFEs are shown on a FIRM or FIS Profile for Zones A1–A30, AE, AH, V1–V30, VE, AR, AR/A, AR/AE, AR/A1–A30, AR/AH, and AR/AO; flood depth numbers are shown for Zone AO. Use the AR BFE if the building is located in any of Zones AR/A, AR/AE, AR/A1–A30, AR/AH, or AR/AO. In A or V zones where BFEs are not provided on the FIRM, BFEs may be available from another source. For example, the community may have established BFEs or obtained BFE data from other sources for the building site. For subdivisions and other developments of more than 50 lots or 5 acres, establishment of BFEs is required by the community's floodplain management ordinance. If a BFE is obtained from another source, enter the BFE in Item B9. In an A Zone where BFEs are not available, complete Section E and enter N/A for Section B, Item B9. Enter the BFE to the nearest tenth of a foot (nearest tenth of a meter, in Puerto Rico).

Item B10. Indicate the source of the BFE that you entered in Item B9. If the BFE is from a source other than FIS Profile, FIRM, or community, describe the source of the BFE.

Item B11. Indicate the elevation datum to which the elevations on the applicable FIRM are referenced as shown on the map legend. The vertical datum is shown in the Map Legend and/or the Notes to Users on the FIRM.

Item B12. Indicate whether the building is located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA). (OPAs are portions of coastal barriers that are owned by Federal, State, or local governments or by certain non-profit organizations and used primarily for natural resources protection.) Federal flood insurance is prohibited in designated CBRS areas or OPAs for buildings or manufactured (mobile) homes built or substantially improved after the date of the CBRS or OPA designation. For the first CBRS designations, that date is October 1, 1983. Information about CBRS areas and OPAs may be obtained on the FEMA web site at <https://www.fema.gov/national-flood-insurance-program/coastal-barrier-resources-system>.

SECTION C – BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)

Complete Section C if the building is located in any of Zones A1–A30, AE, AH, A (with BFE), VE, V1–V30, V (with BFE), AR, AR/A, AR/AE, AR/A1–A30, AR/AH, or AR/AO, or if this certificate is being used to support a request for a LOMA or LOMR-F. If the building is located in Zone AO or Zone A (without BFE), complete Section E instead. To ensure that all required elevations are obtained, it may be necessary to enter the building (for instance, if the building has a basement or sunken living room, split-level construction, or machinery and equipment).

Surveyors may not be able to gain access to some crawlspaces to shoot the elevation of the crawlspace floor. If access to the crawlspace is limited or cannot be gained, follow one of these procedures.

- Use a yardstick or tape measure to measure the height from the floor of the crawlspace to the "next higher floor," and then subtract the crawlspace height from the elevation of the "next higher floor." If there is no access to the

Instructions for Completing the Elevation Certificate (continued)

crawlspace, use the exterior grade next to the structure to measure the height of the crawlspace to the "next higher floor."

- Contact the local floodplain administrator of the community in which the building is located. The community may have documentation of the elevation of the crawlspace floor as part of the permit issued for the building.
- If the property owner has documentation or knows the height of the crawlspace floor to the next higher floor, try to verify this by looking inside the crawlspace through any openings or vents.

In all 3 cases, use the Comments area of Section D to provide the elevation and a brief description of how the elevation was obtained.

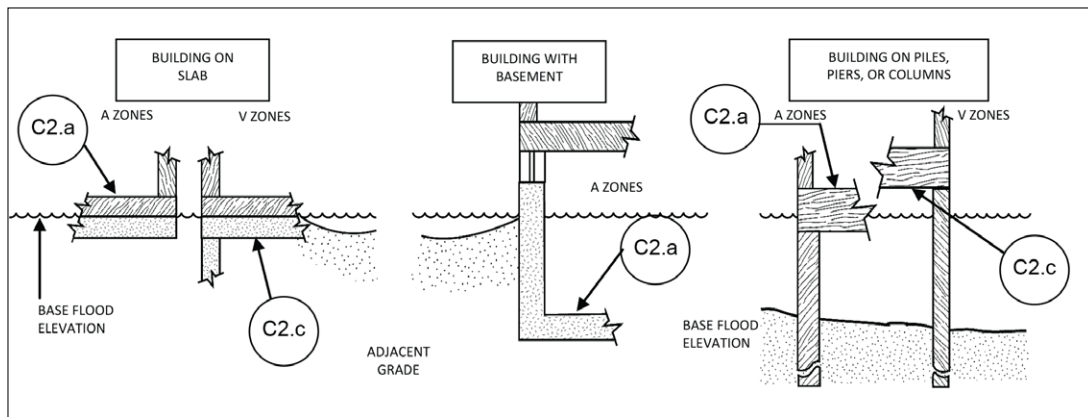
Item C1. Indicate whether the elevations to be entered in this section are based on construction drawings, a building under construction, or finished construction. For either of the first 2 choices, a post-construction Elevation Certificate will be required when construction is complete. If the building is under construction, include only those elevations that can be surveyed in Items C2.a–h. Use the Comments area of Section D to provide elevations obtained from the construction plans or drawings. Select "Finished Construction" only when all machinery and/or equipment such as furnaces, hot water heaters, heat pumps, air conditioners, and elevators and their associated equipment have been installed and the grading around the building is completed.

Item C2. A field survey is required for Items C2.a–h. Most control networks will assign a unique identifier for each benchmark. For example, the National Geodetic Survey uses the Permanent Identifier (PID). For the benchmark utilized, provide the PID or other unique identifier assigned by the maintainer of the benchmark. For GPS survey, indicate the benchmark used for the base station, the Continuously Operating Reference Stations (CORS) sites used for an On-line Positioning User Service (OPUS) solution (also attach the OPUS report), or the name of the Real Time Network used.

Also provide the vertical datum for the benchmark elevation. All elevations for the certificate, including the elevations for Items C2.a–h, must use the same datum on which the BFE is based. Show the conversion from the field survey datum used if it differs from the datum used for the BFE entered in Item B9 and indicate the conversion software used. Show the datum conversion, if applicable, in the Comments area of Section D.

For property experiencing ground subsidence, the most recent reference mark elevations must be used for determining building elevations. However, when subsidence is involved, the BFE should not be adjusted. Enter elevations in Items C2.a–h to the nearest tenth of a foot (nearest tenth of a meter, in Puerto Rico).

Items C2.a–d. Enter the building elevations (excluding the attached garage) indicated by the selected building diagram (Item A7) in Items C2.a–c. If there is an attached garage, enter the elevation for top of attached garage slab in Item C2.d. (Because elevation for top of attached garage slab is self-explanatory, attached garages are not illustrated in the diagrams.) If the building is located in a V zone on the FIRM, complete Item C2.c. If the flood zone cannot be determined, enter elevations for all of Items C2.a–h. For buildings in A zones, elevations a, b, d, and e should be measured at the top of the floor. For buildings in V zones, elevation c must be measured at the bottom of the lowest horizontal structural member of the floor (see drawing below). For buildings elevated on a crawlspace, Diagrams 8 and 9, enter the elevation



Instructions for Completing the Elevation Certificate (continued)

of the top of the crawlspace floor in Item C2.a, whether or not the crawlspace has permanent flood openings (flood vents). *If any item does not apply to the building, enter "N/A" for not applicable.*

Item C2.e. Enter the lowest platform elevation of at least 1 of the following machinery and equipment items: elevators and their associated equipment, furnaces, hot water heaters, heat pumps, and air conditioners in an attached garage or enclosure or on an open utility platform that provides utility services for the building. Note that elevations for these specific machinery and equipment items are required in order to rate the building for flood insurance. Local floodplain management officials are required to ensure that all machinery and equipment servicing the building are protected from flooding. Thus, local officials may require that elevation information for all machinery and equipment, including ductwork, be documented on the Elevation Certificate. If the machinery and/or equipment is mounted to a wall, pile, etc., enter the platform elevation of the machinery and/or equipment. Indicate machinery/equipment type and its general location, e.g., on floor inside garage or on platform affixed to exterior wall, in the Comments area of Section D or Section G, as appropriate. *If this item does not apply to the building, enter "N/A" for not applicable.*

Items C2.f–g. Enter the elevation of the ground, sidewalk, or patio slab immediately next to the building. For Zone AO, use the natural grade elevation, if available. This measurement must be to the nearest tenth of a foot (nearest tenth of a meter, in Puerto Rico) if this certificate is being used to support a request for a LOMA or LOMR-F.

Item C2.h. Enter the lowest grade elevation at the deck support or stairs. For Zone AO, use the natural grade elevation, if available. This measurement must be to the nearest tenth of a foot (nearest tenth of a meter, in Puerto Rico) if this certificate is being used to support a request for a LOMA or LOMR-F.

SECTION D – SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION

Complete as indicated. This section of the Elevation Certificate may be signed by only a land surveyor, engineer, or architect who is authorized by law to certify elevation information. Place your license number, your seal (as allowed by the State licensing board), your signature, and the date in the box in Section D. You are certifying that the information on this certificate represents your best efforts to interpret the data available and that you understand that any false statement may be punishable by fine or imprisonment under 18 U.S. Code, Section 1001. Use the Comments area of Section D to provide datum, elevation, openings, or other relevant information not specified elsewhere on the certificate.

**SECTION E – BUILDING ELEVATION INFORMATION (SURVEY NOT REQUIRED)
FOR ZONE AO AND ZONE A (WITHOUT BFE)**

Complete Section E if the building is located in Zone AO or Zone A (without BFE). Otherwise, complete Section C instead. Explain in the Section F Comments area if the measurement provided under Items E1–E4 is based on the "natural grade."

Items E1.a and b. Enter in Item E1.a the height to the nearest tenth of a foot (tenth of a meter in Puerto Rico) of the top of the bottom floor (as indicated in the applicable diagram) above or below the highest adjacent grade (HAG). Enter in Item E1.b the height to the nearest tenth of a foot (tenth of a meter in Puerto Rico) of the top of the bottom floor (as indicated in the applicable diagram) above or below the lowest adjacent grade (LAG). For buildings in Zone AO, the community's floodplain management ordinance requires the lowest floor of the building be elevated above the highest adjacent grade at least as high as the depth number on the FIRM. Buildings in Zone A (without BFE) may qualify for a lower insurance rate if an engineered BFE is developed at the site.

Item E2. For Building Diagrams 6–9 with permanent flood openings (see pages 8–9), enter the height to the nearest tenth of a foot (tenth of a meter in Puerto Rico) of the next higher floor or elevated floor (as indicated in the applicable diagram) above or below the highest adjacent grade (HAG).

Item E3. Enter the height to the nearest tenth of a foot (tenth of a meter in Puerto Rico), in relation to the highest adjacent grade next to the building, for the top of attached garage slab. (Because elevation for top of attached garage slab is self-explanatory, attached garages are not illustrated in the diagrams.) *If this item does not apply to the building, enter "N/A" for not applicable.*

Item E4. Enter the height to the nearest tenth of a foot (tenth of a meter in Puerto Rico), in relation to the highest adjacent grade next to the building, of the platform elevation that supports the machinery and/or equipment servicing the building. Indicate machinery/equipment type in the Comments area of Section F. *If this item does not apply to the building, enter "N/A" for not applicable.*

Instructions for Completing the Elevation Certificate (continued)

Item E5. For those communities where this base flood depth is not available, the community will need to determine whether the top of the bottom floor is elevated in accordance with the community's floodplain management ordinance.

SECTION F – PROPERTY OWNER (OR OWNER'S REPRESENTATIVE) CERTIFICATION

Complete as indicated. This section is provided for certification of measurements taken by a property owner or property owner's representative when responding to Sections A, B, and E. The address entered in this section must be the actual mailing address of the property owner or property owner's representative who provided the information on the certificate.

SECTION G – COMMUNITY INFORMATION (OPTIONAL)

Complete as indicated. The community official who is authorized by law or ordinance to administer the community's floodplain management ordinance can complete Sections A, B, C (or E), and G of this Elevation Certificate. Section C may be filled in by the local official as provided in the instructions below for Item G1. If the authorized community official completes Sections C, E, or G, complete the appropriate item(s) and sign this section.

Check **Item G1** if Section C is completed with elevation data from other documentation that has been signed and sealed by a licensed surveyor, engineer, or architect who is authorized by law to certify elevation information. Indicate the source of the elevation data and the date obtained in the Comments area of Section G. If you are both a community official and a licensed land surveyor, engineer, or architect authorized by law to certify elevation information, and you performed the actual survey for a building in Zones A1–A30, AE, AH, A (with BFE), VE, V1–V30, V (with BFE), AR, AR/A, AR/A1–A30, AR/AE, AR/AH, or AR/AO, you must also complete Section D.

Check **Item G2** if information is entered in Section E by the community for a building in Zone A (without a FEMA-issued or community-issued BFE) or Zone AO.

Check **Item G3** if the information in Items G4–G10 has been completed for community floodplain management purposes to document the as-built lowest floor elevation of the building. Section C of the Elevation Certificate records the elevation of various building components but does not determine the lowest floor of the building or whether the building, as constructed, complies with the community's floodplain management ordinance. This must be done by the community. Items G4–G10 provide a way to document these determinations.

Item G4. Permit Number. Enter the permit number or other identifier to key the Elevation Certificate to the permit issued for the building.

Item G5. Date Permit Issued. Enter the date the permit was issued for the building.

Item G6. Date Certificate of Compliance/Occupancy Issued. Enter the date that the Certificate of Compliance or Occupancy or similar written official documentation of as-built lowest floor elevation was issued by the community as evidence that all work authorized by the floodplain development permit has been completed in accordance with the community's floodplain management laws or ordinances.

Item G7. New Construction or Substantial Improvement. Check the applicable box. "Substantial Improvement" means any reconstruction, rehabilitation, addition, or other improvement of a building, the cost of which equals or exceeds 50 percent of the market value of the building before the start of construction of the improvement. The term includes buildings that have incurred substantial damage, regardless of the actual repair work performed.

Item G8. As-built lowest floor elevation. Enter the elevation of the lowest floor (including basement) when the construction of the building is completed and a final inspection has been made to confirm that the building is built in accordance with the permit, the approved plans, and the community's floodplain management laws or ordinances. Indicate the elevation datum used.

Item G9. BFE. Using the appropriate FIRM panel, FIS Profile, or other data source, locate the property and enter the BFE (or base flood depth) of the building site. Indicate the elevation datum used.

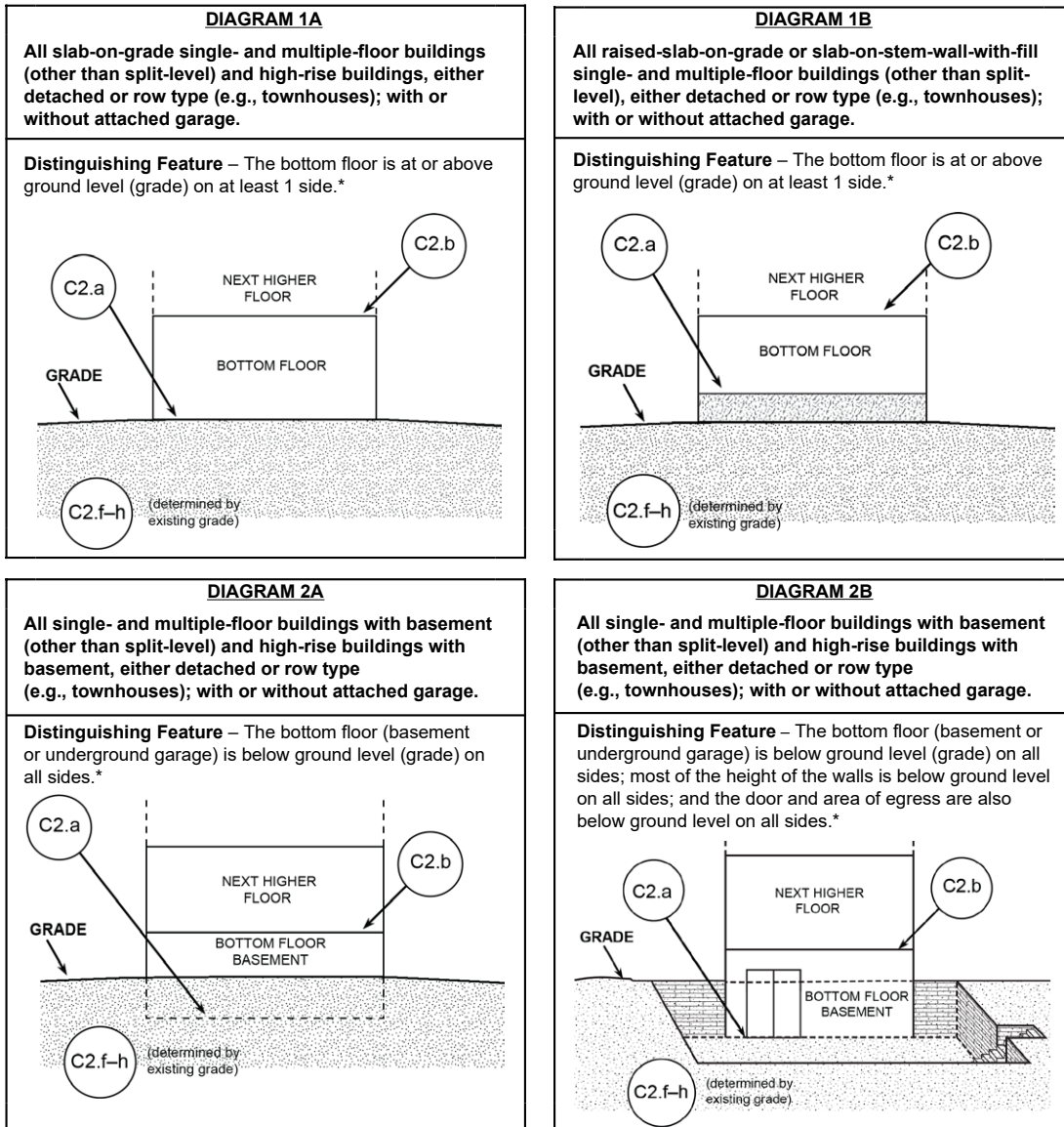
Item G10. Community's design flood elevation. Enter the elevation (including freeboard above the BFE) to which the community requires the lowest floor to be elevated. Indicate the elevation datum used.

Enter your name, title, and telephone number, and the name of the community. Sign and enter the date in the appropriate blanks.

Building Diagrams

The following diagrams illustrate various types of buildings. Compare the features of the building being certified with the features shown in the diagrams and select the diagram number in Item A7, the square footage of crawlspace or enclosure(s) and the area of flood openings in square inches in Items A8.a–c, the square footage of attached garage and the area of flood openings in square inches in Items A9.a–c, and the elevations in Items C2.a–h.

In A zones, the floor elevation is taken at the top finished surface of the floor indicated; in V zones, the floor elevation is taken at the bottom of the lowest horizontal structural member (see drawing in instructions for Section C).



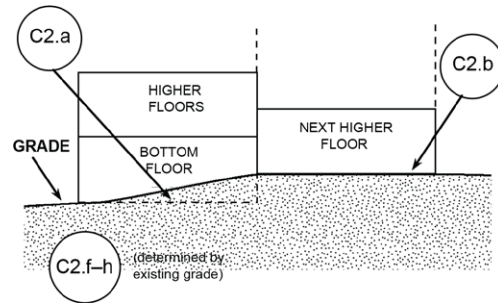
* A floor that is below ground level (grade) on all sides is considered a basement even if the floor is used for living purposes, or as an office, garage, workshop, etc.

Building Diagrams

DIAGRAM 3

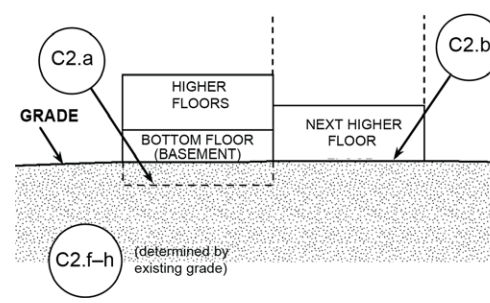
All split-level buildings that are slab-on-grade, either detached or row type (e.g., townhouses); with or without attached garage.

Distinguishing Feature – The bottom floor (excluding garage) is at or above ground level (grade) on at least 1 side.*

**DIAGRAM 4**

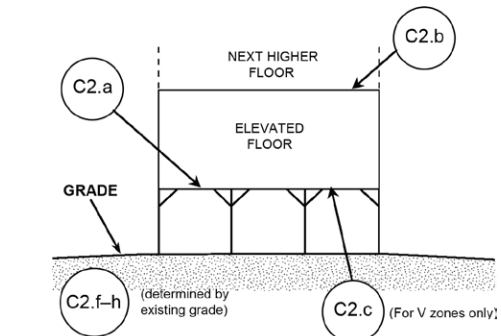
All split-level buildings (other than slab-on-grade), either detached or row type (e.g., townhouses); with or without attached garage.

Distinguishing Feature – The bottom floor (basement or underground garage) is below ground level (grade) on all sides.*

**DIAGRAM 5**

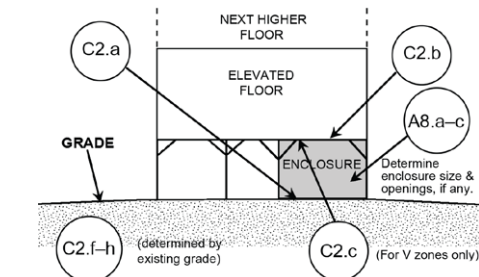
All buildings elevated on piers, posts, piles, columns, or parallel shear walls. No obstructions below the elevated floor.

Distinguishing Feature – For all zones, the area below the elevated floor is open, with no obstruction to flow of floodwaters (open lattice work and/or insect screening is permissible).

**DIAGRAM 6**

All buildings elevated on piers, posts, piles, columns, or parallel shear walls with full or partial enclosure below the elevated floor.

Distinguishing Feature – For all zones, the area below the elevated floor is enclosed, either partially or fully. In A Zones, the partially or fully enclosed area below the elevated floor is with or without openings** present in the walls of the enclosure. Indicate information about enclosure size and openings in Section A – Property Information.



* A floor that is below ground level (grade) on all sides is considered a basement even if the floor is used for living purposes, or as an office, garage, workshop, etc.

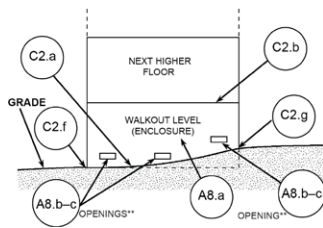
** An "opening" is a permanent opening that allows for the free passage of water automatically in both directions without human intervention. Under the NFIP, a minimum of 2 openings is required for enclosures or crawlspaces. The openings shall provide a total net area of not less than 1 square inch for every square foot of area enclosed, excluding any bars, louvers, or other covers of the opening. Alternatively, an Individual Engineered Flood Openings Certification or an Evaluation Report issued by the International Code Council Evaluation Service (ICC ES) must be submitted to document that the design of the openings will allow for the automatic equalization of hydrostatic flood forces on exterior walls. A window, a door, or a garage door is not considered an opening; openings may be installed in doors. Openings shall be on at least 2 sides of the enclosed area. If a building has more than 1 enclosed area, each area must have openings to allow floodwater to directly enter. The bottom of the openings must be no higher than 1.0 foot above the higher of the exterior or interior grade or floor immediately below the opening. For more guidance on openings, see NFIP Technical Bulletin 1.

Building Diagrams

DIAGRAM 7

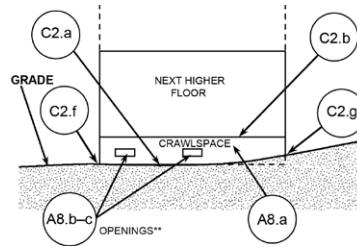
All buildings elevated on full-story foundation walls with a partially or fully enclosed area below the elevated floor. This includes walkout levels, where at least 1 side is at or above grade. The principal use of this building is located in the elevated floors of the building.

Distinguishing Feature – For all zones, the area below the elevated floor is enclosed, either partially or fully. In A Zones, the partially or fully enclosed area below the elevated floor is with or without openings** present in the walls of the enclosure. Indicate information about enclosure size and openings in Section A – Property Information.

**DIAGRAM 8**

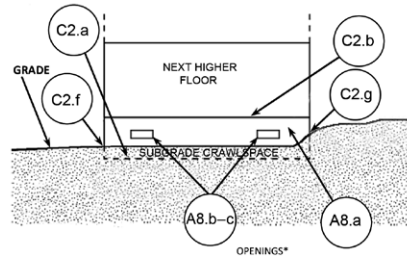
All buildings elevated on a crawlspace with the floor of the crawlspace at or above grade on at least 1 side, with or without an attached garage.

Distinguishing Feature – For all zones, the area below the first floor is enclosed by solid or partial perimeter walls. In all A zones, the crawlspace is with or without openings** present in the walls of the crawlspace. Indicate information about crawlspace size and openings in Section A – Property Information.

**DIAGRAM 9**

All buildings (other than split-level) elevated on a sub-grade crawlspace, with or without attached garage.

Distinguishing Feature – The bottom (crawlspace) floor is below ground level (grade) on all sides.* (If the distance from the crawlspace floor to the top of the next higher floor is more than 5 feet, or the crawlspace floor is more than 2 feet below the grade [LAG] on all sides, use Diagram 2A or 2B.)



* A floor that is below ground level (grade) on all sides is considered a basement even if the floor is used for living purposes, or as an office, garage, workshop, etc.

** An "opening" is a permanent opening that allows for the free passage of water automatically in both directions without human intervention. Under the NFIP, a minimum of 2 openings is required for enclosures or crawlspaces. The openings shall provide a total net area of not less than 1 square inch for every square foot of area enclosed, excluding any bars, louvers, or other covers of the opening. Alternatively, an Individual Engineered Flood Openings Certification or an Evaluation Report issued by the International Code Council Evaluation Service (ICC ES) must be submitted to document that the design of the openings will allow for the automatic equalization of hydrostatic flood forces on exterior walls. A window, a door, or a garage door is not considered an opening; openings may be installed in doors. Openings shall be on at least 2 sides of the enclosed area. If a building has more than 1 enclosed area, each area must have openings to allow floodwater to directly enter. The bottom of the openings must be no higher than 1.0 foot above the higher of the exterior or interior grade or floor immediately below the opening. For more guidance on openings, see NFIP Technical Bulletin 1.

VIII. NFIP V-Zone Risk Factor Rating Form

National Flood Insurance Program

V-Zone Risk Factor Rating Form and Instructions

2013 Edition



FEMA

NOTE: Please refer to the V-Zone Risk Relativities Table, located in Appendix J: Rate Tables, when completing this form.

ONLINE

The NFIP V-Zone Risk Factor Rating Form and Instructions, FEMA Form 086-0-4, is available at <https://www.fema.gov/media-library/assets/documents/1196>

National Flood Insurance Program

V-Zone Risk Factor Rating Form**FEMA FORM 086-0-4****PAPERWORK BURDEN DISCLOSURE NOTICE**

Public reporting burden for this form is estimated to average 6.5 hours 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, 500 C Street SW, Washington, DC 20742, Paperwork Reduction Project (1660-0033). **NOTE: Do not send your completed form to this address.**

PURPOSE OF V-ZONE RISK FACTOR RATING FORM

The severe economic losses due to flood damage led to the establishment of the NFIP to fulfill the essential purposes of community flood hazard mitigation and provide flood hazard insurance protection. This certification form can be used to (1) guide designers, owners, local officials, agents, and others as they consider those types of siting, design, and construction activities that exceed minimum NFIP requirements, and (2) rate buildings and provide insurance premium discounts to those structures that exceed minimum NFIP siting, design, and construction requirements.

This form provides a basis for the actuarial rating of buildings and their contents on an individual risk basis that allows a rate discount for prudent building designs. This approach will serve to further the NFIP goals of providing incentives for hazard mitigation in coastal high hazard flood risk zones while permitting adequate insurance protection under premium rates that ensure that the risk of flood losses related to building placement and construction is borne by the owners of the properties at risk.

Thus, construction in coastal high hazard areas should follow certain construction guidelines. Those construction guidelines, explanations, data, and examples for residences are set forth in the third edition of the FEMA Coastal Construction Manual (CCM), which was published in June 2000.

To obtain a copy of the Coastal Construction Manual, you may submit a written request to:

FEMA Distribution Center
P.O. Box 2012
Jessup, MD 20794

or call toll-free 1-800-480-2520 and ask for the FEMA Coastal Construction Manual, either the print publication (FEMA 55) or the interactive CD-ROM (FEMA 55CD).

FEMA Form 086-0-4

Previously FEMA Form 81-25

F-086 (Revised NOV 2013)

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

O.M.B. No. 1660-0006
Expires April 30, 2020

V-Zone Risk Factor Rating Form

Important: Read the instructions that begin immediately after page 5 of 5 of this form.

SECTION A — PROPERTY INFORMATION

| | | | | |
|--|-------|---|------------------------|--|
| POST-CONSTRUCTION PROPERTY ADDRESS (ADDRESS OF BUILDING BEING RATED, IF KNOWN) | | | FLOOD PROGRAM USE ONLY | |
| | | | V.R.N. NO. | |
| CITY | STATE | ZIP CODE | DATE REC. | INIT. |
| PROPERTY DESCRIPTION (LOT NO., BLOCK NO., TAX PARCEL NO., LEGAL DESCRIPTION, ETC.) | | | | |
| BUILDING USE (E.G., RESIDENTIAL, NON-RESIDENTIAL, ADDITION, ACCESSORY, ETC.) | | | | |
| LATITUDE/LONGITUDE (OPTIONAL) (## ° - ## ' - ## " or ##.#### °) | | HORIZONTAL DATUM <input type="checkbox"/> NAD 1927 <input type="checkbox"/> NAD 1983 | | SOURCE: <input type="checkbox"/> GPS (TYPE) <input type="checkbox"/> USGS Quad Map <input type="checkbox"/> OTHER |
| ESTIMATED COST OF CONSTRUCTION (EXCLUDING COST OF LAND) | | | | |

Owner

| | | | | |
|--|--|------|-------|----------|
| NAME | | | | |
| MAILING ADDRESS (NOT NECESSARILY THE PROPERTY BEING RATED) | | CITY | STATE | ZIP CODE |
| PHONE NO. INCLUDING AREA CODE | | | | |

Elevation certification may be determined by a registered professional surveyor, engineer, or architect (attach certification). The elevation data and Flood Insurance Rate Map (FIRM) information may be obtained from the Elevation Certificate. If this certificate is not available, the professional certifying this document must determine the required information, if authorized by law.

NFIP Community No. _____ Base Flood Elevation (BFE)* _____ Datum _____

FIRM Panel No. _____ 100-year stillwater elevation* _____ Datum _____

FIRM Effective Date _____ Average grade elevation* _____ Datum _____

FIRM Zone _____ Bottom of lowest horizontal
supporting member elevation* _____ Datum _____

* All elevations must be referenced to the datum on which the FIRM is based (e.g., NGVD, NAVD).

SECTION B — COASTAL V-ZONE FLOOD RISK BUILDING POINT CALCULATION SHEET

Enter your File or Identification Number here and on the top of pages 2 of 5 through 5 of 5 _____

The submitting registered professional engineer or architect should complete the calculation sheet using the building points shown.

You may use this form only if:

- The bottom of the lowest horizontal supporting member of the lowest floor is at or above 0.1 foot below the BFE. ☐ Yes (continue) ☐ No (**STOP**)
- Only flood-damage-resistant materials are used below the BFE (see NFIP Technical Bulletin 2-93 in CCM Appendix H). ☐ Yes (continue) ☐ No (**STOP**)
- Shear walls and/or other solid obstructions below the BFE are installed such that less than 25% of the building width measured parallel to the shoreline is obstructed. ☐ Yes (continue) ☐ No*

* This form may be used in situations where $\geq 25\%$ of the building width is obstructed, only if the submit-for-rate process is used and engineering calculations and plans are attached to this form; otherwise, stop. See page 2.

Page 1 of 5 Pages

FEMA Form 086-0-4

Previously FEMA Form 81-25

F-086 (Revised NOV 2013)

File or Identification Number _____

V-ZONE RISK FACTOR RATING FORM**I. LOWEST FLOOR ELEVATION**CIRCLE APPROPRIATE
POINTS AND ENTER
BUILDING POINTS
IN APPROPRIATE
BOX BELOW**A. Bottom of lowest horizontal supporting member of lowest floor, relative to effective BFE at the time of project construction. (Round all measurements to the nearest 0.1 foot. Do not consider equipment and breakaway enclosures below the elevated floor for this calculation.)**

1. 0.1 foot below the BFE to 0.4 foot above BFE 0 pts.
 2. 0.5 foot above the BFE to 1.4 feet above BFE 60 pts.
 3. 1.5 feet above the BFE to 2.4 feet above BFE 160 pts.
 4. 2.5 feet above the BFE to 3.4 feet above BFE 240 pts.
 5. 3.5 feet or more above BFE 300 pts.

POST-CONSTRUCTION

II. SITE AND ENVIRONMENTAL CONSIDERATIONS**A. Distance from shoreline (Complete either item 1 or item 2)**

1. Ratio of horizontal distance from dune crest or bluff edge or crest of erosion control device (e.g., seawall or revetment) to seaward side of building foundation, divided by long-term average annual erosion rate (AAER) used in calculation shown in Section C, item 2. (If no dune or bluff, use seaward line of stable vegetation; for stable, accreting, or rocky shorelines, use erosion rate = 1.0 foot/year; for shoreline with erosion control device or beach nourishment project, use pre-project AAER.)

- a. If minimum horizontal distance from crest of erosion control device to seaward side of building foundation < 30 ft (see Figure 4a in Instructions)..... 0 pts.
- b. If no erosion control device, or crest of device \geq 30 feet from seaward side of building foundation (see Figures 1, 2, 3, and 4b in Instructions) and:
- 0 < ratio \leq 10 0 pts.
 10 < ratio \leq 30 pts. = ratio
 30 < ratio \leq 60 pts. = 1.5 \times ratio
 60 < ratio pts. = 2.0 \times ratio, not to exceed 150 pts.
 Unknown 0 pts.

2. For shoreline without an erosion control device, subject to periodic large-scale fluctuations, location of seaward side of building foundation relative to most landward historical vegetation line (see Figure 5 in Instructions)

- a. Foundation at or landward of most landward vegetation line in past 20 years 0 pts.
 b. Foundation at or landward of most landward vegetation line in past 40 years 75 pts.
 c. Foundation at or landward of most landward vegetation line in past 60 years 150 pts.
 d. Unknown 0 pts.

B. Dune, structural, or beach nourishment protection (Complete item 1, item 2, and/or item 3, as applicable)

1. Dune reservoir above 100-year stillwater elevation (see Figure 6 in Instructions)

- a. < 540 square feet 0 pts.
 b. 540 square feet \leq reservoir < 1,100 square feet 30 pts.
 c. 1,100 square feet \leq reservoir 50 pts.
 d. Unknown 0 pts.

2. For upland property fronted by erosion control device (e.g., seawall, revetment)

- a. Seaward side of building foundation < 30 feet from crest of wall or revetment (see Figure 4a in Instructions) 0 pts.
- b. Seaward side of building foundation \geq 30 feet from crest of wall or revetment — enter points for only one of the following three conditions:
- (1) Crest elevation of wall or revetment at or below 100-year stillwater elevation (see Figure 7 in Instructions) 0 pts.
 (2) Crest elevation of wall or revetment above 100-year stillwater elevation (see Figure 8 in Instructions) pts. = D/2, not to exceed 15 pts.
 (3) Wall or revetment adequate to protect upland property during 100-year event (satisfies criteria set forth in Part VII of CERC TR 89-15) 50 pts.

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V-ZONE RISK FACTOR RATING FORM

3. For upland property with an ongoing beach nourishment project undertaken within the last 5 years

- a. Constructed project with a Federal, state, or local government sponsor, with all necessary permits and a long-term funding mechanism in place, and with ongoing renourishment (project maintenance)..... 50 pts.
- b. Less than 3.a..... 0 pts.

POST-CONSTRUCTION**III. BUILDING SUPPORT SYSTEM AND DESIGN DETAILS****A. Foundation design (Complete item 1, item 2, and item 3)**

1. Foundation design based on lowest expected ground elevation and highest expected BFE over 50-year life of structure (accounts for lowering of soil due to long-term erosion, shoreline fluctuations, and storm erosion — see Figure 9 in Instructions) 40 pts.
2. Foundation design accounts for local scour during 100-year flood event (see Figure 10 in Instructions and CCM Section 7.5.2.5)..... 20 pts.
3. Foundation design based on loads and load combinations computed in accordance with ASCE 7-98 (or later editions) and CCM Chapter 11 40 pts.

B. Foundation type (Complete either item 1 or item 2)

1. Pile foundation (complete items a, b, and c for driven piles; complete items a, b, c, and d for jetted piles; complete items a, b, c, and e for piles set in augered or pre-dug holes)

a. Pile embedment

- (1) All pile tips are to -10 feet MWL or deeper* 75 pts.
- (2) Any pile embedment is less than -10 feet MWL, but no pile is less than -5 feet MWL* 0 pts.
- (3) Any pile embedment is less than -5 feet MWL* -75 pts.

* If refusal is reached before the specified depth, consult a professional engineer to determine whether foundation anchoring is adequate and whether scour will undermine the foundation. These judgments should determine the appropriate point value.

b. Pile size and type

- (1) Wood piles at least 10" x 10" or 8" tip round 75 pts.
- (2) Wood piles smaller than dimensions in (1) but no smaller than 8" x 8" or 6" tip round 30 pts.
- (3) Wood piles less than dimensions in (2) -75 pts.
- (4) Reinforced or prestressed concrete piles at least 8" x 8" 75 pts.
- (5) Steel piles with corrosion protection or engineered to take predicted corrosion into account 75 pts.

c. Bracing

- (1) Bracing (including grade beams) is required to resist lateral loads, and bracing conforms to CCM Sections 12.4.5, 13.2.3.1, 13.2.3.2, and 13.2.3.3 25 pts.
- (2) Designed to resist lateral loads without bracing or grade beams 50 pts.

d. Jetted pile foundation

- (1) After initial jetting, design embedment and capacity attained by driving 0 pts.
- (2) Jetting only -50 pts.

e. Pile set in augered or pre-dug hole (post foundation)

- (1) After initial set and backfill, design embedment attained by driving 0 pts.
- (2) After initial set and backfill, design embedment attained by jetting -25 pts.
- (3) Set and backfilled only -100 pts.

2. Masonry or concrete columns (piers) supported on footing

a. Embedment and footing size

- (1) Footing elevation and dimensions consistent with CCM Section 12.4.3.2 75 pts.
- (2) Less than required by (1) -75 pts.

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- b. Column (pier) design
- (1) Consistent with requirements of CCM Sections 13.2.4 or 13.2.5 75 pts. POST-CONSTRUCTION
- (2) Less than required by (1) -75 pts.
- c. Bracing
- (1) Bracing (including grade beams) is required to resist lateral loads, and bracing conforms to CCM Sections 12.4.5, 13.2.3.1, 13.2.3.2, and 13.2.3.3 25 pts.
- (2) Designed to resist lateral loads without bracing or grade beams 50 pts.

C. Lowest horizontal supporting member (Complete item 1 and item 2, or item 1 and item 3)

1. Orientation (see Figure 11 in Instructions)
- a. $\leq \pm 20$ degrees from perpendicular to shoreline 20 pts.
- b. $> \pm 20$ degrees from perpendicular to shoreline 0 pts.
2. Connections between lowest horizontal supporting member and foundation (wood piles and beams)
- a. Wood pile notching
- (1) All piles AND horizontal members notched 50% or less 0 pts.
- (2) Any piles OR horizontal members notched more than 50% -100 pts.
- b. Connections between wood piles and beams
- (1) All bolted connections 50 pts.
- (2) Any non-bolted connections (e.g., light-gauge metal connectors, nailed connections) -250 pts.
3. Engineered connections between beam and pile (when either pile or beam is not wood) 50 pts.

IV. OBSTRUCTIONS AND ENCLOSURES**A. Obstructions below BFE (Complete item 1, item 2, and item 5, and either item 3 or item 4; see NFIP Technical Bulletin 5-93 in CCM Appendix H)**

1. Free of obstruction AND no enclosed areas below BFE (open stairs, insect screening, and open lattice are permitted — see Instructions for discussion of open lattice) 100 pts.
2. Spacing of piles/columns/piers
- a. < 8 feet on center (o.c.) 0 pts.
- b. ≥ 8 feet o.c. 20 pts.
3. Breakaway walls (non-loadbearing) are used below the BFE
- a. Length of breakaway walls ≤ 20 feet -10 pts.
- b. Length of breakaway walls > 20 feet but ≤ 60 feet -20 pts.
- c. Length of breakaway walls > 60 feet -40 pts.
4. Area enclosed by non-loadbearing breakaway walls, and some portion of the non-loadbearing walls is finished
- a. Length of finished breakaway wall < 20 feet -50 pts.
- b. Length of finished breakaway wall ≥ 20 feet but < 50 feet -100 pts.
- c. Length of finished breakaway wall ≥ 50 feet -250 pts.
5. Elevator, stairwell, masonry chimney, or other solid obstruction in 1- to 4-family, 3-story or less, residential structure -100 pts.

B. Equipment

1. ALL equipment and ductwork below building lie at or above BFE 0 pts.
2. ANY equipment or ductwork below the building is below the BFE and is NOT resistant to flood damage, but will not adversely affect the ability of other parts of the building to resist velocity flows and wave action (complete item 1 in Section C of this form below; FEMA may use the additional information from item 1 in section C of this form to deduct fewer than 100 points) -100 pts.

V. BUILDING POINT TOTAL

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File or Identification Number _____

V-ZONE RISK FACTOR RATING FORM

SECTION C — INFORMATION PERTAINING TO THE BUILDING

1. List all equipment below BFE (check all that apply):

- | | | |
|--|---|---|
| <input type="checkbox"/> Air conditioner/heat pump | <input type="checkbox"/> Furnace | <input type="checkbox"/> Air handler |
| <input type="checkbox"/> Ductwork | <input type="checkbox"/> Electric panel, fuse box | <input type="checkbox"/> Elevator equipment |
| <input type="checkbox"/> Water heater | <input type="checkbox"/> Water softener/conditioner | <input type="checkbox"/> Pump |
| <input type="checkbox"/> Clothes washer/dryer | <input type="checkbox"/> Other (list) | |

2. To support the point values claimed in item II.A in Section B of this form, provide the following:

Average annual erosion rate _____ feet/year

Source of rate _____

Date of rate calculation _____

Reference feature used (e.g., dune crest, vegetation line, top of bluff, crest of armoring) _____

Source of most landward vegetation line _____

When claiming points for compliance with item II.B.2.b.(3) (erosion control device meets requirements of CERC TR 89-15), describe how the device meets the requirements. _____

When claiming points for compliance with item II.B.3.a (beach nourishment project), provide the name of the project, the name of the sponsoring government entity, and the date of the last nourishment or renourishment work.

Name of Project _____

Sponsor _____

Date of last nourishment/renourishment _____

When submitting the completed V-Zone Risk Factor Rating Form, provide the following supporting material:

- Building plans for “before construction” rating
- Completed NFIP Elevation Certificate (FEMA Form 81-31), Flood Insurance Application, and photographs of building for “after construction” rating

SECTION D — CERTIFICATION

POST-CONSTRUCTION CERTIFICATION. I meet the qualifications set forth on page 1 of 7 of the Instructions for this V-Zone form and certify that the above statements are correct to the best of my knowledge. I understand that any false statement may be punishable by fine or imprisonment under 18 U.S. Code, Section 1001.

Name of Registered Professional Engineer or Architect _____

Title _____

Address _____

Signature _____

Date _____

Flood Program Use Only**NFIP Flood Risk Factor
CONFIRMATION**Total Coastal V-Zone
Flood Risk Factor**POST-CONSTRUCTION**

Buildings:

Contents:

NFIP Underwriter's Signature _____

Date _____

Page 5 of 5 Pages

FEMA Form 086-0-4

Previously FEMA Form 81-25

F-086 (Revised NOV 2013)

V-Zone Risk Factor Rating Form Instructions

This V-Zone Risk Factor Rating Form is to be used in the determination of the flood insurance discount for buildings and contents located in a coastal area designated by the NFIP as Zone V, VE, or V1-V30.

The basic premise behind this form is that flood insurance premiums can be reduced for V-zone buildings that exceed minimum NFIP requirements. This form allows an engineer or architect to claim points for a variety of siting, design, and construction practices that exceed minimum NFIP requirements. Section B of the form, Coastal V-Zone Flood Risk Building Point Calculation Sheet, is divided into four main categories:

- I. Lowest Floor Elevation
- II. Site and Environmental Considerations
- III. Building Support System and Design Details
- IV. Obstructions and Enclosures

The NFIP will review the completed form and assign a premium discount, depending on the number of points awarded.

This form may be submitted only after construction is completed. However, the form may be used before construction is begun (during site selection and project planning) to guide the designer and owner with regard to those practices that will result in the greatest flood insurance premium reduction—that is, those practices that are deemed most important in reducing potential flood and erosion losses.

The maximum number of points that can be claimed on this form is 1,030. The greater the number of points, the greater the reduction in the flood insurance premium. Of the total number of possible points, the approximate percentage for each of the four categories listed above is as follows:

- Lowest Floor Elevation - 30 percent
- Site and Environmental Considerations - 30 percent
- Building Support System and Design Details - 30 percent
- Obstructions and Enclosures - 10 percent

This form is used solely to adjust insurance rating for a building and does not replace other forms and certificates that may be required by a community or state.

To complete this form, the engineer or architect will need to refer to the Coastal Construction Manual (FEMA 55). See the inside cover of this form for information about how to obtain a copy of FEMA 55.

Completion of this form must be accomplished by a registered professional engineer or registered architect duly licensed in the state where the subject structure is located.

The completed form should be submitted to the NFIP Bureau and Statistical Agent, Underwriting Department, 8400 Corporate Drive, Suite 350, Landover, MD 20785. Confirmation of the V-zone risk discount and rate for National Flood Insurance coverage will be returned in approximately 30 days.

Local permit officials will have on file copies of the community's most recent Flood Insurance Rate Map (FIRM) and Flood Insurance Study (FIS). Your client's property and casualty insurance agent may have a copy of the community's FIRM and is a valuable source of related information. If you need assistance, call the NFIP toll-free at 1-800-358-9616.

Page 1 of 7 Pages

FEMA Form 086-0-4

F-086 (Revised NOV 2013)

V-Zone Risk Factor Rating Form

SPECIFIC INSTRUCTIONS FOR SECTION B, COASTAL V-ZONE FLOOD RISK BUILDING POINT CALCULATION SHEET

I. Lowest Floor Elevation. The lowest floor elevation measurement should be made at the bottom of the lowest horizontal structural member supporting the lowest floor. Lowest floor guidance can be obtained from the Elevation Certificate or the Flood Insurance Manual (Lowest Floor Guide):

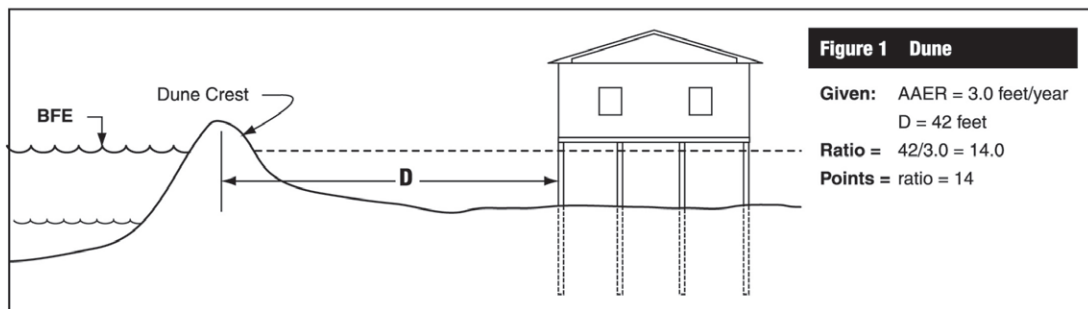
- The Elevation Certificate can be downloaded from FEMA's site on the World Wide Web at <http://www.fema.gov/business/nfip/elvinst.shtm>. The certificate is also available from the FEMA Distribution Center at 1-800-480-2520 (ask for FEMA Form 81-31).
- The Flood Insurance Manual is available from the FEMA web site at <http://www.fema.gov/business/nfip/manual.shtm>.

II.A. Distance from shoreline. Siting structures away from the shoreline is recognized as one of the most important ways of preventing building damage. This form provides credit for siting buildings landward of dunes, bluffs, and erosion control devices (item II.A.1), and landward of shorelines that fluctuate large distances (i.e., those that experience large-scale erosion and accretion through time, item II.A.2).

Points may be claimed for II.A.1 or II.A.2, but not for both. In the majority of situations, II.A.1 will be used for calculating points.

II.A.1. Points will be awarded based on (1) the distance between the seaward side of the building foundation and the dune crest, bluff edge, or erosion control device crest and (2) the average annual erosion rate (AAER) for the site.

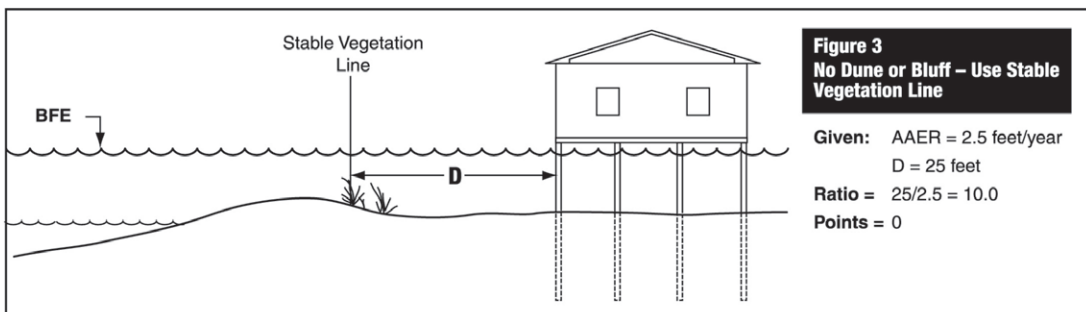
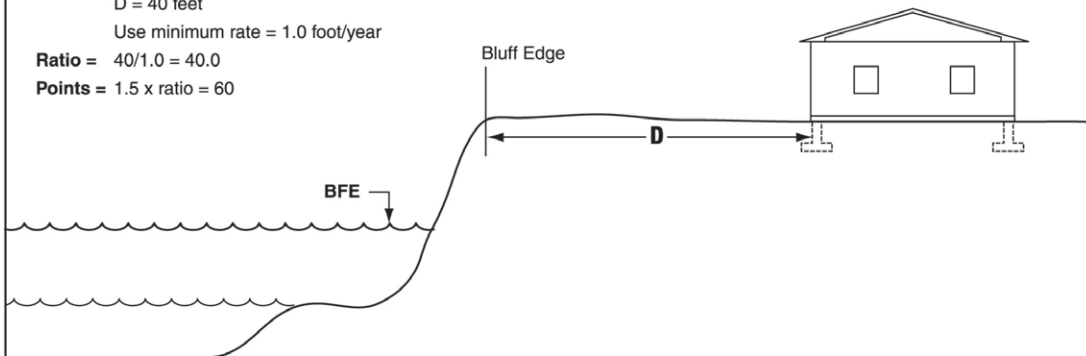
This item requires the engineer or architect to (1) measure the horizontal distance between the building foundation and the dune crest, bluff edge, or erosion control device crest, (2) obtain the average annual erosion rate at the site, and (3) calculate the ratio between the distance and the erosion rate (consult the local jurisdiction or state coastal management program for erosion rate information). The examples shown in Figures 1-4b, following, illustrate the calculation of points for five cases.



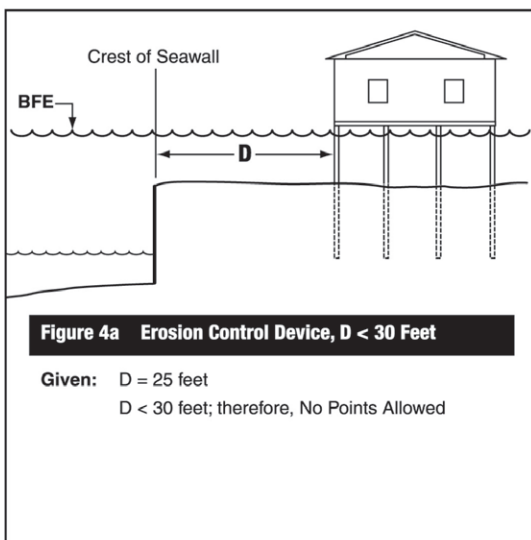
V-Zone Risk Factor Rating Form

Figure 2 Bluff

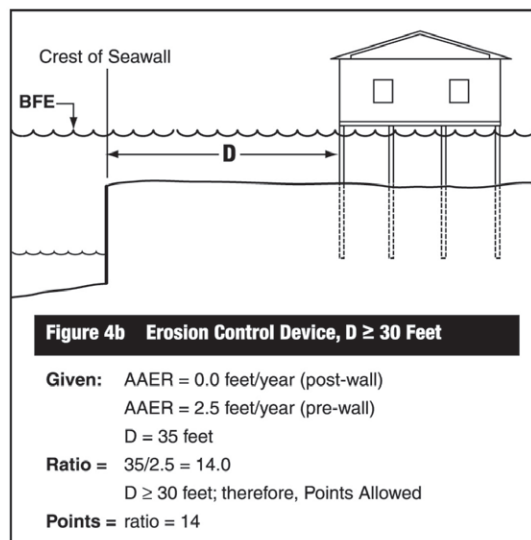
Given: AAER = 0.5 foot/year
 D = 40 feet
 Use minimum rate = 1.0 foot/year
Ratio = $40/1.0 = 40.0$
Points = $1.5 \times \text{ratio} = 60$

**Figure 3
No Dune or Bluff – Use Stable
Vegetation Line**

Given: AAER = 2.5 feet/year
 D = 25 feet
Ratio = $25/2.5 = 10.0$
Points = 0

**Figure 4a Erosion Control Device, D < 30 Feet**

Given: D = 25 feet
 D < 30 feet; therefore, No Points Allowed

**Figure 4b Erosion Control Device, D ≥ 30 Feet**

Given: AAER = 0.0 feet/year (post-wall)
 AAER = 2.5 feet/year (pre-wall)
 D = 35 feet
Ratio = $35/2.5 = 14.0$
 D ≥ 30 feet; therefore, Points Allowed
Points = ratio = 14

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V-Zone Risk Factor Rating Form

II.A.2. Points will be awarded based on the location landward of the seaward side of the building foundation relative to the fluctuating shoreline on the site. Average annual erosion rates are not used for this calculation. CCM Figures 7-47, 7-48, and 7-49 show a situation in which item II.A.2 would be used to calculate points.

This item requires the engineer or architect to (1) obtain historical shoreline (vegetation line) positions at the site, (2) locate the seaward side of the building foundation, and (3) determine how long it has been since the vegetation line was landward of the seaward side of the building foundation. An example is shown in Figure 5 using the data from CCM Figure 7-49.

Figure 5 shows that the seaward side of the building foundation was seaward of the vegetation line as recently as 1997. No points would be claimed in this example. In order for points to be claimed for this item, the building would have had to have been constructed landward of all vegetation lines for the past 40+ years—since approximately 1957.

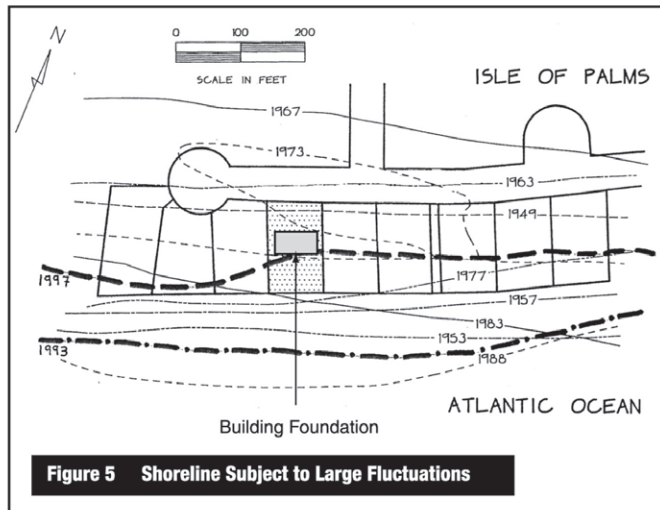


Figure 5 Shoreline Subject to Large Fluctuations

II.B. Dune, structural, or beach nourishment protection. This form provides credit for protection received from large dunes (item II.B.1), erosion control devices (item II.B.2), and beach nourishment projects (item II.B.3) that meet certain criteria. Points will be awarded based on the level of flood and erosion protection afforded by a dune, erosion control device, or beach nourishment project.

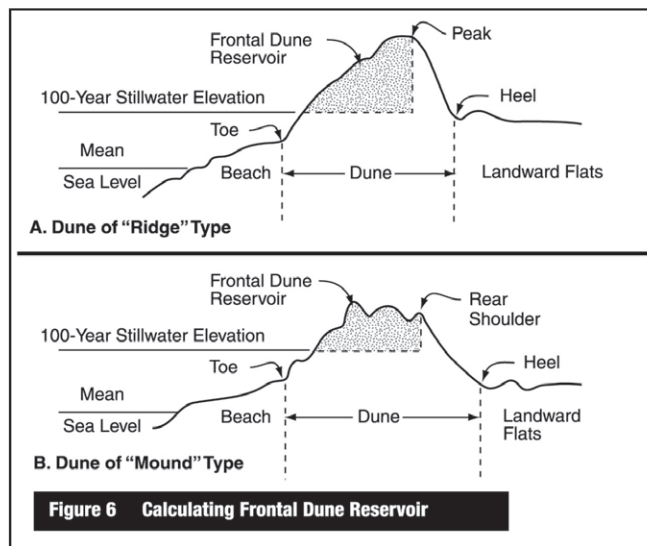


Figure 6 Calculating Frontal Dune Reservoir

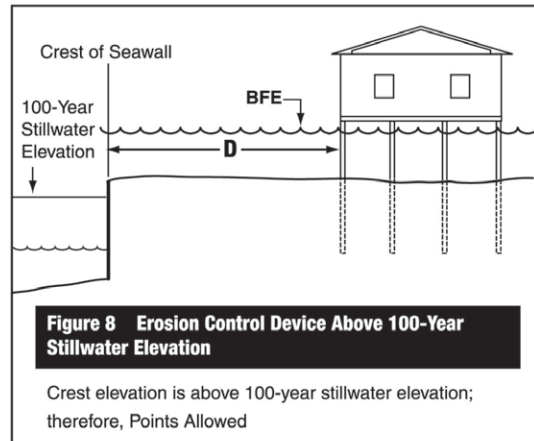
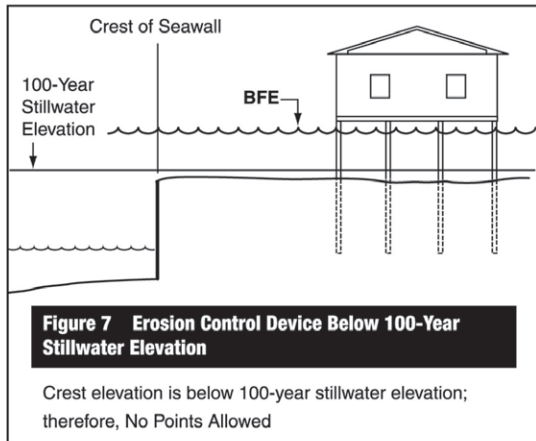
Points may be claimed for II.B.1, II.B.2, and II.B.3, if applicable.

II.B.1. The dune reservoir is the cross-section (in square feet) above the 100-year stillwater elevation (obtained from the Flood Insurance Study [FIS] report) and seaward of the dune crest or shoulder (see Figure 6).

This item requires the engineer or architect to (1) plot a dune cross-section seaward of the building site, (2) determine the 100-year stillwater elevation (from the FIS report) and plot on the dune profile, (3) characterize the dune as a ridge type or mound type, and (4) define the limits of the dune reservoir and calculate its cross-sectional area.

V-Zone Risk Factor Rating Form

II.B.2. Points may be claimed for protection offered by an erosion control device (seawall or revetment) only if the crest elevation of the device is above the 100-year stillwater elevation, which may be obtained from the FIS report (see Figures 7 and 8.) Points may be claimed for II.B.2.b.(2) or II.B.2.b.(3). If the crest elevation is above the 100-year stillwater elevation, points may be obtained for II.B.2.b.(2)—the distance between the crest of the device and the seaward side of the building foundation—or II.B.2.b.(3)—a device that satisfies the criteria set forth in the U.S. Army Corps of Engineers, Coastal Engineering Research Center report CERC TR 89-15, *Criteria for Evaluating Coastal Flood Protection Structures*.



This item requires the engineer or architect to (1) determine the crest elevation of the seawall or revetment, (2) determine the 100-year stillwater elevation (from the FIS report) and compare it against the crest elevation, (3) determine the horizontal distance from the crest of the erosion control device to the seaward side of the building foundation, and (4) if maximum points are desired, evaluate the dimensions, strength, and durability of the erosion control device against the CERC criteria.

II.B.3. Points may be claimed for protection offered by an ongoing beach nourishment project. An eligible project must be sponsored by a Federal, state, or local government entity and must have been constructed—either initial construction or project maintenance—in the recent past (5 years or less from the date of completion of this form).

This item requires the engineer or architect to (1) determine whether an eligible beach nourishment project has been conducted in front of the building for which this form is being completed and (2) provide basic information on the project (i.e., name of project, project sponsor, most recent date of project construction) in Section C of this form. Consult the local jurisdiction for this information.

III.A. Foundation design. This form recognizes foundation designs that consider expected conditions over the life of the building (III.A.1), local scour (III.A.2), and design loads (III.A.3). Points may be claimed for III.A.1, III.A.2, and III.A.3, if applicable.

III.A.1. This item requires the engineer or architect to estimate, over the life of the building, (1) the most landward expected shoreline, (2) the lowest expected ground elevation, and (3) the highest expected BFE (see Figure 9). A minimum erosion rate of 1.0 foot/year and a minimum building life of 50 years should be used in the calculations. More details can be found in Section 7.9.2 of the CCM.

V-Zone Risk Factor Rating Form

| |
|--|
| <p align="center">Determine the Most Landward Expected Shoreline Location Over the Anticipated Life of the Building or Development</p> <ul style="list-style-type: none"> • Use published or calculated long-term erosion rate (ft/yr), increasing the rate to account for errors and uncertainty. It is recommended that a minimum rate of 1.0 ft/yr be used unless durable shore protection or erosion-resistant soil is present. • Multiply the resulting erosion rate by the building or development lifetime (years) to compute the long-term erosion distance (ft). Use a minimum lifetime of 50 years. • Measure landward (from the most landward historical shoreline) a distance equal to the long-term erosion distance – this will define the most landward expected shoreline. |
| |
| <p align="center">Determine the Lowest Expected Ground Elevation at the Base of the Building or Structure</p> <ul style="list-style-type: none"> • Beginning with the most landward expected shoreline location: <ul style="list-style-type: none"> • calculate an eroded dune profile using a storm erosion model, or • calculate a stable bluff profile using available guidance and data |
| |
| <p align="center">Determine the Highest Expected BFE at the Base of the Building or Structure</p> <ul style="list-style-type: none"> • Beginning with the eroded dune or stable bluff profile, apply Runup and WHAFIS to determine BFEs |
| <p>Figure 9 Determining Site Conditions Over the Life of the Building</p> |

III.A.2. Local scour is illustrated in Figure 10, and its calculation is discussed in Section 11.6.11 of the CCM. Local scour around pilings and columns and grade beams can generally be estimated as twice the diameter of the member (see CCM Formula 11.10.a). Local scour around large objects and enclosed areas can also be estimated, but do not use CCM Formula 11.10.b. Instead, estimate local scour as equal to the width of the object facing the flow or waves, with a maximum scour depth of 3 feet.

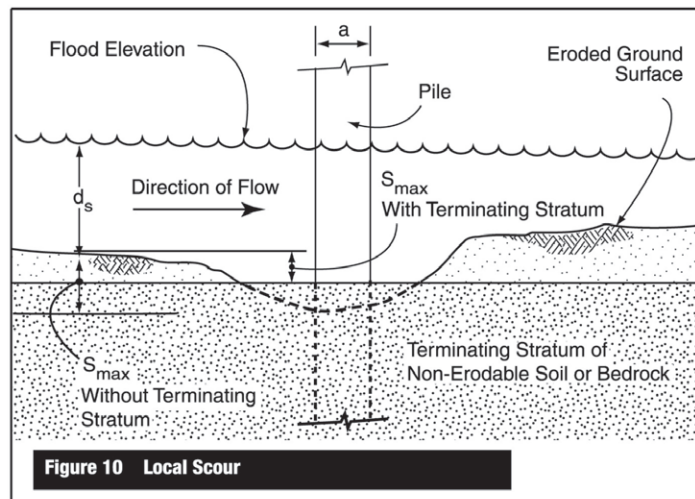


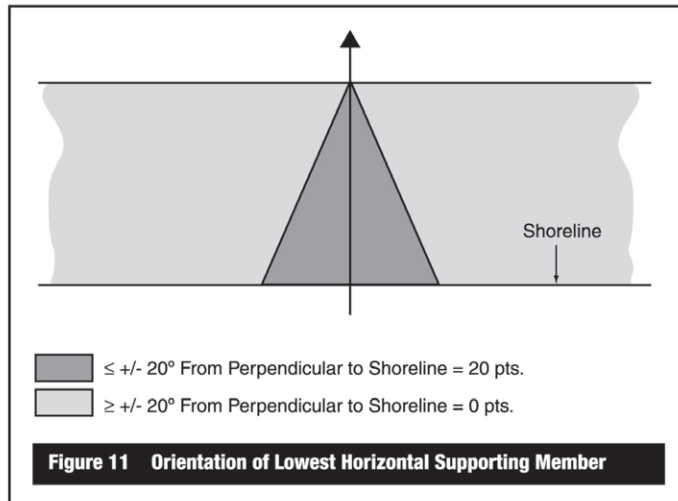
Figure 10 Local Scour

V-Zone Risk Factor Rating Form

III.A.3. This form awards points for the use of loads and load combinations based on ASCE 7-98 (or later editions) and CCM Chapter 11.

III.B. Foundation type. This form recognizes several types of V-zone foundations (wood, concrete, steel, and masonry; driven piles; piles set in augered holes; cast-in-place piles; and masonry piers/concrete columns on footings). Maximum points can be obtained only with driven piles; reinforced, cast-in-place piles; and jetted or augered piles that satisfactorily pass load tests. Note that it may be very difficult to claim any points for masonry/concrete elements supported on footings.

III.C. Lowest horizontal supporting member. Points can be claimed for (1) orientation of the lowest horizontal supporting member in the expected direction of waves (see Figure 11) and (2) use of bolted or engineered connections between the foundation and lowest horizontal supporting member. For the purposes of this classification, any metal strap, plate, or connector that is not fabricated with structural steel is considered "light-gauge." Point deductions do not apply to the use of light-gauge metal connectors or nailed connections above the top of the lowest horizontal structural member.



IV. Obstructions and Enclosures. V-zone construction must be free of obstructions below the BFE. NFIP regulations allow breakaway enclosures to be constructed (flood insurance premiums will be higher as a result) and allow limited use of solid obstructions (e.g., shear walls, stairwells, elevators, and chimneys).

This form provides points for buildings without any enclosures or obstructions. The use of open lattice (see IV.A.1) and/or insect screening still allows points to be claimed. Points will be deducted for the use of breakaway walls. Points will be deducted for finished walls or space (even breakaway) below the BFE. Points will be deducted for equipment or ductwork below the BFE and not flood-resistant. The conversion of below-BFE space to habitable uses by building contractors and owners represents one of the most significant (and common) violations of NFIP regulations. This form reflects the importance of the issue through its point deductions.

IV.A.1. Open lattice is defined as thin (1/2 inch or less) wood, vinyl, plastic, or similar lattice material with at least 40 percent of the lattice area open. A wall created of brick or other masonry units meeting the opening requirement will not be considered open lattice.