APPLICATION

I. USE OF THE FORM

The National Flood Insurance Program (NFIP) Flood Insurance Application form, or a similar form for Write Your Own (WYO) Companies, must be used for all flood insurance policies except the Preferred Risk Policy (PRP). For a Scheduled Building Policy, an Application must be completed for each building and/or contents for which coverage is requested. See the Scheduled Building Policy subsection in this section.

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

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

- Whether the building is Post-FIRM construction or Pre-FIRM construction.
- The building description with regard to:
  - Building occupancy;
  - Building type;
  - Basement type;
  - Elevated building type.
- The flood risk zone.
- The elevation of the building.

II. COMPLETING PART 1 OF THE FLOOD INSURANCE APPLICATION FORM

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

A. Policy Status

CURRENT POLICY NUMBER

☐ NEW

☐ RENEWAL _____

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:

☐ BILL INSURED ☐ BILL FIRST MORTGAGEE

☐ BILL SECOND MORTGAGEE ☐ BILL LOSS PAYEE

☐ BILL OTHER

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

POLICY PERIOD IS FROM _____ TO _____

12:01 A.M LOCAL TIME AT THE INSURED PROPERTY LOCATION

WAITING PERIOD: ☐ STANDARD 30-DAY

☐ MAP REVISION (ZONE CHANGE FROM NON-SFHA TO SFHA)—ONE DAY

☐ LOAN TRANSACTION—NO WAITING

☐ LENDER REQUIRED—NO WAITING (SFHA ONLY)

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

NOTE: Refer to the Effective Date subsection of the General Rules section for exceptions to the standard waiting period.

C. Agent Information

AGENT INFORMATION

NAME, ADDRESS OF LICENSED PROPERTY OR CASUALTY INSURANCE AGENT OR BROKER:

AGENCY NO.: _____ AGENT'S TAX ID: _____

PHONE NO.: _____ FAX NO.: _____

Enter the agent's/producer's name, agency name and number, address, city, state, ZIP Code, phone 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 "F. Property Location" for further instructions.

E. Disaster Assistance

DISASTER ASSISTANCE

IS INSURANCE REQUIRED FOR DISASTER ASSISTANCE? ☐ YES ☐ NO

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

☐ OTHER (SPECIFY): _____

ENTER 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. Property Location

PROPERTY LOCATION

IS INSURED PROPERTY LOCATION SAME AS INSURED'S MAILING ADDRESS?
☐ YES ☐ 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.

If more than 1 building is at the location of the insured property, use the "Property Location" section to specifically identify the building. An example would be where 5 buildings with the same mailing address and location are insured with separate policies. Describe briefly the building (barn, silo, etc.) in this section or submit a sketch showing the location of the insured building to assist the NFIP in matching the policy number to the specific building insured. A clear description of the insured's property is important.

G. Mortgagee

MORTGAGEE

NAME AND ADDRESS OF FIRST MORTGAGEE:

LOAN NO.: _____
PHONE NO.: _____ FAX 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.

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

H. Second Mortgagee/Other

2ND MORTGAGEE/ OTHER

IF SECOND MORTGAGEE, LOSS PAYEE OR OTHER IS TO BE BILLED, COMPLETE THE FOLLOWING, INCLUDING THE NAME AND ADDRESS:
☐ 2ND MORTGAGEE ☐ DISASTER AGENCY ☐ LOSS PAYEE
☐ IF OTHER, PLEASE SPECIFY:

LOAN NO.: _____
PHONE NO.: _____ FAX 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.

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

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

I. Community

COMMUNITY

RATING MAP INFORMATION
NAME OF COUNTY/PARISH: _____
COMMUNITY NO./PANEL NO. AND SUFFIX: _____ — _____
FIRM ZONE: _____
COMMUNITY PROGRAM TYPE IS: ☐ REGULAR ☐ EMERGENCY

Enter the Flood Insurance Rate Map (FIRM) information that will be used for rating. Use the current map information, unless the grandfathering rule applies.

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

Enter the community identification number, map panel number, and revision suffix of the map that will be used for rating for the community where the building is located. When there is only 1 panel (i.e., a flat map), the community number will consist of only 6 digits. Use the FIRM in effect and that has been published at the time of presentment of premium and completion of the Application.

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

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

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. If the program type is Emergency, leave this area blank.

If the community program type is Regular and the building is Pre-FIRM construction, enter the FIRM zone, if known; otherwise, enter UNKNOWN and follow the Alternative Rating procedure explained in the Rating section of this manual. UNKNOWN cannot be used for manufactured homes or other buildings located in a community having flood zones V or V1–V30 (VE).

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

NOTE: If the community contains a Coastal Barrier Resources System (CBRS) or Otherwise Protected Area (OPA), see the CBRS section for additional information.

GRANDFATHERED? ☐ YES ☐ NO IF YES, ☐ BUILT IN COMPLIANCE?
☐ CONTINUOUS COVERAGE? PRIOR POLICY NO.: _____
CURRENT COMMUNITY NO./PANEL NO. AND SUFFIX:
_____ — _____
CURRENT FIRM ZONE: _____ CURRENT BFE: _____

Check YES if the grandfathering rule is being applied, and complete this section; otherwise, check NO.

If YES:

- Check whether the building is eligible for grandfathering under the built-in-compliance or the continuous-coverage provision.
- Enter the prior policy number if grandfathering under continuous coverage.
- Enter the current community identification number, map panel number, suffix, FIRM zone, and, if applicable, the BFE. Do not use this map information for rating.

IS INSURED BUILDING OWNED BY STATE GOVERNMENT? ☐ YES ☐ NO

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

IS BUILDING LOCATED ON FEDERAL LAND? ☐ YES ☐ NO

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

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

J. Building

Complete all required information in this section.

- **Building Occupancy**

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

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

- Single Family – A residential single-family dwelling; incidental occupancies are permitted if limited to less than 50 percent of the building's total floor area.

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

- 2–4 Family – A residential building containing no more than 4 dwelling units; incidental occupancies are permitted if the total area of such occupancies is limited to less than 25 percent of the total floor area within the building. This excludes hotels and motels with normal room rentals for less than 6 months.
- Other Residential – These include apartment buildings as well as hotels, motels, tourist homes, and rooming houses that have more than 4 units where the normal occupancy of a guest is 6 months or more. These buildings are permitted incidental occupancies. The total area of incidental occupancy is limited to less than 25 percent of the total floor area within the building. Examples of other residential buildings include dormitories and assisted-living facilities.
- Non-Residential (including hotel/motel) – These include, but are not limited to: small business concerns, churches, schools, farm buildings (including grain bins and silos), garages, poolhouses, clubhouses, recreational buildings, mercantile buildings, agricultural and industrial buildings, warehouses, nursing homes, licensed bed and breakfasts, and hotels and motels with normal room rentals for less than 6 months.

- **Basement/Enclosure/Crawlspace/Subgrade Crawlspace**

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

Check whether the building contains:

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

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

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

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

Select NONE if the enclosure or crawlspace is not the lowest floor for rating. In all zones with the exception of zones V, VE, V1–V30, this means that the enclosure has proper openings, is unfinished, and is used only for building access, parking, or storage.

Select NONE for a Post-FIRM V-Zone building constructed before October 1, 1981, if the enclosure is less than 300 square feet with breakaway walls and no machinery or equipment, is unfinished, and is used only for building access, parking, or storage.

Select NONE if coverage is for an individual unit in a High-Rise Condominium building that is elevated with an enclosure.

NOTE: If NONE is selected, use the without basement/enclosure/crawlspace/subgrade crawlspace rates.

- **Number of Floors or Building Type**

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

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

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

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

- **Number of Occupancies (Units)**

IF NOT A SINGLE-FAMILY DWELLING, NUMBER OF OCCUPANCIES (UNITS) IS: _____

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

- **Condominium Information**

CONDO FORM OF OWNERSHIP?
☐ YES ☐ NO
CONDO COVERAGE IS FOR:
☐ UNIT ☐ ENTIRE BUILDING
RESIDENTIAL CONDOMINIUM BUILDING ASSOCIATION POLICY ONLY: TOTAL NUMBER OF UNITS:
_____ (INCLUDE NON-RES.)
☐ HIGH-RISE ☐ LOW-RISE

- Form of Ownership

  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.

- Condominium Coverage

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

- Residential Condominium Building Association Policy (RCBAP)

  For an RCBAP, enter the total number of units (including non-residential) within the building and indicate whether the building is a high-rise or low-rise. The RCBAP covers only a residential condominium building in a Regular Program community.

  - High-Rise Building – A condominium building having 5 or more units and at least 3 floors excluding enclosures.
  - Low-Rise Building – A condominium building having fewer than 5 units regardless of the number of floors, or 5 or more units with fewer than 3 floors including a basement.

- **Estimated Replacement Cost**

ESTIMATED REPLACEMENT COST
AMOUNT $ _____

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

- **Insured's Principal Residence**

IS BUILDING INSURED'S PRINCIPAL RESIDENCE? ☐ YES ☐ NO

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

- **Building in the Course of Construction**

IS BUILDING IN THE COURSE OF CONSTRUCTION? ☐ YES ☐ NO

Check YES if the building is in the course of construction (if the building is not yet walled and roofed); otherwise, check NO.

- **Building Walled and Roofed**

IS BUILDING WALLED AND ROOFED?
☐ YES ☐ NO

Check YES if the building has at least 2 outside rigid walls and a fully secured roof; otherwise, check NO.

- **Buildings Over Water**

IS BUILDING OVER WATER?
☐ NO
☐ PARTIALLY
☐ ENTIRELY

Check NO if the building is not located over water. Check PARTIALLY if any part of the building is over water. Check ENTIRELY if the building is completely over water. In tidal areas, use the mean high tide in determining if the building is partially or entirely over water. For Post-FIRM buildings located completely over water, use the Submit-for-Rate procedures in the Rating section of the manual.

- **Elevated Building**

IS BUILDING ELEVATED?
☐ YES ☐ NO
IF YES, AREA BELOW IS:
☐ FREE OF OBSTRUCTION
☐ WITH OBSTRUCTION
IF ELEVATED, COMPLETE PART 2 OF APPLICATION

Check YES if the building is an elevated building; otherwise, check NO. An elevated building is a building that has no basement and that has its lowest elevated floor raised above ground level by foundation walls, shear walls, posts, piers, pilings, or columns.

If the building is elevated, indicate in the next box whether the area below the lowest elevated floor is free of obstruction or with obstruction. An obstruction is a partially or fully enclosed area, or machinery and equipment, below the lowest elevated floor of the building.

- **Building Use**

BUILDING USE:
☐ MAIN HOUSE/BUILDING
☐ DETACHED GUEST HOUSE
☐ DETACHED GARAGE
☐ AGRICULTURAL BUILDING
☐ WAREHOUSE
☐ POOLHOUSE, CLUBHOUSE, RECREATION BUILDING
☐ TOOL/STORAGE SHED
☐ OTHER: _____
_____

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

- Manufactured (Mobile) Homes and Travel Trailers

FOR MANUFACTURED (MOBILE) HOMES/TRAVEL TRAILERS, COMPLETE PART 2, SECTION III.

For all manufactured (mobile) homes and travel trailers, complete Part 2 on the back of the Flood Insurance Application after you have completed Part 1.

K. Contents

CONTENTS

CONTENTS LOCATED IN:
☐ BASEMENT/ENCLOSURE
☐ BASEMENT/ENCLOSURE AND ABOVE
☐ LOWEST FLOOR ONLY ABOVE GROUND LEVEL
☐ LOWEST FLOOR ABOVE GROUND LEVEL AND HIGHER
☐ ABOVE GROUND LEVEL MORE THAN ONE FULL FLOOR (IF SINGLE FAMILY, CONTENTS ARE RATED THROUGHOUT THE BUILDING)

IS PERSONAL PROPERTY HOUSEHOLD CONTENTS? ☐ YES ☐ NO IF NO, PLEASE DESCRIBE: _____

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

L. Construction Data

1. Construction Date

ALL BUILDINGS: (CHECK ONE OF THE FIVE BLOCKS AND RECORD CORRESPONDING DATE IN THE DATE BOX)
☐ BUILDING PERMIT DATE
☐ DATE OF CONSTRUCTION
☐ SUBSTANTIAL IMPROVEMENT DATE
☐ MANUFACTURED (MOBILE) HOMES/TRAVEL TRAILERS LOCATED IN A MOBILE HOME PARK OR SUBDIVISION: CONSTRUCTION DATE OF MOBILE HOME PARK OR SUBDIVISION FACILITIES
☐ MANUFACTURED (MOBILE) HOMES/TRAVEL TRAILERS LOCATED OUTSIDE A MOBILE HOME PARK OR SUBDIVISION: DATE OF PERMANENT PLACEMENT

DATE: ___/___/___ (MM/DD/YYYY)

Check 1 of the 5 boxes in the first part of this section. Enter the appropriate date in the Date box.

- **Building Permit Date**

Select this box if construction began within 180 days of the building permit date and enter the building permit date.

- **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.

- **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 percent 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 percent 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.

- **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.

- **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.

2. Post-FIRM Construction

IS BUILDING POST-FIRM CONSTRUCTION? ☐ YES ☐ NO

Check YES if the building was constructed or substantially improved after December 31, 1974, or on or after the effective date of the initial FIRM for the community, whichever is later; otherwise, check NO.

3. Elevation Information

BUILDING DIAGRAM NO.: _____ LOWEST ADJACENT GRADE (LAG): _____ ELEVATION CERTIFICATION DATE: _____
LOWEST FLOOR ELEVATION _____ (–) BASE FLOOD ELEVATION _____ (=) DIFFERENCE TO NEAREST FOOT _____ (+ OR –)
IN ZONES V AND V1-V30 ONLY, DOES BASE FLOOD ELEVATION INCLUDE EFFECTS OF WAVE ACTION? ☐ YES ☐ NO
IS BUILDING FLOODPROOFED? ☐ YES ☐ NO (SEE *NFIP FLOOD INSURANCE MANUAL* FOR CERTIFICATION FORM.)

Enter the elevation information from the Elevation Certificate (EC) for Post-FIRM construction in zones A, A1–A30, AE, AO, AH, V, V1–V30, or VE or for Pre-FIRM construction that is elevation rated. Attach the EC and dated photographs taken within 90 days of the date of application.

When the building is in the course of construction, the elevation information provided by the surveyor on the EC must be based on the proposed architectural plans.

In communities that participate in the NFIP's Community Rating System (CRS), building elevation information may be available from the community office in charge of building permits or floodplain management.

- **Building Diagram Number**

  Enter the building diagram number from the EC.

  Applications for buildings rated using the Floodproofing Certificate do not require a diagram number.

- **Lowest Adjacent Grade**

  Enter the Lowest Adjacent Grade from the EC.

  The Lowest Adjacent Grade is not required for buildings located in AO Zones and buildings in unnumbered A Zones and unnumbered V Zones without a BFE.

  Applications for buildings rated using the Floodproofing Certificate do not require a Lowest Adjacent Grade.

- **Elevation Certification Date**

  Enter the date the EC was signed.

- **Lowest Floor Elevation**

  Enter the Lowest Floor Elevation from the EC. To determine the lowest floor for rating, see the Lowest Floor Guide section.

  When entering elevation data, drop hundredths of a foot and show only tenths of a foot. For example, if the Lowest Floor Elevation is 10.49', enter 10.4'; do not round up to 10.5'.

- **Base Flood Elevation**

  Enter the Base Flood Elevation from the EC.

  Base Flood Elevations for Unnumbered A Zones must be provided by the community or established using the Flood Insurance Study (FIS) Profile. When

other sources are used, the community must agree in writing with the established BFE.

Base Flood Elevations for V Zones on FIRMs dated before January 1, 1981, may require a wave height adjustment. See the FIRMs With Wave Heights subsection in the Rating section for details.

- **Elevation Difference**

  Enter the Elevation Difference.

  To determine the Elevation Difference, subtract the Base Flood Elevation from the Lowest Floor Elevation. For example, if the Lowest Floor Elevation is 10.5' and the Base Flood Elevation is 9.0', then the Elevation Difference is +1.5' (10.5' - 9.0' = 1.5'), which is rounded to the nearest foot, which is +2'.

- **In Zones V1–V30 Only, Does Base Flood Elevation Include Effects of Wave Action?**

  Check YES if the Base Flood Elevation includes the effects of wave action; otherwise, select NO. See the FIRMs With Wave Heights subsection in the Rating section for details.

- **Is Building Floodproofed?**

  Check YES if the building is floodproofed; otherwise, check NO. To receive credit for floodproofing, the completed Floodproofing Certificate must be submitted.

  NOTE: Buildings in V Zones on the current FIRM are not eligible for the floodproofing credit.

  The residential floodproofing rating credit may be grandfathered for those residential buildings with a valid Residential Basement Floodproofing Certificate that were constructed between the effective date of the community's floodproofing eligibility and their rescission date, but not on or after the rescission date. (See the Special Certifications section for a list of communities approved for residential basement floodproofing.)

M. Coverage and Rating

DEDUCTIBLE: BUILDING $ _____ CONTENTS $ _____ DEDUCTIBLE BUYBACK? ☐ YES ☐ NO

COVERAGE	BASIC LIMITS			ADDITIONAL LIMITS (REGULAR PROGRAM ONLY)			DEDUCTIBLE	BASIC AND ADDITIONAL	TOTAL PREMIUM
	AMOUNT OF INSURANCE	RATE	ANNUAL PREMIUM	AMOUNT OF INSURANCE	RATE	ANNUAL PREMIUM	PREM. REDUCTION/ INCREASE	TOTAL AMOUNT OF INSURANCE	
BUILDING			.00			.00	.00		.00
CONTENTS			.00			.00	.00		.00

ANNUAL SUBTOTAL	$
ICC PREMIUM	
SUBTOTAL	
CRS PREMIUM DISCOUNT _____ %	
SUBTOTAL	
PROBATION SURCHARGE +	
FEDERAL POLICY FEE +	
TOTAL PREPAID AMOUNT	$

- **Deductible and Deductible Buyback**

  Enter the deductible amount for building and/or contents. (See information on deductibles in the Rating and Condominiums sections.)

  Check YES to indicate if the applicant is "buying back" a deductible; otherwise, check NO. (Refer to the Rating section for information on the deductible buyback.)

- **Coverage**

  Enter the desired coverage limits. For information on coverage limits available, see the "Amount of Insurance Available" table in the Rating section.

- **Rating**

  Enter the rates. Add additional charges/credits, i.e., deductible reduction/increase, ICC Premium, CRS Premium Discount, Probation Surcharge (if any), and Federal Policy Fee. Calculate the Total Prepaid Amount. For the CRS discounts, see the Community Rating System Eligible Communities list in the Community Rating System section. For rating examples, see the end of the Rating section.

- **Rate Type**

RATE TYPE: (ONE BUILDING PER POLICY—BLANKET COVERAGE NOT PERMITTED)

☐ MANUAL ☐ SUBMIT FOR RATING
☐ ALTERNATIVE ☐ V-ZONE RISK FACTOR RATING FORM
☐ PROVISIONAL RATING ☐ LEASED FEDERAL PROPERTY
☐ MORTGAGE PORTFOLIO PROTECTION PROGRAM

Check the applicable rate type:

- Manual – Used to rate a policy using the rate tables provided in the *NFIP Flood Insurance Manual*.
- Alternative – Used when a building is Pre-FIRM, the FIRM zone is unknown, and the community in which the building is located has no V Zones.
- Provisional Rating – Used for placing flood coverage prior to the receipt of an EC. It is expected that an EC will be secured and standard rating completed within 60 days of the Policy Effective Date.
- Mortgage Portfolio Protection Program (MPPP) – Used by lending institutions to maintain compliance with the Flood Disaster Protection Act of 1973, as amended. Policies written under the MPPP can be placed only through a WYO Company.
- Submit for Rating – Used to rate a building for which no risk rate is published in the *NFIP Flood Insurance Manual*.
- V-Zone Risk Factor Rating Form – Used when a rating credit is granted based on the design, placement, and/or construction information provided on the V-Zone Risk Factor Rating Form.
- Leased Federal Property – Used when applying for coverage for buildings leased from the Federal Government that the Administrator determines are 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. (For more information, refer to the Leased Federal Property section.)

- **Payment Option**

PAYMENT OPTION:
☐ CREDIT CARD
☐ OTHER:
_____

Check CREDIT CARD if paying by VISA, MasterCard, Discover, or American Express. Otherwise, check OTHER and describe the payment method. Payment must be for the Total Prepaid Amount, payable to the insurer, and accompany the Application.

For credit card payments, a disclaimer form, signed by the insured, must be submitted with the Flood Insurance Application. The disclaimer will state that cancellation of a policy due to a billing dispute will be permitted only for a billing error or fraud. If the credit card information is taken over the telephone by the agent, the agent may sign the authorization form on behalf of the payor only after having read the disclaimer to the payor.

N. Signature

THE ABOVE STATEMENTS ARE CORRECT TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT ANY FALSE STATEMENTS MAY BE PUNISHABLE BY FINE OR IMPRISONMENT UNDER APPLICABLE FEDERAL LAW. SEE REVERSE SIDE OF COPIES 2, 3, & 4.

SIGNATURE OF INSURANCE AGENT/BROKER DATE (MM/DD/YYYY)

The agent/producer must sign and date the 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.

III. COMPLETING PART 2 OF THE FLOOD INSURANCE APPLICATION FORM

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

A. Section I – All Building Types

1. Diagram number selected from Building Diagrams 1-9: ☐

1. Enter the Building Diagram number that best describes the building, as provided on the EC. If an EC is not provided, select and enter the appropriate Building Diagram number from the EC instructions located in the Special Certifications section.

2. The lowest floor is (round to nearest foot):
   ☐☐☐ feet ☐ above ☐ below (check one) the lowest ground (grade) immediately next to the building.
3. The garage floor (if applicable) or elevated floor (if applicable) is (round to nearest foot):
   ☐☐☐ feet ☐ above ☐ below (check one) the lowest ground (grade) immediately next to the building.
4. Machinery or equipment located at a level lower than the lowest floor is (round to nearest foot):
   ☐☐☐ feet below the lowest floor.

2.–4. Enter the requested information, if applicable. All measurements are rounded to the nearest foot using the ground (grade) immediately next to the building.

5. Site location
   a) Approximate distance of site location to nearest shoreline:
   ☐ Less than 200 feet ☐ 500 to 1,000 feet
   ☐ 200 to 500 feet ☐ More than 1,000 feet
   b) Source of flooding:
   ☐ Ocean ☐ River/stream
   ☐ Lake ☐ Other: _____

5. Check the applicable boxes for items 5a and 5b. If OTHER is checked in item 5b, provide a brief description of the source.

6. Basement/Subgrade Crawlspace
   a) Is the basement/subgrade crawlspace floor below grade on all sides? ☐ YES ☐ NO
   b) Does the basement/subgrade crawlspace contain machinery or equipment? ☐ YES ☐ NO
   If yes, check the appropriate items:
   ☐ Furnace ☐ Heat pump ☐ Air conditioner
   ☐ Hot water heater ☐ Fuel tank ☐ Cistern
   ☐ Elevator equipment ☐ Washer & dryer ☐ Food freezer
   ☐ Other equipment or machinery servicing the building

6. If the answer to 6a is YES, select the applicable answer to 6b; otherwise, disregard 6b. If the answer to 6b is YES, check the applicable items.

7. Garage
   a) Is the garage attached to or part of the building?
   ☐ YES ☐ NO
   b) Total area of the garage: _____ square feet.
   c) Are there any openings (excluding doors) that are designed to allow the passage of floodwaters through the garage?
   ☐ YES ☐ NO
   If yes, number of permanent openings (flood vents) within 1 foot above the adjacent grade: _____. Total area of all permanent openings (flood vents): _____ square inches.
   d) Is the garage used solely for parking of vehicles, building access, and/or storage? ☐ YES ☐ NO
   e) Does the garage contain machinery or equipment?
   ☐ YES ☐ NO
   If yes, check the appropriate items:
   ☐ Furnace ☐ Heat pump ☐ Air conditioner
   ☐ Hot water heater ☐ Fuel tank ☐ Cistern
   ☐ Elevator equipment ☐ Washer & dryer ☐ Food freezer
   ☐ Other equipment or machinery servicing the building
   f) Does the garage have more than 20 linear feet of finished wall, paneling, etc? ☐ YES ☐ NO

7. If the answer to 7a is YES, complete 7b through 7f. If the answer to 7a is NO, disregard 7b through 7f.

B. Section II – Elevated Buildings

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

8. Elevating foundation of the building:
   ☐ Piers, posts, or piles
   ☐ Reinforced masonry piers or concrete piers or columns
   ☐ Reinforced concrete shear walls
   ☐ Solid perimeter walls (Note: Not approved for elevating in Zones V1-V30, VE, or V.)

8. Check the type of elevating foundation used for the building.

NOTE: Solid perimeter walls means foundation walls as shown in Building Diagram numbers 7 and 8.

9. Does the area below the elevated floor contain machinery or equipment?
   ☐ YES ☐ NO
   If yes, check the appropriate items:
   ☐ Furnace ☐ Heat pump ☐ Air conditioner
   ☐ Hot water heater ☐ Fuel tank ☐ Cistern
   ☐ Elevator equipment ☐ Washer & dryer ☐ Food freezer
   ☐ Other equipment or machinery servicing the building

9. If the area below the elevated floor contains machinery or equipment, check YES and check the applicable items; otherwise, check NO.

10. Area below the elevated floor:
   a) Is the area below the elevated floor enclosed?
   ☐ YES ☐ NO
   If yes, check one of the following:
   ☐ Partially ☐ Fully
   If 10a is NO, do not answer 10b through 10f.

10. If the answer to 10a is YES, complete 10b through 10f. If the answer to 10a is NO, disregard 10b through 10f.

   b) If enclosed, provide size of enclosed area/crawlspace:
   |_|_|_|_|_|_| square feet.

In 10b, enter the square footage of the total enclosed area below the elevated floor.

   c) Is the area below the elevated floor enclosed using materials other than insect screening or light wood lattice?
   ☐ YES ☐ NO
   If yes, check one of the following:
   ☐ Breakaway walls
   ☐ Solid wood frame walls
   ☐ Masonry walls
   ☐ Other:_____

If answer to 10c is YES, check the applicable box; otherwise, check NO.

For Post-FIRM buildings in V Zones, elevated on solid perimeter foundation walls, submit the Application to the insurer for rating.

NOTE: In V Zones, if the area below the elevated floor appears to be enclosed using masonry walls in the submitted photographs and these walls are represented as being breakaway walls on the Application, provide certification of breakaway walls signed by a local building official, an engineer, or an architect.

   d) Is the enclosed area/crawlspace constructed with openings (excluding doors) to allow the passage of floodwaters through the enclosed area? ☐ YES ☐ NO
   If yes, number of permanent openings (flood vents) within 1 foot above adjacent grade _____. Total area of all permanent openings (flood vents) |_|_|_|_|_|_| square inches

Check YES in 10d if the area is constructed with a minimum of 2 openings (excluding doors); otherwise, check NO.

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

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

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

e) Is the enclosed area/crawlspace used for any purpose other than solely for parking of vehicles, building access, or storage?
☐ YES ☐ NO If yes, describe:_____
_____
_____

Check YES in 10e if the enclosed area/crawlspace is used for any purpose other than solely for parking of vehicles, building access, or storage, and provide a description; otherwise, check NO.

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

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

C. Section III – Manufactured (Mobile) Homes/ Travel Trailers

11. Manufactured (mobile) home/travel trailer data:
Make: |_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|
Year of manufacture: |_|_|_|_|
Model number: |_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|
Serial number: |_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|

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

12. Manufactured (mobile) home/travel trailer dimensions:
|_|_|_| x |_|_|_| feet.

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

13. Are there any permanent additions or extensions to the manufactured (mobile) home/travel trailer? ☐ YES ☐ NO
If yes, the dimensions are: |_|_|_| x |_|_|_| feet.

13. Check YES if permanent additions or extensions are present; otherwise, check NO. If YES, enter dimensions.

14. The manufactured (mobile) home/travel trailer anchoring system utilizes:
☐ Over-the-top ties ☐ Ground anchors
☐ Frame ties ☐ Slab anchors
☐ Frame connectors ☐ Other: _____

14. Check the box describing the anchoring system. If OTHER is checked, describe the anchoring system.

15. The manufactured (mobile) home/travel trailer was installed in accordance with:
☐ Manufacturer's specifications
☐ Local floodplain management standards
☐ State and/or local building standards

15. Check the box describing how the manufactured (mobile) home was installed.

16. Is the manufactured (mobile) home/travel trailer located in a manufactured (mobile) home park/subdivision? ☐ YES ☐ NO

16. Check YES if the manufactured (mobile) home is located in a manufactured (mobile) home park or subdivision; otherwise, check NO.

IV. SCHEDULED BUILDING POLICY

The Scheduled Building Policy is available to cover 2 to 10 buildings. The policy requires a specific amount of insurance to be designated for each building. To qualify, all buildings must have the same ownership and the same location. The properties on which the buildings are located must be contiguous.

Complete a separate Application for each building and/or contents for which coverage is requested. Write "Building #1", "Building #2", etc., in the upper right corner of each Application. Staple the applications together as a single unit.

All Flood Insurance Application forms must be completed in accordance with all *NFIP Flood Insurance Manual* rules and the Scheduled Building Policy qualifications above.

For each scheduled building (building and/or contents coverage), the Federal Policy Fee is $40 per building.

V. MAILING INSTRUCTIONS

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

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

Mail the original copy of the completed Application packet as described above with the Total Prepaid Amount to the insurer. Retain a copy of the Application and supporting documents for the agency file and distribute copies of the Application to the applicant and the mortgagee. A copy of the Application and a copy of the premium payment are sufficient to satisfy the mortgagee's proof-of-purchase requirements.

After receipt of the Application and Total Prepaid Amount, the insurer will process the Application and issue the

policy. The policy contract and declarations page will be mailed to the insured. Copies of the declarations page will be mailed to the agent/producer and mortgagee(s).

VI. HANDLING OF INCOMPLETE OR INCORRECT APPLICATIONS

If an Application is not complete, or if the information presented on it is not correct, a policy will not be issued. The Application may be placed in a pending file until the agent/producer provides the complete or correct information.

For NFIP Direct business, if necessary information is not provided, a policy may be issued using Tentative Rates. If sufficient information is not available to tentatively rate the policy, the Application may be rejected and the premium refunded. In the case of an incomplete Application, the NFIP Servicing Agent will send the agent/producer a letter requesting the necessary information. Copies of this letter will be provided to the named insured and mortgagee(s). The agent/producer should provide the necessary information to the NFIP Servicing Agent. If the necessary information is not provided, the Application will be rejected and the premium refunded.

If the premium received is not enough to buy the kind and amount of coverage requested, the policy will be issued for only the kind and amount of coverage that can be purchased for the premium payment received. Therefore, it is important that underpayment errors be corrected immediately.

In the case of an underpayment, when both building coverage and contents coverage have been requested, the coverage reduction will be prorated between building and contents in accordance with NFIP rules. The ratio of building to contents coverage for the full requested coverage will be used to determine the portion of the submitted premium available to purchase building and contents coverage.

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

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

PART 1 (OF 2) OF FLOOD INSURANCE APPLICATION

CURRENT POLICY NUMBER
☐ NEW
☐ RENEWAL _____

IMPORTANT—PLEASE PRINT OR TYPE

POLICY TERM

DIRECT BILL INSTRUCTIONS:
☐ BILL INSURED ☐ BILL FIRST MORTGAGEE
☐ BILL SECOND MORTGAGEE ☐ BILL LOSS PAYEE
☐ BILL OTHER

POLICY PERIOD IS FROM _____ TO _____
12:01 A.M LOCAL TIME AT THE INSURED PROPERTY LOCATION
WAITING PERIOD: ☐ STANDARD 30-DAY
☐ MAP REVISION (ZONE CHANGE FROM NON-SFHA TO SFHA)—ONE DAY
☐ LOAN TRANSACTION—NO WAITING
☐ LENDER REQUIRED—NO WAITING (SFHA ONLY)

AGENT INFORMATION

NAME, ADDRESS OF LICENSED PROPERTY OR CASUALTY INSURANCE AGENT OR BROKER:

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

INSURED MAILING ADDRESS

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

PHONE NO.: _____

DISASTER ASSISTANCE

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

PROPERTY LOCATION

IS INSURED PROPERTY LOCATION SAME AS INSURED'S MAILING ADDRESS?
☐ YES ☐ NO IF NO, ENTER PROPERTY ADDRESS. IF RURAL, DESCRIBE PROPERTY LOCATION (DO NOT USE P.O. BOX).

MORTGAGEE

NAME AND ADDRESS OF FIRST MORTGAGEE:

LOAN NO.: _____
PHONE NO.: _____ FAX NO.: _____

2ND MORTGAGEE/ OTHER

IF SECOND MORTGAGEE, LOSS PAYEE OR OTHER IS TO BE BILLED, COMPLETE THE FOLLOWING, INCLUDING THE NAME AND ADDRESS:
☐ 2ND MORTGAGEE ☐ DISASTER AGENCY ☐ LOSS PAYEE
☐ IF OTHER, PLEASE SPECIFY:

LOAN NO.: _____
PHONE NO.: _____ FAX NO.: _____

COMMUNITY

RATING MAP INFORMATION
NAME OF COUNTY/PARISH: _____
COMMUNITY NO./PANEL NO. AND SUFFIX: _____ — _____
FIRM ZONE: _____
COMMUNITY PROGRAM TYPE IS: ☐ REGULAR ☐ EMERGENCY

GRANDFATHERED? ☐ YES ☐ NO IF YES, ☐ BUILT IN COMPLIANCE?
☐ CONTINUOUS COVERAGE? PRIOR POLICY NO.: _____
CURRENT COMMUNITY NO./PANEL NO. AND SUFFIX:
_____ — _____
CURRENT FIRM ZONE: _____ CURRENT BFE: _____

IS INSURED BUILDING OWNED BY STATE GOVERNMENT? ☐ YES ☐ NO

IS BUILDING LOCATED ON FEDERAL LAND? ☐ YES ☐ NO

BUILDING

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

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

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

IF NOT A SINGLE-FAMILY DWELLING, NUMBER OF OCCUPANCIES (UNITS) IS: _____

CONDO FORM OF OWNERSHIP?
☐ YES ☐ NO
CONDO COVERAGE IS FOR:
☐ UNIT ☐ ENTIRE BUILDING

RESIDENTIAL CONDOMINIUM BUILDING ASSOCIATION POLICY ONLY: TOTAL NUMBER OF UNITS: _____ (INCLUDE NON-RES.)
☐ HIGH-RISE ☐ LOW-RISE

ESTIMATED REPLACEMENT COST AMOUNT $ _____

IS BUILDING INSURED'S PRINCIPAL RESIDENCE? ☐ YES ☐ NO

IS BUILDING IN THE COURSE OF CONSTRUCTION? ☐ YES ☐ NO

IS BUILDING WALLED AND ROOFED?
☐ YES ☐ NO

IS BUILDING OVER WATER?
☐ NO
☐ PARTIALLY
☐ ENTIRELY

IS BUILDING ELEVATED?
☐ YES ☐ NO
IF YES, AREA BELOW IS:
☐ FREE OF OBSTRUCTION
☐ WITH OBSTRUCTION
IF ELEVATED, COMPLETE PART 2 OF APPLICATION

BUILDING USE:
☐ MAIN HOUSE/BUILDING
☐ DETACHED GUEST HOUSE
☐ DETACHED GARAGE
☐ AGRICULTURAL BUILDING
☐ WAREHOUSE
☐ POOLHOUSE, CLUBHOUSE, RECREATION BUILDING
☐ TOOL/STORAGE SHED
☐ OTHER: _____

FOR MANUFACTURED (MOBILE) HOMES/TRAVEL TRAILERS, COMPLETE PART 2, SECTION III.

CONTENTS

CONTENTS LOCATED IN:
☐ BASEMENT/ENCLOSURE
☐ BASEMENT/ENCLOSURE AND ABOVE
☐ LOWEST FLOOR ONLY ABOVE GROUND LEVEL
☐ LOWEST FLOOR ABOVE GROUND LEVEL AND HIGHER
☐ ABOVE GROUND LEVEL MORE THAN ONE FULL FLOOR (IF SINGLE FAMILY, CONTENTS ARE RATED THROUGHOUT THE BUILDING)

IS PERSONAL PROPERTY HOUSEHOLD CONTENTS? ☐ YES ☐ NO IF NO, PLEASE DESCRIBE: _____

CONSTRUCTION DATA

ALL BUILDINGS: (CHECK ONE OF THE FIVE BLOCKS AND RECORD CORRESPONDING DATE IN THE DATE BOX)
☐ BUILDING PERMIT DATE
☐ DATE OF CONSTRUCTION
☐ SUBSTANTIAL IMPROVEMENT DATE
☐ MANUFACTURED (MOBILE) HOMES/TRAVEL TRAILERS LOCATED IN A MOBILE HOME PARK OR SUBDIVISION: CONSTRUCTION DATE OF MOBILE HOME PARK OR SUBDIVISION FACILITIES
☐ MANUFACTURED (MOBILE) HOMES/TRAVEL TRAILERS LOCATED OUTSIDE A MOBILE HOME PARK OR SUBDIVISION: DATE OF PERMANENT PLACEMENT

DATE: ____/____/____ (MM/DD/YYYY)

IS BUILDING POST-FIRM CONSTRUCTION? ☐ YES ☐ NO
IF POST-FIRM CONSTRUCTION IN ZONES A, A1-A30, AE, AO, AH, V, V1-V30, VE, OR IF PRE-FIRM CONSTRUCTION IS ELEVATION RATED, ATTACH CERTIFICATION.

BUILDING DIAGRAM NO.: _____ LOWEST ADJACENT GRADE (LAG): _____ ELEVATION CERTIFICATION DATE: _____
LOWEST FLOOR ELEVATION _____ (–) BASE FLOOD ELEVATION _____ (=) DIFFERENCE TO NEAREST FOOT _____ (+ OR –)
IN ZONES V AND V1-V30 ONLY, DOES BASE FLOOD ELEVATION INCLUDE EFFECTS OF WAVE ACTION? ☐ YES ☐ NO
IS BUILDING FLOODPROOFED? ☐ YES ☐ NO (SEE *NFIP FLOOD INSURANCE MANUAL* FOR CERTIFICATION FORM.)

COVERAGE AND RATING

DEDUCTIBLE: BUILDING $ _____ CONTENTS $ _____ DEDUCTIBLE BUYBACK? ☐ YES ☐ NO

COVERAGE	BASIC LIMITS			ADDITIONAL LIMITS (REGULAR PROGRAM ONLY)			DEDUCTIBLE	BASIC AND ADDITIONAL	TOTAL PREMIUM
	AMOUNT OF INSURANCE	RATE	ANNUAL PREMIUM	AMOUNT OF INSURANCE	RATE	ANNUAL PREMIUM	PREM. REDUCTION/ INCREASE	TOTAL AMOUNT OF INSURANCE	
BUILDING			.00			.00	.00		.00
CONTENTS			.00			.00	.00		.00

RATE TYPE: (ONE BUILDING PER POLICY—BLANKET COVERAGE NOT PERMITTED)
☐ MANUAL ☐ SUBMIT FOR RATING
☐ ALTERNATIVE ☐ V-ZONE RISK FACTOR RATING FORM
☐ PROVISIONAL RATING ☐ LEASED FEDERAL PROPERTY
☐ MORTGAGE PORTFOLIO PROTECTION PROGRAM

PAYMENT OPTION:
☐ CREDIT CARD
☐ OTHER: _____

ANNUAL SUBTOTAL	$
ICC PREMIUM	
SUBTOTAL	
CRS PREMIUM DISCOUNT _____ %	
SUBTOTAL	
PROBATION SURCHARGE +	
FEDERAL POLICY FEE +	
TOTAL PREPAID AMOUNT	$

SIGNATURE

THE ABOVE STATEMENTS ARE CORRECT TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT ANY FALSE STATEMENTS MAY BE PUNISHABLE BY FINE OR IMPRISONMENT UNDER APPLICABLE FEDERAL LAW. SEE REVERSE SIDE OF COPIES 2, 3, & 4.

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

NFIP COPY

FEMA Form 086-0-1, AUG 10 **Previously FEMA Form 81-16** **F-050 (8/10)**

PLEASE ATTACH TO NFIP COPY OF APPLICATION THE CHECK OR MONEY ORDER FOR THE TOTAL PREPAID PREMIUM MADE PAYABLE TO THE NATIONAL FLOOD INSURANCE PROGRAM
IMPORTANT — COMPLETE PART 1 AND PART 2 (ON LAST PAGE) BEFORE SENDING APPLICATION TO THE NFIP — **IMPORTANT**

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

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

PART 2 (OF 2) OF FLOOD INSURANCE APPLICATION

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

CURRENT POLICY NUMBER
☐ NEW
☐ RENEWAL _____

SECTION I—ALL BUILDING TYPES

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

SECTION II—ELEVATED BUILDINGS
(Including Manufactured [Mobile] Homes/Travel Trailers)

8. Elevating foundation of the building:
   ☐ Piers, posts, or piles
   ☐ Reinforced masonry piers or concrete piers or columns
   ☐ Reinforced concrete shear walls
   ☐ Solid perimeter walls (Note: Not approved for elevating in Zones V1-V30, VE, or V.)
9. Does the area below the elevated floor contain machinery or equipment?
   ☐ YES ☐ NO
   If yes, check the appropriate items:
   ☐ Furnace ☐ Heat pump ☐ Air conditioner
   ☐ Hot water heater ☐ Fuel tank ☐ Cistern
   ☐ Elevator equipment ☐ Washer & dryer ☐ Food freezer
   ☐ Other equipment or machinery servicing the building
10. Area below the elevated floor:
   a) Is the area below the elevated floor enclosed?
   ☐ YES ☐ NO
   If yes, check one of the following:
   ☐ Partially ☐ Fully
   If 10a is NO, do not answer 10b through 10f.
   b) If enclosed, provide size of enclosed area/crawlspace:
   ☐☐☐☐☐☐ square feet.
   c) Is the area below the elevated floor enclosed using materials other than insect screening or light wood lattice?
   ☐ YES ☐ NO
   If yes, check one of the following:
   ☐ Breakaway walls
   ☐ Solid wood frame walls
   ☐ Masonry walls
   ☐ Other: _____
   d) Is the enclosed area/crawlspace constructed with openings (excluding doors) to allow the passage of floodwaters through the enclosed area? ☐ YES ☐ NO
   If yes, number of permanent openings (flood vents) within 1 foot above adjacent grade _____. Total area of all permanent openings (flood vents) ☐☐☐☐☐☐ square inches
   e) Is the enclosed area/crawlspace used for any purpose other than solely for parking of vehicles, building access, or storage?
   ☐ YES ☐ NO If yes, describe: _____
   f) Does the enclosed area/crawlspace have more than 20 linear feet of finished wall, paneling, etc.? ☐ YES ☐ NO

SECTION III—MANUFACTURED (MOBILE) HOMES/TRAVEL TRAILERS

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

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

_____
SIGNATURE OF INSURANCE AGENT/BROKER

☐☐☐☐☐☐☐☐
DATE (MM/DD/YYYY)

FEMA Form 086-0-1, AUG 10 **PREVIOUSLY FEMA FORM 81-16** **F-050 (8/10)**

FLOOD INSURANCE
FLOOD INSURANCE APPLICATION
FEMA FORM 086-0-1

NONDISCRIMINATION

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

PRIVACY ACT

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

GENERAL

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

AUTHORITY

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

PAPERWORK BURDEN DISCLOSURE NOTICE

Public reporting burden for this data collection is estimated to average 12 minutes per response. The burden estimate includes the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and submitting this form. You are not required to respond to this collection of information unless a valid OMB control number is displayed on this form. Send comments regarding the accuracy of the burden estimate and any suggestions for reducing the burden to: Information Collections Management, Department of Homeland Security, Federal Emergency Management Agency, 500 C Street, SW, Washington, DC 20472, Paperwork Reduction Project (1660-0006).
NOTE: Do not send your completed form to this address.