

## PREFERRED RISK POLICY

### I. GENERAL DESCRIPTION

The Preferred Risk Policy (PRP) is a lower-cost Standard Flood Insurance Policy (SFIP), written under the Dwelling Form or General Property Form. It offers fixed combinations of building/contents coverage limits or contents-only coverage. The PRP is available for property located in B, C, and X Zones in Regular Program communities that meets eligibility requirements based on the property's flood loss history. It is also available for buildings that are eligible for the 2-year PRP Eligibility Extension. (See eligibility requirements below.)

For residential properties, the maximum coverage combination is \$250,000 building and \$100,000 contents. Up to \$100,000 contents-only coverage is available.

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

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

### II. ELIGIBILITY REQUIREMENTS

#### A. Flood Zone

To be eligible for coverage under the PRP, the building must be in a B, C, or X Zone on the effective date of the policy, with the following exceptions:

- Buildings that were newly mapped within a Special Flood Hazard Area (SFHA) due to a map revision on or after October 1, 2008, and before January 1, 2011, are eligible for a PRP for 2 policy years if their policy effective date is between January 1, 2011, and December 31, 2012.
- Buildings that are newly mapped within an SFHA due to a map revision on or after January 1, 2011, are eligible for a PRP for 2 policy years from the map revision date. This does not apply to communities newly entering the Regular Program.

The exceptions above include buildings previously in D Zones that have been newly mapped into an SFHA due to a map revision.

Buildings meeting the above requirement must also meet the PRP loss history requirements. At the end of the 2-year PRP Eligibility Extension period following a map revision, policies on these buildings must be written as standard-rated policies.

For the purpose of determining the flood zone, the agent/producer may use the Flood Insurance Rate Map (FIRM) in effect at the time of application and presentment of premium, except when the building is eligible for the PRP under the 2-year PRP Eligibility Extension. The flood map available at the time of the renewal offer determines a building's continued eligibility for the PRP. NFIP grandfather rules do not apply to the PRP.

#### B. Occupancy

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

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

#### C. Loss History

A building's eligibility for the PRP is based on the preceding requirements and on the building's flood loss history. If any of the following conditions exists within any 10-year period, regardless of any change(s) in ownership of the building, then the building is not eligible for the PRP:

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

### THE PRP AT A GLANCE

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

- 1 flood insurance claim payment and 1 Federal flood disaster relief payment (including loans and grants), each for separate losses and each more than \$1,000.

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

### III. INELIGIBILITY

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

- Buildings and/or contents in Emergency Program communities are not eligible for the PRP.
- Buildings and/or contents in SFHAs are not eligible for the PRP, unless eligible under the 2-year PRP Eligibility Extension.
- Multi-unit residential condominium buildings eligible under the Residential Condominium Building Association Policy (RCBAP) are not eligible for the PRP.
- Individual residential condominium units in non-residential condominium buildings are not eligible for building coverage.
- Individual non-residential condominium units are not eligible for building coverage.
- Contents located entirely in a basement are not eligible for contents-only coverage. However, contents located entirely in an enclosure are eligible.
- Condominium units are not eligible for Increased Cost of Compliance (ICC) coverage.
- Buildings on Leased Federal Property determined by the Administrator to be located on the river-facing side of any dike, levee, or other riverine flood-control structure, or seaward of any seawall or other coastal flood-control structure are not eligible for the PRP.

### IV. DOCUMENTATION

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

- A Letter of Map Amendment (LOMA);
- A Letter of Map Revision (LOMR);
- A Letter of Determination Review (LODR);

- A letter indicating the property address and flood zone of the building, and signed and dated by a local community official;
- An Elevation Certificate indicating the exact location and flood zone of the building, signed and dated by a surveyor, an engineer, an architect, or a local community official;
- A flood zone determination certification that guarantees the accuracy of the information; or
- A copy of the most recent flood map marked to show the exact location and flood zone of the building is also acceptable, though additional documentation may be required if the building is close to the zone boundary.

If issuing coverage under the 2-year PRP Eligibility Extension, the previous and current zones must each be documented with 1 of the items from the list above.

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

### V. RENEWAL

An eligible risk renews automatically without submission of a new application. If, during a policy term, the risk fails to meet the eligibility requirements, it cannot be renewed as a PRP. It must be nonrenewed or rewritten as a standard-rated policy.

Effective May 1, 2008, if there has been a map change during the policy term that may affect the insured property, proof of the building's continued eligibility for the PRP must be provided for the policy to be renewed. In addition, effective January 1, 2011, PRPs renewed under the 2-year PRP Eligibility Extension must have the current and previous flood maps to document the building's eligibility.

### VI. COVERAGE LIMITATIONS

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

### VII. REPLACEMENT COST COVERAGE

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

## VIII. DISCOUNTS/FEES/ICC PREMIUM

- Community Rating System (CRS) discounts are not available for the PRP.
- The \$50 Community Probation Surcharge is added, when applicable.
- The Federal Policy Fee of \$20 is included in the premium and is not subject to commission.
- The ICC Premium of \$5 is included in the premium. Deduct this amount if the risk is a condominium unit.

## IX. DEDUCTIBLES

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

## X. ENDORSEMENTS

The PRP may be endorsed to:

- Increase coverage mid-term, subject to the coverage limits in effect when the policy was issued or renewed. See the General Change Endorsement section in this manual for an example.
- Correct misratings, such as those due to an incorrect building description or community number.

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

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

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

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

- The request to endorse or cancel/rewrite the policy is received during the current policy term; *and*
- No claim has been paid or is pending on the policy term being canceled.

The new PRP building and/or contents coverage will be equal either to the building limit issued under the standard-rated B, C, or X Zone policy or the next-higher limit available under the PRP if there is no PRP option equal to the standard-rated B, C, or X Zone building

limit. For a standard-rated contents-only policy, the contents coverage will be equal to the limit issued under the standard-rated policy or the next-higher limit. If building coverage is desired, the policy should be endorsed for building and contents coverage with a 30-day waiting period applied.

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

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

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

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

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

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

A PRP must be canceled and rewritten as a standard-rated policy if the risk does not meet the PRP or the 2-year PRP Eligibility Extension requirements on the policy effective date. (See the Eligibility Requirements subsection in this section.)

When the property's eligibility for the PRP has expired, the policy must be written as a standard-rated B, C, or X Zone policy at renewal. Unless the information is contained in the underwriting file, documentation needed to convert a PRP to a standard-rated B, C, or X Zone policy must be obtained at the time of conversion and must include the following: (1) the building's flood risk zones on the current and previous flood maps (Pre- and Post-FIRM buildings must meet the grandfather rules); and (2) the completed Application Part 2 information as applicable to the building.

**NOTE:** When policies for buildings insured under the 2-year PRP Eligibility Extension are renewed as standard-rated policies at the end of the eligibility period, they may be rated using X Zone rates if their

■ previous zone was B, C, or X. If the previous zone was D, use D Zone rates.

The building and/or contents coverage on the new standard-rated policy cannot exceed the building limit and/or contents limit issued under the PRP.

■ The policyholder will have 30 days from notification to pay the additional premium due, or 60 days from notification to obtain additional information if needed to rate the policy, and then 30 days to pay

the additional premium due. The premium due will be calculated from the beginning of the policy term to restore the originally requested limits without a waiting period. The policyholder has the option to reduce or delete coverage in order to wholly or partially reduce the underpayment amount.

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

## PREFERRED RISK POLICY CONDOMINIUM RATING CHART

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

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

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

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

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

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

### NON-RESIDENTIAL BUILDING

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

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

# PRP COVERAGE LIMITS AVAILABLE EFFECTIVE OCTOBER 1, 2012

## 1-4 FAMILY RESIDENTIAL BUILDING AND CONTENTS COVERAGE COMBINATIONS<sup>1, 2, 3</sup>

WITH BASEMENT OR ENCLOSURE <sup>4</sup>			WITHOUT BASEMENT OR ENCLOSURE <sup>5</sup>		
BUILDING	CONTENTS	PREMIUM	BUILDING	CONTENTS	PREMIUM
\$ 20,000	\$ 8,000	\$159	\$ 20,000	\$ 8,000	\$129
\$ 30,000	\$ 12,000	\$191	\$ 30,000	\$ 12,000	\$165
\$ 50,000	\$ 20,000	\$243	\$ 50,000	\$ 20,000	\$217
\$ 75,000	\$ 30,000	\$285	\$ 75,000	\$ 30,000	\$254
\$100,000	\$ 40,000	\$313	\$100,000	\$ 40,000	\$282
\$125,000	\$ 50,000	\$334	\$125,000	\$ 50,000	\$303
\$150,000	\$ 60,000	\$353	\$150,000	\$ 60,000	\$322
\$200,000	\$ 80,000	\$389	\$200,000	\$ 80,000	\$353
\$250,000	\$100,000	\$417	\$250,000	\$100,000	\$376

## RESIDENTIAL CONTENTS-ONLY COVERAGE<sup>1, 2, 6</sup>

CONTENTS ABOVE GROUND LEVEL MORE THAN 1 FLOOR		ALL OTHER LOCATIONS (BASEMENT-ONLY NOT ELIGIBLE)	
CONTENTS	PREMIUM	CONTENTS	PREMIUM
\$ 8,000	\$51	\$ 8,000	\$70
\$ 12,000	\$67	\$ 12,000	\$95
\$ 20,000	\$99	\$ 20,000	\$132
\$ 30,000	\$113	\$ 30,000	\$151
\$ 40,000	\$126	\$ 40,000	\$169
\$ 50,000	\$138	\$ 50,000	\$186
\$ 60,000	\$150	\$ 60,000	\$204
\$ 80,000	\$175	\$ 80,000	\$225
\$100,000	\$200	\$100,000	\$245

## OTHER RESIDENTIAL BUILDING AND CONTENTS COVERAGE COMBINATIONS<sup>1, 2, 3</sup>

With Basement or Enclosure<sup>4</sup>

CONTENTS COVERAGE		\$8,000	\$12,000	\$20,000	\$30,000	\$40,000	\$50,000	\$60,000	\$80,000	\$100,000
BUILDING COVERAGE	\$ 20,000	\$173	\$187	\$201	\$214	\$227	\$238	\$249	\$260	\$270
	\$ 30,000	\$187	\$202	\$215	\$229	\$241	\$252	\$264	\$274	\$284
	\$ 50,000	\$222	\$237	\$250	\$264	\$276	\$287	\$299	\$309	\$319
	\$ 75,000	\$239	\$253	\$267	\$280	\$293	\$304	\$315	\$325	\$336
	\$100,000	\$262	\$276	\$289	\$303	\$315	\$327	\$338	\$348	\$358
	\$125,000	\$269	\$283	\$297	\$310	\$322	\$334	\$345	\$355	\$366
	\$150,000	\$274	\$288	\$302	\$315	\$328	\$339	\$350	\$361	\$371
	\$200,000	\$306	\$320	\$334	\$347	\$359	\$371	\$382	\$392	\$403
	\$250,000	\$323	\$338	\$351	\$365	\$377	\$388	\$400	\$410	\$420

## OTHER RESIDENTIAL BUILDING AND CONTENTS COVERAGE COMBINATIONS<sup>1, 2, 3</sup>

Without Basement or Enclosure<sup>5</sup>

CONTENTS COVERAGE		\$8,000	\$12,000	\$20,000	\$30,000	\$40,000	\$50,000	\$60,000	\$80,000	\$100,000
BUILDING COVERAGE	\$ 20,000	\$144	\$157	\$168	\$179	\$190	\$200	\$209	\$218	\$227
	\$ 30,000	\$163	\$174	\$185	\$197	\$207	\$217	\$227	\$236	\$244
	\$ 50,000	\$199	\$210	\$221	\$233	\$243	\$253	\$263	\$272	\$280
	\$ 75,000	\$219	\$231	\$242	\$252	\$263	\$273	\$282	\$291	\$300
	\$100,000	\$238	\$249	\$261	\$271	\$281	\$291	\$301	\$310	\$318
	\$125,000	\$247	\$259	\$270	\$280	\$290	\$300	\$309	\$318	\$327
	\$150,000	\$254	\$266	\$277	\$287	\$298	\$307	\$316	\$325	\$334
	\$200,000	\$283	\$295	\$306	\$316	\$327	\$336	\$345	\$353	\$362
	\$250,000	\$299	\$310	\$321	\$332	\$342	\$351	\$361	\$369	\$377

1 Add the \$50 Probation Surcharge, if applicable.

2 Premium includes Federal Policy Fee of \$20.

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

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

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

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



# PRP COVERAGE LIMITS AVAILABLE EFFECTIVE OCTOBER 1, 2012 (continued)

## NON-RESIDENTIAL BUILDING AND CONTENTS COVERAGE COMBINATIONS<sup>1, 2</sup>

With Basement or Enclosure<sup>3</sup>

CONTENTS COVERAGE		\$50,000	\$100,000	\$150,000	\$200,000	\$250,000	\$300,000	\$350,000	\$400,000	\$450,000	\$500,000
BUILDING COVERAGE	\$ 50,000	\$924	\$1,191	\$1,446	\$1,689	\$1,921	\$2,141	\$2,350	\$2,547	\$2,733	\$2,907
	\$100,000	\$1,309	\$1,576	\$1,830	\$2,073	\$2,305	\$2,526	\$2,735	\$2,931	\$3,117	\$3,291
	\$150,000	\$1,592	\$1,859	\$2,114	\$2,357	\$2,588	\$2,809	\$3,018	\$3,215	\$3,400	\$3,574
	\$200,000	\$1,746	\$2,013	\$2,267	\$2,510	\$2,742	\$2,962	\$3,171	\$3,368	\$3,554	\$3,728
	\$250,000	\$1,854	\$2,121	\$2,375	\$2,618	\$2,850	\$3,070	\$3,280	\$3,476	\$3,662	\$3,836
	\$300,000	\$1,973	\$2,240	\$2,495	\$2,738	\$2,969	\$3,190	\$3,399	\$3,596	\$3,781	\$3,955
	\$350,000	\$2,105	\$2,372	\$2,627	\$2,870	\$3,101	\$3,322	\$3,530	\$3,727	\$3,912	\$4,086
	\$400,000	\$2,192	\$2,459	\$2,713	\$2,956	\$3,188	\$3,408	\$3,616	\$3,813	\$3,998	\$4,173
	\$450,000	\$2,291	\$2,557	\$2,812	\$3,055	\$3,287	\$3,507	\$3,715	\$3,912	\$4,097	\$4,271
	\$500,000	\$2,399	\$2,666	\$2,920	\$3,163	\$3,395	\$3,615	\$3,823	\$4,020	\$4,205	\$4,380

## NON-RESIDENTIAL BUILDING AND CONTENTS COVERAGE COMBINATIONS<sup>1, 2</sup>

Without Basement or Enclosure<sup>4</sup>

CONTENTS COVERAGE		\$50,000	\$100,000	\$150,000	\$200,000	\$250,000	\$300,000	\$350,000	\$400,000	\$450,000	\$500,000
BUILDING COVERAGE	\$ 50,000	\$584	\$726	\$862	\$992	\$1,115	\$1,233	\$1,344	\$1,449	\$1,548	\$1,641
	\$100,000	\$782	\$924	\$1,060	\$1,190	\$1,313	\$1,431	\$1,542	\$1,647	\$1,746	\$1,839
	\$150,000	\$929	\$1,071	\$1,207	\$1,337	\$1,461	\$1,578	\$1,689	\$1,794	\$1,893	\$1,986
	\$200,000	\$1,083	\$1,225	\$1,361	\$1,490	\$1,614	\$1,731	\$1,843	\$1,948	\$2,047	\$2,139
	\$250,000	\$1,186	\$1,328	\$1,464	\$1,593	\$1,717	\$1,834	\$1,946	\$2,051	\$2,150	\$2,242
	\$300,000	\$1,295	\$1,437	\$1,573	\$1,703	\$1,826	\$1,944	\$2,055	\$2,160	\$2,259	\$2,351
	\$350,000	\$1,353	\$1,496	\$1,632	\$1,761	\$1,885	\$2,002	\$2,114	\$2,219	\$2,318	\$2,410
	\$400,000	\$1,418	\$1,560	\$1,696	\$1,826	\$1,950	\$2,067	\$2,178	\$2,284	\$2,382	\$2,475
	\$450,000	\$1,489	\$1,632	\$1,767	\$1,897	\$2,021	\$2,138	\$2,250	\$2,355	\$2,453	\$2,546
	\$500,000	\$1,567	\$1,709	\$1,845	\$1,975	\$2,098	\$2,216	\$2,327	\$2,432	\$2,531	\$2,623

## NON-RESIDENTIAL CONTENTS-ONLY COVERAGE<sup>1, 2</sup>

CONTENTS ABOVE GROUND LEVEL MORE THAN 1 FLOOR		ALL OTHER LOCATIONS (BASEMENT-ONLY NOT ELIGIBLE)	
CONTENTS	PREMIUM	CONTENTS	PREMIUM
\$ 50,000	\$167	\$ 50,000	\$357
\$100,000	\$244	\$100,000	\$533
\$150,000	\$321	\$150,000	\$708
\$200,000	\$399	\$200,000	\$883
\$250,000	\$476	\$250,000	\$1,058
\$300,000	\$553	\$300,000	\$1,233
\$350,000	\$630	\$350,000	\$1,408
\$400,000	\$708	\$400,000	\$1,583
\$450,000	\$785	\$450,000	\$1,758
\$500,000	\$862	\$500,000	\$1,933

1 Add the \$50 Probation Surcharge, if applicable.

2 Premium includes Federal Policy Fee of \$20.

3 Do not use this section of the table for buildings with crawlspaces or subgrade crawlspaces. See footnote 4.

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

#### XIV. COMPLETING THE FLOOD INSURANCE PREFERRED RISK POLICY APPLICATION

##### A. Policy Status

<input type="checkbox"/> NEW <input type="checkbox"/> RENEWAL	CURRENT POLICY NUMBER
	_____
	IF NEW, LEAVE BLANK

In the upper right corner of the form, check the appropriate box to indicate if the application is for a NEW policy or RENEWAL of an existing policy. If the application is for a renewal, enter the current 10-digit policy number.

##### B. Policy Term

POLICY TERM	DIRECT BILL INSTRUCTIONS:				
	<input type="checkbox"/> BILL INSURED	<input type="checkbox"/> BILL FIRST MORTGAGEE	<input type="checkbox"/> BILL SECOND MORTGAGEE	<input type="checkbox"/> BILL LOSS PAYEE	<input type="checkbox"/> BILL OTHER

Check the appropriate box to indicate who should receive the renewal bill. If BILL FIRST MORTGAGEE is checked, complete the "First Mortgagee" section. If BILL SECOND MORTGAGEE, BILL LOSS PAYEE, or BILL OTHER is checked, complete the "Second Mortgagee or Other" section.

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"/> LOAN TRANSACTION OR LENDER REQUIRED – NO WAITING

Enter the policy effective date and policy expiration date (month/day/year). The effective date of the policy is determined by adding the appropriate waiting period, if applicable, to the date of application listed in the "Signature" section. The standard waiting period is 30 days.

**NOTE:** Refer to the General Rules section of this manual for exceptions to the standard waiting period.

##### C. Agent Information

AGENT INFORMATION	NAME, ADDRESS, PHONE NO., AND FAX NO. OF LICENSED PROPERTY OR CASUALTY INSURANCE AGENT OR BROKER:	
	_____	
	PHONE NO.: _____	FAX NO.: _____
	AGENCY NO.: _____	
	AGENT'S TAX ID: _____	

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

##### D. Insured Mailing Address

INSURED MAILING ADDRESS	NAME, MAILING ADDRESS, AND PHONE NO. OF INSURED:
	_____
	PHONE NO.: _____

Enter the name, mailing address, city, state, ZIP Code, and telephone number of the insured. If the insured's mailing address is a post office box or a rural route number, or if the address of the property to be insured is different from the mailing address, the "Property Location" section of the application must be completed. If there is more than 1 building at the property location, see "H. Property Location" for further instructions.

##### E. Disaster Assistance

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

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

If NO is checked, no further information is required.

##### F. First Mortgagee

FIRST MORTGAGEE	NAME, ADDRESS, PHONE NO., AND FAX NO. OF FIRST MORTGAGEE INCLUDING LOAN NO:	
	_____	
	PHONE NO.: _____	FAX NO.: _____
	LOAN NO.: _____	

Enter the name, mailing address, city, state, ZIP Code, telephone number, and fax number of the first mortgagee. Enter the loan number. If any of this information is not available at the time of application, add it to the policy by submitting a change request.

##### G. Second Mortgagee/Other

2ND MORTGAGEE/OTHER	IF SECOND MORTGAGEE, LOSS PAYEE, OR OTHER IS TO BE BILLED, THE FOLLOWING MUST BE COMPLETED, INCLUDING THE NAME, ADDRESS, PHONE NO., AND FAX NO.:	
	<input type="checkbox"/> SECOND MORTGAGEE <input type="checkbox"/> DISASTER AGENCY (SPECIFY): _____	
	<input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> OTHER (SPECIFY): _____	
	_____	
	PHONE NO.: _____	FAX NO.: _____
	LOAN NO.: _____	

Identify the second mortgagee or the loss payee by checking the appropriate box and entering the loan number, the mortgagee's name, mailing address, telephone number, and fax number.



If more than 1 additional mortgagee or disaster assistance agency exists, provide the requested information on the insurance agency's letterhead and attach the letterhead to the application form.

## H. Property Location

PROPERTY LOCATION	IS INSURED LOCATION SAME AS INSURED MAILING ADDRESS? <input type="checkbox"/> YES <input type="checkbox"/> NO
	IF NO, ENTER PROPERTY ADDRESS. IF RURAL, DESCRIBE PROPERTY LOCATION. (DO NOT USE P.O. BOX)

Check YES if the location of the property being insured is the same as the insured's mailing address entered in the "Insured Mailing Address" section. Leave the rest of the section blank unless there is more than 1 building at the property location.

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

If the insured's mailing address is a post office box or rural route number, give the street address, legal description, or geographic location of the property.

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

If there is more than 1 building with the same address at the location of the property to be insured, clearly identify the specific building in this section. Attach a sketch if needed for clarity.

## I. Community

COMMUNITY	NAME OF COUNTY/PARISH: _____
	COMMUNITY NO. AND SUFFIX FOR LOCATION OF PROPERTY INSURED: _____
	FLOOD INSURANCE RATE MAP ZONE: _____
	INFORMATION SOURCE: <input type="checkbox"/> COMMUNITY OFFICIAL <input type="checkbox"/> FLOOD MAP <input type="checkbox"/> MORTGAGEE <input type="checkbox"/> OTHER (SPECIFY): _____
	IS BUILDING LOCATED ON FEDERAL LAND? <input type="checkbox"/> YES <input type="checkbox"/> NO

Enter the name of the county or parish where the property is located. (Not all communities that have been assigned NFIP community numbers are participating in the NFIP. Policies may not be written in non-participating communities.)

Enter the community identification number, map panel number, and revision suffix of the map that will be used for rating for the community where the building is located. When there is only 1 panel (i.e., a flat map), the community number will consist of only 6 digits.

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

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

Obtain the community information from the FIRM currently in effect and that has been published at the time of presentment of premium and completion of the application. However, if applying for the PRP under the 2-year Eligibility Extension following a map revision, enter the community number, panel number, and panel suffix from the FIRM in effect immediately prior to the current FIRM.

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

Enter the FIRM zone in the space provided and identify the information source.

If applying for the PRP under the 2-year Eligibility Extension following a map revision, enter the FIRM zone from the FIRM in effect immediately prior to the current FIRM. If the previous FIRM zone was Zone D, indicate FIRM Zone X on the application form. Submit documentation of both the previous and current zones with the application.

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

**NOTE:** If the property is located on Federal Land, refer to the Leased Federal Property section for guidance.

## J. Building

Complete all required information in this section.

### • Building Occupancy

BUILDING OCCUPANCY: <input type="checkbox"/> SINGLE FAMILY <input type="checkbox"/> 2-4 FAMILY <input type="checkbox"/> OTHER RESIDENTIAL <input type="checkbox"/> NON-RESIDENTIAL (INCL. HOTEL/MOTEL)
---

Check the type of occupancy for the building (i.e., SINGLE FAMILY, 2-4 FAMILY, OTHER RESIDENTIAL, or NON-RESIDENTIAL).

- **Single Family** – This is a residential single-family building, or a single-family dwelling unit in a condominium building; incidental occupancies are permitted if limited to less than 50% of the building's total floor area.

**NOTE:** Incidental occupancies are offices, private schools, studios, or small service operations within a residential building.

- o **2-4 Family** – This is a residential building that contains 2-4 units. This category includes apartment buildings and condominium buildings. Incidental occupancies (see note above) are permitted if the total area of such occupancies is limited to less than 25% of the total floor area within the building. This excludes hotels and motels with normal room rentals for less than 6 months.
- o **Other Residential** – This is a residential building that contains more than 4 apartments/units. This category includes condominium and apartment buildings as well as hotels, motels, tourist homes, and rooming houses where the normal occupancy of a guest is 6 months or more. These buildings are permitted incidental occupancies (see note above). The total area of incidental occupancy is limited to less than 25% of the total floor area within the building. Examples of Other Residential buildings include dormitories and assisted-living facilities.
- o **Non-Residential (including hotel/motel)** – This is a commercial or non-habitational building, or a mixed-use building that does not qualify as a residential building. This category includes, but is not limited to, small businesses, churches, schools, farm buildings (including grain bins and silos), garages, poolhouses, clubhouses, recreational buildings, mercantile buildings, agricultural buildings, industrial buildings, warehouses, nursing homes, licensed bed-and-breakfasts, and hotels and motels with normal room rentals for less than 6 months.

• **Construction Date**

CONSTRUCTION DATE: _____ <input type="checkbox"/> BUILDING PERMIT DATE <input type="checkbox"/> DATE OF CONSTRUCTION <input type="checkbox"/> SUBSTANTIAL IMPR. DATE <input type="checkbox"/> MANUFACTURED (MOBILE) HOMES/TRAVEL TRAILERS LOCATED IN A MOBILE HOME PARK OR SUBDIVISION: CONSTRUCTION DATE OF MOBILE HOME PARK OR SUBDIVISION FACILITIES <input type="checkbox"/> MANUFACTURED (MOBILE) HOMES/TRAVEL TRAILERS LOCATED OUTSIDE A MOBILE HOME PARK OR SUBDIVISION: DATE OF PERMANENT PLACEMENT
--

Check 1 of the 5 boxes in the first part of this section. Enter the appropriate date in the space provided.

- o **Building Permit Date**  
Select this box if construction began within 180 days of the building permit date and enter the building permit date.
- o **Date of Construction**  
Select this box if construction began more than 180 days after the building permit date and enter the date of the start of construction.
- o **Substantial Improvement Date**  
Select this box if the building has been substantially improved or damaged. If the building has been substantially improved, enter the date that substantial improvement started or the building permit date. If the building has been substantially

damaged, enter the date that substantial damage occurred.

Substantial improvement is any reconstruction, rehabilitation, addition, or other improvement of a building, the cost of which equals or exceeds 50% of the market value of the building before the start of construction of the improvement.

Substantial damage is damage of any origin sustained by a building whereby the cost of restoring the building to its before-damaged condition would equal or exceed 50% of the market value of the building before the damage occurred.

Do not select this box for substantial improvement to a Pre-FIRM building where the improvement is an addition next to and in contact with the existing building and the lowest floor elevation of the addition is at or above BFE. Select the Building Permit Date box or the Date of Construction box as applicable and enter the appropriate date.

Do not select this box if the building qualifies as a historic building; see the Definitions section for more information.

- o **Manufactured (Mobile) Homes/Travel Trailers Located in a Mobile Home Park or Subdivision**  
Select this box if the manufactured (mobile) home or travel trailer is located inside a mobile home park or subdivision, and enter the construction date of the mobile home park or subdivision facilities.
- o **Manufactured (Mobile) Homes/Travel Trailers Located Outside a Mobile Home Park or Subdivision**  
Select this box if the manufactured (mobile) home or travel trailer is located outside a mobile home park or subdivision, and enter the date of permanent placement.

• **Make, Model, and Serial Number**

MAKE, MODEL, AND SERIAL NO. OF MANUFACTURED (MOBILE) HOME/TRAVEL TRAILER _____
--

Enter make, model, and serial number of manufactured (mobile) home/travel trailer.

• **Insured's Principal/Primary Residence**

INSURED'S PRINCIPAL RESIDENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO
---

Check YES if the building is the policyholder's principal/primary residence; otherwise, check NO.

• **Building Type**

BUILDING TYPE (INCLUDING BASEMENT/ENCLOSURE):	
<input type="checkbox"/> ONE FLOOR	<input type="checkbox"/> SPLIT LEVEL
<input type="checkbox"/> TWO FLOORS	<input type="checkbox"/> THREE OR MORE FLOORS
<input type="checkbox"/> MANUFACTURED (MOBILE) HOME/TRAVEL TRAILER ON FOUNDATION	

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

If the building's enclosure or crawlspace is eligible for exclusion from rating, do not count the enclosed area as a floor. If a building elevated on a crawlspace has an attached garage without openings, it must be rated using the With Basement or Enclosure rate table; see the Lowest Floor Determination subsection in the Lowest Floor Guide section of this manual.

- o 1 Floor – excludes unfinished attic;
- o 2 Floors – includes basement, enclosure, crawlspace, and subgrade crawlspace;
- o 3 or More Floors – includes basement, enclosure, crawlspace, and subgrade crawlspace;
- o Split Level – A foundation with a vertical offset in the floor framing on either side of a common wall;
- o Manufactured (Mobile) Home or Travel Trailer – Must be built on a permanent chassis and affixed to a permanent foundation, regardless of size.

#### • Condo Form of Ownership

CONDO FORM OF OWNERSHIP?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
COVERAGE FOR CONDO UNIT?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
TOWNHOUSE/ROWHOUSE CONDO UNIT?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

Check YES if the building is under a condominium form of ownership; otherwise, check NO. (A homeowners association [HOA] may or may not be in a condominium form of ownership.) Refer to the Condominiums section for rating guidelines.

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

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

#### • Contents

CONTENTS LOCATED IN:	
<input type="checkbox"/> ENCLOSURE ONLY	(BASEMENT ONLY NOT ELIGIBLE)
<input type="checkbox"/> BASEMENT/ENCLOSURE AND ABOVE	
<input type="checkbox"/> LOWEST FLOOR ONLY ABOVE	GROUND LEVEL
<input type="checkbox"/> LOWEST FLOOR ABOVE GROUND	LEVEL AND HIGHER FLOORS
<input type="checkbox"/> ABOVE GROUND LEVEL MORE THAN	ONE FULL FLOOR

Check the box that describes the location of the contents to be insured.

#### • Estimated Replacement Cost

ESTIMATED REPLACEMENT COST AMOUNT \$ _____
---

Using normal company practice, estimate the Replacement Cost Value (RCV) and enter it in the space provided. Include the cost of the building foundation when determining the RCV.

#### • Building Use

BUILDING USE:	
<input type="checkbox"/>	MAIN HOUSE/BUILDING
<input type="checkbox"/>	DETACHED GUEST HOUSE
<input type="checkbox"/>	DETACHED GARAGE
<input type="checkbox"/>	AGRICULTURAL BUILDING
<input type="checkbox"/>	WAREHOUSE
<input type="checkbox"/>	POOLHOUSE, CLUBHOUSE, REC. BLDG.
<input type="checkbox"/>	TOOL/STORAGE SHED
<input type="checkbox"/>	OTHER: _____

Check the box that indicates the insured building's use. If OTHER, describe the building use.

#### • Basement/Enclosure/Crawlspace/Subgrade Crawlspace

BASEMENT, ENCLOSURE, CRAWLSPACE:	
<input type="checkbox"/>	NONE
<input type="checkbox"/>	FINISHED BASEMENT/ ENCLOSURE
<input type="checkbox"/>	UNFINISHED BASEMENT/ ENCLOSURE
<input type="checkbox"/>	CRAWLSPACE
<input type="checkbox"/>	SUBGRADE CRAWLSPACE

Check whether the building contains:

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

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

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

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

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

## K. Notice – Building Eligibility

### THE FOLLOWING CONDITIONS SHOULD BE USED TO DETERMINE A BUILDING'S ELIGIBILITY FOR A PRP:

A) IS THE BUILDING LOCATED IN A SPECIAL FLOOD HAZARD AREA ON A FLOOD HAZARD BOUNDARY MAP, OR ON A FLOOD INSURANCE RATE MAP ZONE A, AE, A1-A30, AO, AH, A99, V, VE, V1-V30, AR, AR DUAL ZONES AR/AE, AR/AH, AR/AO, AR/A1-A30, AR/A?

☐ YES ☐ NO

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

### B) DO ANY OF THESE CONDITIONS, ARISING FROM ONE OR MORE OCCURRENCES IN ANY 10-YEAR PERIOD, EXIST?

TWO (2) LOSS PAYMENTS, EACH MORE THAN \$1,000

☐ YES ☐ NO

THREE (3) OR MORE LOSS PAYMENTS, REGARDLESS OF AMOUNT

☐ YES ☐ NO

TWO (2) FEDERAL DISASTER RELIEF PAYMENTS, EACH MORE THAN \$1,000

☐ YES ☐ NO

THREE (3) FEDERAL DISASTER RELIEF PAYMENTS, REGARDLESS OF AMOUNT

☐ YES ☐ NO

ONE (1) FLOOD INSURANCE CLAIM PAYMENT AND ONE (1) FLOOD DISASTER RELIEF PAYMENT (INCLUDING LOANS AND GRANTS), EACH MORE THAN \$1,000

☐ YES ☐ NO

Check YES for any of the conditions above that apply; otherwise, check NO.

**NOTE:** If the answer to either question A or question B is YES, this risk is not eligible for the PRP, except for buildings eligible under the 2-year PRP Eligibility Extension.

## L. Premium

PREMIUM	ENTER SELECTED OPTION FROM THE PREMIUM TABLES IN THE FLOOD INSURANCE MANUAL	
	BUILDING AND CONTENTS COVERAGE COMBINATION	
	BUILDING: \$	
	CONTENTS: \$	
	PREMIUM: \$	
	CONTENTS COVERAGE ONLY	
	AMOUNT: \$	
	PREMIUM: \$	

1. Enter the coverage selected, and the premium, from the appropriate PRP premium tables in this section.

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

## M. Signature

SIGNATURE	(ONE BUILDING PER POLICY - BLANKET COVERAGE NOT PERMITTED)	
	THE ABOVE STATEMENTS ARE CORRECT TO THE BEST OF MY KNOWLEDGE. THE PROPERTY OWNER AND I UNDERSTAND THAT ANY FALSE STATEMENTS MAY BE PUNISHABLE BY FINE OR IMPRISONMENT UNDER APPLICABLE FEDERAL LAW.	
	SIGNATURE OF INSURANCE AGENT/BROKER: _____	DATE: _____ (MM/DD/YYYY)

The agent/producer must sign and date the PRP application and is responsible for the completeness and accuracy of the information provided on it.

**NOTE:** The waiting period, if applicable, is added to this date to determine the policy effective date entered in the Policy Term section of the application.

Electronic transactions are permitted if the business process includes authentication of signatures and dates of receipt of premium. WYO Companies are responsible for determining the business practices and transaction authentication methods they will use to ensure the security and integrity of such transactions.

A credit card payment by VISA, MasterCard, Discover, or American Express will also be acceptable if a disclaimer form, signed by the insured, is submitted with the PRP application. The disclaimer will state that cancellation of a policy due to a billing dispute will be permitted only for a billing error or fraud. If the credit card information is taken over the telephone, the agent/producer may sign the authorization form on behalf of the payor only after having read the disclaimer to the payor.



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

National Flood Insurance Program

**FLOOD INSURANCE PREFERRED RISK POLICY APPLICATION**

IMPORTANT - PLEASE PRINT OR TYPE

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

☐ NEW  
☐ RENEWAL

CURRENT POLICY NUMBER

IF NEW, LEAVE BLANK

<b>POLICY TERM</b>	DIRECT BILL INSTRUCTIONS: <input type="checkbox"/> BILL INSURED <input type="checkbox"/> BILL FIRST MORTGAGEE <input type="checkbox"/> BILL SECOND MORTGAGEE <input type="checkbox"/> BILL LOSS PAYEE <input type="checkbox"/> BILL OTHER		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"/> LOAN TRANSACTION OR LENDER REQUIRED - NO WAITING						
<b>AGENT INFORMATION</b>	NAME, ADDRESS, PHONE NO., AND FAX NO. OF LICENSED PROPERTY OR CASUALTY INSURANCE AGENT OR BROKER:  PHONE NO.: _____ FAX NO.: _____ AGENCY NO.: _____ AGENT'S TAX ID: _____		<b>INSURED MAILING ADDRESS</b> NAME, MAILING ADDRESS, AND PHONE NO. OF INSURED:  PHONE NO.: _____						
<b>DISASTER ASSISTANCE</b>	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"/> FHA <input type="checkbox"/> FEMA <input type="checkbox"/> OTHER (SPECIFY): _____ CASE FILE NO.: _____		<b>2ND MORTGAGEE/OTHER</b> IF SECOND MORTGAGEE, LOSS PAYEE, OR OTHER IS TO BE BILLED, THE FOLLOWING MUST BE COMPLETED, INCLUDING THE NAME, ADDRESS, PHONE NO., AND FAX NO.: <input type="checkbox"/> SECOND MORTGAGEE <input type="checkbox"/> DISASTER AGENCY (SPECIFY): _____ <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> OTHER (SPECIFY): _____						
<b>FIRST MORTGAGEE</b>	NAME, ADDRESS, PHONE NO., AND FAX NO. OF FIRST MORTGAGEE INCLUDING LOAN NO:  PHONE NO.: _____ FAX NO.: _____ LOAN NO.: _____		<b>COMMUNITY</b> NAME OF COUNTY/PARISH: _____ COMMUNITY NO. AND SUFFIX FOR LOCATION OF PROPERTY INSURED: _____ FLOOD INSURANCE RATE MAP ZONE: _____ INFORMATION SOURCE: <input type="checkbox"/> COMMUNITY OFFICIAL <input type="checkbox"/> FLOOD MAP <input type="checkbox"/> MORTGAGEE <input type="checkbox"/> OTHER (SPECIFY): _____  IS BUILDING LOCATED ON FEDERAL LAND? <input type="checkbox"/> YES <input type="checkbox"/> NO						
<b>PROPERTY LOCATION</b>	IS INSURED LOCATION SAME AS INSURED MAILING ADDRESS? <input type="checkbox"/> YES <input type="checkbox"/> NO IF NO, ENTER PROPERTY ADDRESS. IF RURAL, DESCRIBE PROPERTY LOCATION. (DO NOT USE P.O. BOX)								
<b>BUILDING</b>	BUILDING OCCUPANCY: <input type="checkbox"/> SINGLE FAMILY <input type="checkbox"/> 2-4 FAMILY <input type="checkbox"/> OTHER RESIDENTIAL <input type="checkbox"/> NON-RESIDENTIAL (INCL. HOTEL/MOTEL)  CONSTRUCTION DATE: _____ <input type="checkbox"/> BUILDING PERMIT DATE <input type="checkbox"/> DATE OF CONSTRUCTION <input type="checkbox"/> SUBSTANTIAL IMPR. DATE <input type="checkbox"/> MANUFACTURED (MOBILE) HOMES/TRAVEL TRAILERS LOCATED IN A MOBILE HOME PARK OR SUBDIVISION: CONSTRUCTION DATE OF MOBILE HOME PARK OR SUBDIVISION FACILITIES <input type="checkbox"/> MANUFACTURED (MOBILE) HOMES/TRAVEL TRAILERS LOCATED OUTSIDE A MOBILE HOME PARK OR SUBDIVISION: DATE OF PERMANENT PLACEMENT		INSURED'S PRINCIPAL RESIDENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO  BUILDING TYPE (INCLUDING BASEMENT/ENCLOSURE): <input type="checkbox"/> ONE FLOOR <input type="checkbox"/> SPLIT LEVEL <input type="checkbox"/> TWO FLOORS <input type="checkbox"/> THREE OR MORE FLOORS <input type="checkbox"/> MANUFACTURED (MOBILE) HOME/TRAVEL TRAILER ON FOUNDATION  CONDO FORM OF OWNERSHIP? <input type="checkbox"/> YES <input type="checkbox"/> NO COVERAGE FOR CONDO UNIT? <input type="checkbox"/> YES <input type="checkbox"/> NO TOWNHOUSE/ROWHOUSE CONDO UNIT? <input type="checkbox"/> YES <input type="checkbox"/> NO  CONTENTS LOCATED IN: <input type="checkbox"/> ENCLOSURE ONLY (BASEMENT ONLY NOT ELIGIBLE) <input type="checkbox"/> BASEMENT/ENCLOSURE AND ABOVE <input type="checkbox"/> LOWEST FLOOR ONLY ABOVE GROUND LEVEL <input type="checkbox"/> LOWEST FLOOR ABOVE GROUND LEVEL AND HIGHER FLOORS <input type="checkbox"/> ABOVE GROUND LEVEL MORE THAN ONE FULL FLOOR  ESTIMATED REPLACEMENT COST AMOUNT \$ _____  BUILDING USE: <input type="checkbox"/> MAIN HOUSE/BUILDING <input type="checkbox"/> DETACHED GUEST HOUSE <input type="checkbox"/> DETACHED GARAGE <input type="checkbox"/> AGRICULTURAL BUILDING <input type="checkbox"/> WAREHOUSE <input type="checkbox"/> POOLHOUSE, CLUBHOUSE, REC. BLDG. <input type="checkbox"/> TOOL/STORAGE SHED <input type="checkbox"/> OTHER: _____  BASEMENT, ENCLOSURE, CRAWLSPACE: <input type="checkbox"/> NONE <input type="checkbox"/> FINISHED BASEMENT/ENCLOSURE <input type="checkbox"/> UNFINISHED BASEMENT/ENCLOSURE <input type="checkbox"/> CRAWLSPACE <input type="checkbox"/> SUBGRADE CRAWLSPACE						
MAKE, MODEL, AND SERIAL NO. OF MANUFACTURED (MOBILE) HOME/TRAVEL TRAILER _____									
<b>NOTICE</b>	<b>THE FOLLOWING CONDITIONS SHOULD BE USED TO DETERMINE A BUILDING'S ELIGIBILITY FOR A PRP:</b> A) IS THE BUILDING LOCATED IN A SPECIAL FLOOD HAZARD AREA ON A FLOOD HAZARD BOUNDARY MAP, OR ON A FLOOD INSURANCE RATE MAP ZONE A, AE, A1-A30, AO, AH, A99, V, VE, V1-V30, AR, AR DUAL ZONES AR/AE, AR/AH, AR/AO, AR/A1-A30, AR/A? <input type="checkbox"/> YES <input type="checkbox"/> NO B) DO ANY OF THESE CONDITIONS, ARISING FROM ONE OR MORE OCCURRENCES IN ANY 10-YEAR PERIOD, EXIST? TWO (2) LOSS PAYMENTS, EACH MORE THAN \$1,000 <input type="checkbox"/> YES <input type="checkbox"/> NO THREE (3) OR MORE LOSS PAYMENTS, REGARDLESS OF AMOUNT <input type="checkbox"/> YES <input type="checkbox"/> NO TWO (2) FEDERAL DISASTER RELIEF PAYMENTS, EACH MORE THAN \$1,000 <input type="checkbox"/> YES <input type="checkbox"/> NO THREE (3) FEDERAL DISASTER RELIEF PAYMENTS, REGARDLESS OF AMOUNT <input type="checkbox"/> YES <input type="checkbox"/> NO ONE (1) FLOOD INSURANCE CLAIM PAYMENT AND ONE (1) FLOOD DISASTER RELIEF PAYMENT (INCLUDING LOANS AND GRANTS), EACH MORE THAN \$1,000 <input type="checkbox"/> YES <input type="checkbox"/> NO  <b>INSURANCE IS AVAILABLE UNDER THIS APPLICATION ONLY IF ALL ANSWERS TO QUESTIONS A AND B ARE NO, EXCEPT FOR BUILDINGS ELIGIBLE UNDER THE 2-YEAR PRP ELIGIBILITY EXTENSION, FOR WHICH THE ANSWER TO QUESTION A MAY BE YES.</b>		<b>PREMIUM</b> ENTER SELECTED OPTION FROM THE PREMIUM TABLES IN THE FLOOD INSURANCE MANUAL  BUILDING AND CONTENTS COVERAGE COMBINATION <table border="1"><tr><td>BUILDING: \$</td></tr><tr><td>CONTENTS: \$</td></tr><tr><td>PREMIUM: \$</td></tr></table> CONTENTS COVERAGE ONLY <table border="1"><tr><td>AMOUNT: \$</td></tr><tr><td>PREMIUM: \$</td></tr></table>		BUILDING: \$	CONTENTS: \$	PREMIUM: \$	AMOUNT: \$	PREMIUM: \$
BUILDING: \$									
CONTENTS: \$									
PREMIUM: \$									
AMOUNT: \$									
PREMIUM: \$									
<b>SIGNATURE</b>	(ONE BUILDING PER POLICY - BLANKET COVERAGE NOT PERMITTED) THE ABOVE STATEMENTS ARE CORRECT TO THE BEST OF MY KNOWLEDGE. THE PROPERTY OWNER AND I UNDERSTAND THAT ANY FALSE STATEMENTS MAY BE PUNISHABLE BY FINE OR IMPRISONMENT UNDER APPLICABLE FEDERAL LAW.  SIGNATURE OF INSURANCE AGENT/BROKER: _____ DATE: _____ (MM/DD/YYYY)								

FEMA Form 086-0-5, AUG 10

Previously FEMA Form 81-67

F-089 (8/10)

PLEASE ATTACH TO NFIP COPY OF APPLICATION THE CHECK OR MONEY ORDER FOR THE TOTAL PREPAID PREMIUM MADE PAYABLE TO THE NATIONAL FLOOD INSURANCE PROGRAM.  
SPECIAL NOTE TO INSURANCE AGENT: SEND ORIGINAL TO NFIP, KEEP SECOND COPY FOR YOUR RECORDS, GIVE THIRD COPY TO THE INSURED, AND FOURTH COPY TO MORTGAGEE.

**FLOOD INSURANCE  
PREFERRED RISK POLICY APPLICATION  
FEMA FORM 086-05**

**NONDISCRIMINATION**

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

**PRIVACY ACT**

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

**GENERAL**

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

**AUTHORITY**

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

**PAPERWORK BURDEN DISCLOSURE NOTICE**

Public reporting burden for this data collection is estimated to average 8 minutes per response. The burden estimate includes the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and submitting this form. You are not required to respond to this collection of information unless a valid OMB control number is displayed on this form. Send comments regarding the accuracy of the burden estimate and any suggestions for reducing the burden to: Information Collections Management, Department of Homeland Security, Federal Emergency Management Agency, 500 C Street, SW, Washington, DC 20472, Paperwork Reduction Project (1660-0006).

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