## Flood Insurance Application

### National Flood Insurance Program

#### Federal Emergency Management Agency

#### U.S. Department of Homeland Security

### Flood Insurance Application, Page 1 of 2

**Important—Please print or type; enter dates as MM/DD/YYYY.**

**FEMA Form 086-0-1**

**Complete Application Information**

- **Name and Mailing Address of Agent/Producer:**
  - Agency #:
  - Agent's Tax ID:
  - Phone No.:
  - Fax No.:
  - Email Address:

**Agent/Producer Information**

- **Property Location:**
  - Current Map Information:
  - Current Community Type is: Regular, Emergency
  - Grandfathered? Yes, No
  - If Yes, built in compliance or
  - Continuous Coverage (Provide prior policy number in box above):

**Disaster Assistance**

- **Loans: 1st Mortgage**
  - Loan No.:
  - Name and Mailing Address of First Mortgagee:
  - Is insurance required under mandatory purchase? Yes, No
  - Name and Mailing Address of Second Mortgagee:
  - Is insurance required under mandatory purchase? Yes, No

**Insurance Information**

- **Prior Policy Reference**
  - Prior Policy Period is from / / to / / .

**Billing Information**

- **For Renewal, Bill:**
  - Insured
  - First Mortgagee
  - Second Mortgagee
  - Loss Payee
  - Other (as specified in the 2nd mortgagees' other box below)

**Policy Period is from / / / / A.M. to / / / / A.M. at the insured property location.**

**Wait Periods**

- **Standard 30-Day**
- **Required for Loan Transaction—No Waiting Period**
- **Map Revision (Zone Change from Non-SFA to SF):**
  - 1-Day
  - **Transfer (NFIP Only):**
    - No Waiting Period

**Indicate the Property Purchase Date:**

- **Complete this section only for pre-FIRM buildings located in an SFHA.**

1. **Is there an outstanding mortgage?** Yes, No
2. **Is the property covered by the lender under mandatory purchase?** Yes, No
3. **If Yes, is the prior NFIP policy ever lapse while coverage was required?** Yes, No
4. **If yes, was the lapse the result of a community suspension?** Yes, No
5. **If yes, what is the suspension date?**
6. **What is the reinstatement date?**
7. **Will this policy be effective within 180 days of the community reinstatement after suspension referred to in (6) above?** Yes, No

**New/Renewal/Transfer (NFIP Only)**

- **Policy Period:**
  - New
  - Renewal
  - Transfer (NFIP Only)

**Important—Complete Page 1 and Page 2 Before Sending Application to the NFIP.**

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### Building Information

#### 1. Building Purpose

- **100% Residential**
- **100% Non-Residential**
- **3/4 Residential**
- **1/2 Residential**
- **1/4 Residential**
- **Non-Residential Business**
- **Non-Residential Commercial**
- **Non-Residential Institutional**
- **Non-Residential Other**

#### 2. Building Occupancy

- **Single Family**
- **2-4 Family**
- **5-8 Family**
- **9 or More Family**

#### 3. Is the Building a House of Worship? Yes, No

#### 4. Is the Building an Agricultural Structure? Yes, No

#### 5. Building Description (Check One)

- **Main House**
- **Detached Guest House**
- **Detached Garage**
- **Apartment Building**
- **Apartment—Unit**
- **Cooperative Building**
- **Cooperative—Unit**
- **Streetcarhouse**

#### 6. Condominium Information

- **Yes**
- **No**

#### 7. Additions and Extensions (If Applicable)

- **Yes**
- **No

**Coverage for:**

- Building in a Condominium
- Building excluding additions and extensions
- Building including additions and extensions

**Provide policy number for addition or extension:**

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### Building Location

#### 1. Building

- **Is a garage attached to the building?** Yes, No
- **Total net area of the garage:**
- **If yes, number of permanent flood openings within 1 foot above the adjacent grade:**
- **Are there any openings (excluding doors) that are designed to allow the passage of floodwaters through the garage?** Yes, No

#### 2. Basement/Subgrade Crawlspace

- **Does the basement/subgrade crawlspace contain machinery and/or equipment?** Yes, No
- **If yes, select the value below:**
  - up to $5,000
  - $5,001 to $10,000
  - $10,001 to $20,000
  - greater than $20,000

**Does the basement/subgrade crawlspace contain a washer, dryer or food freezer?** Yes, No

**Addition or Extension Only (Include description in the property location box above), Provide policy number for building excluding additions or extensions:**

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### Building Structure

#### 1. Building Structure

- **1st Floor Only**
- **2nd Floor Only**
- **3rd Floor Only**
- **4th Floor Only**
- **5th Floor Only**
- **6th Floor Only**
- **7th Floor Only**
- **8th Floor Only**
- **9th Floor Only**
- **10th Floor Only**

#### 2. Building Description

- **Does the building have any additions or extensions?** Yes, No
- **If yes, are the additions and extensions separate?** Insured, Yes, No

**Coverage for:**

- Building in a Condominium
- Building excluding additions and extensions
- Building including additions and extensions

**Provide policy number for addition or extension:**

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### Building Location

#### 1. Building Location

- **Is a garage attached to the building?** Yes, No
- **Total net area of the garage:**
- **If yes, number of permanent flood openings within 1 foot above the adjacent grade:**

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- **If yes, select the value below:**
  - up to $5,000
  - $5,001 to $10,000
  - $10,001 to $20,000
  - greater than $20,000

**Does the basement/subgrade crawlspace contain a washer, dryer or food freezer?** Yes, No

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### Building Location

#### 1. Building Location

- **Is a garage attached to the building?** Yes, No
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- **If yes, number of permanent flood openings within 1 foot above the adjacent grade:**

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- **Does the basement/subgrade crawlspace contain machinery and/or equipment?** Yes, No
- **If yes, select the value below:**
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**Does the basement/subgrade crawlspace contain a washer, dryer or food freezer?** Yes, No

**Addition or Extension Only (Include description in the property location box above), Provide policy number for building excluding additions or extensions:**
IMPORTANT—PLEASE PRINT OR TYPE; ENTER DATES AS MM/DD/YYYY.

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

1. IF THE BUILDING IS ELEVATED, IS THE AREA BELOW
   ○ FREE OF OBSTRUCTION
   ○ WITH OBSTRUCTION
   ○ ELEVATION FOUNDATION TYPE

2. CHECK ONE OF THE FOLLOWING AND ENTER DATE FOR ORIGINAL CONSTRUCTION

3. IS BUILDING POST-FIRM CONSTRUCTION?
   ○ YES
   ○ NO

   IF POST-FIRM CONSTRUCTION IN ZONES A1–A30, AE, AR, A, V, VE, V30, VS, OR IF PRE-FIRM CONSTRUCTION IS ELEVATION RATED, ATTACH ELEVATION CERTIFICATE.

   BUILDING DIAGRAM NO.:
   LOWEST FLOOR ELEVATION (–) DIFFERENCE TO NEAREST FOOT: (+ OR –)
   IN ZONES V AND V1–V30 ONLY, DOES BASE FLOOD ELEVATION INCLUDE EFFECTS OF WAVE ACTION?
   IS BUILDING FLOODPROOFED?
   ○ YES
   ○ NO

   (SEE THE NFP FLOOD INSURANCE MANUAL FOR CERTIFICATION REQUIREMENTS.)

   IF YES, INDICATE NUMBER OF PERMANENT FLOOD OPENINGS WITHIN 1 FOOT ABOVE ADJACENT GRADE:
   TOTAL AREA OF ALL PERMANENT FLOOD OPENINGS:

   IS THE ENCLOSED AREA/CRAWLSPACE ENGINEERED?
   ○ YES
   ○ NO

   IF YES, DESCRIBE:
   OTHER (DESCRIBE):

   IF THE ANSWER TO ANY OF THE QUESTIONS REGARDING THE AREA BELOW THE ELEVATED FLOOR IS YES, OR THERE IS A GARAGE, ANSWER THE FOLLOWING, INDICATE MATERIAL USED FOR ENCLOSURE:
   ○ INSECT SCREENING
   ○ LIGHT WOOD LATTICE
   ○ SOLID WOOD FRAME WALLS (BREAKAWAY)
   ○ MASONRY WALLS (IF BREAKAWAY, SUBMIT CERTIFICATION DOCUMENTATION)
   ○ MASONRY WALLS (NON-BREAKAWAY)
   ○ OTHER (DESCRIBE):

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

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

   IF YES, DESCRIBE:

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

   FLOOD OPENINGS
   IS THE ENCLOSED AREA/CRAWLSPACE CONSTRUCTED WITH EXISTING DOORS TO ALLOW THE PASSAGE OF FLOODWATERS THROUGH THE ENCLOSED AREA?
   ○ YES
   ○ NO

   ARE FLOOD OPENINGS ENGINEERED?
   ○ YES
   ○ NO

   IF YES, SUBMIT CERTIFICATION.

NOTE: WHEELS MUST BE REMOVED FOR TRAVEL TRAILER TO BE INSURABLE.

1. MANUFACTURED (MOBILE) HOME/TRAVEL TRAILER DATA

   YEAR OF MANUFACTURE:
   SERIAL NUMBER:
   MODEL NUMBER:
   YEAR OF MANUFACTURE:

   DOES THE MANUFACTURED (MOBILE) HOME/TRAVEL TRAILER WAS INSTALLED IN ACCORDANCE WITH: (CHECK ALL THAT APPLY.)
   ○ FRAME CONNECTORS
   ○ FRAME TIES
   ○ GROUND ANCHORS
   ○ SLAB ANCHORS
   ○ OTHER (DESCRIBE):

   IF YES, INDICATE THE VALUE BELOW:
   USD

   IF THE ANSWER TO ANY OF THE QUESTIONS REGARDING THE AREA BELOW THE ELEVATED FLOOR IS YES, OR THERE IS A GARAGE, ANSWER THE FOLLOWING, INDICATE MATERIAL USED FOR ENCLOSURE:
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   ○ YES
   ○ NO

   IF YES, DESCRIBE:

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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.

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