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

National Flood Insurance Program

		LOOD INSURANCE AP		•	
We may void your flood insurance policy and deny any claims under that policy if your agent conceal or misrepresent any material fact or circumstance, engage is fraudulent conduct, or make false statements when completing this application. IMPORTANT—PLEASE PRINT OR TYPE; ENTER DATES AS MM/DD/YYYY.					
ATION BILLING	☐ FIRST MORTGAGEE ☐ 0	OSS PAYEE THER (AS SPECIFIED IN THE "2ND ORTGAGEE/OTHER" BOX BELOW) UCER:	POLICY PERIOD	POST-WILDFIRE — 1-DAY (12:01 A.M.	L TIME) LOCAL TIME, THE NEXT CALENDAR DAY) ERIOD (EFFECTIVE AT TIME OF LOAN CLOSING)
AGENT/PRODUCER INFORMATION	AGENCY NO.: AGENT NO.: PHONE NO.:		2ND MORTGAGEE/ OTHER	IF OTHER, SPECIFY:	
	PHONE NO.: EMAIL ADDRESS: IS THE POLICYHOLDER A TENANT?		COMMUNITY INFORMATION	NOTE: ONE BUILDING PER POLICY IS THE PROPERTY LOCATION THE SAME AS THE POLICYHOLDER MAILING ADDRESS? YES NO (IF NO, ENTER PROPERTY ADDRESS AND TYPE.)	
POLICYHOLDER INFORMATION			ILDING LOCATION		
1ST MORTGAGEE	NAME AND MAILING ADDRESS OF FIRST MORTGAGEE: LOAN NO.:		INB	YEAR SYSTEM UNIT OR OPA ADDED TO OUT IN BUFFER ZONE, DID USFWS ISSUE AN OUTSIDE SYSTEM UNIT OR OPA? ☐ YES	UNIT OR OPA? ☐ SYSTEM UNIT ☐ OPA ☐ NO BRS: ☐ 1982 ☐ 1990 I OFFICIAL DETERMINATION SHOWING BUILDING
BUILDING INFORMATION	1. BUILDING OCCUPANCY (CHECK ONE) SINGLE-FAMILY HOME RESIDENTIAL MANUFACTURED/ MOBILE HOME RESIDENTIAL UNIT TWO-TO-FOUR FAMILY BUILDING OTHER RESIDENTIAL BUILDING NON-RESIDENTIAL BUILDING NON-RESIDENTIAL BUILDING NON-RESIDENTIAL MANUFACTURED/ MOBILE BUILDING NON-RESIDENTIAL UNIT 2. BUILDING DESCRIPTION (CHECK ONE) RESIDENTIAL ONDOMINIUM APARTMENT UNIT ENTIRE APARTMENT BUILDING APARTMENT UNIT DETACHED GUEST HOUSE MAIN DWELLING ENTIRE RESIDENTIAL CONDOMINIUM UNIT (IN RESIDENTIAL CONDOMINIUM UNIT	Non-Residential AGRICULTURAL BUILDING COMMERCIAL DETACHED GARAGE GOVERNMENT-OWNED HOUSE OF WORSHIP RECREATION BUILDING STORAGE/TOOL SHED OTHER NON-RESIDENTIAL TYPE: 3. FOUNDATION TYPE SLAB ON GRADE (Non-Elevated) BASEMENT (Non-Elevated) CRAWLSPACE (Elevated or Non-Elevated) Sub-Grade Crawlspace) ELEVATED WITHOUT ENCLOSURE ON POSTS, PILES, OR PIERS ELEVATED WITH ENCLOSURE ON POSTS, PILES, OR PIERS ELEVATED WITH ENCLOSURE NOT ON POSTS, PILES, OR PIERS ELEVATED WITH ENCLOSURE NOT ON POSTS, PILES, OR PIERS (Solid Foundation Walls) IS THE ENCLOSURE/CRAWLSPACE CONSTRUCTED WITH PROPER FLOOD OPENINGS OR ENGINEERED OPENINGS? YES NO	SQU. 4. FILEV ELEV BR LO LO FILE FIRS METI HEIG S. B BI DATE HAS IM	L ENCLOSED AREA:	IS THE BUILDING OVER WATER? NO PARTIALLY ENTIRELY IS THE BUILDING PROPERLY FLOODPROOFED? YES NO IS THE BUILDING ELIGIBLE FOR THE MACHINERY AND EQUIPMENT MITIGATION DISCOUNT? YES NO BUILDING SQUARE FOOTAGE: NUMBER OF DETACHED STRUCTURES ON PROPERTY: NUMBER OF ELEVATORS: NUMBER OF FLOORS IN BUILDING (EXCLUDING BASEMENT/ENCLOSED AREA, IF ANY): IF THE COVERAGE IS FOR A UNIT, INDICATE THE FLOOR WHERE THE UNIT IS LOCATED: TOTAL NUMBER OF UNITS IN THE BUILDING: BUILDING REPLACEMENT COST (INCLUDING FOUNDATION): \$ IS THE BUILDING A RENTAL PROPERTY? YES NO IS BUILDING THE POLICYHOLDER'S PRIMARY RESIDENCE? YES NO IF MANUFACTURED/MOBILE HOME OR

RESIDENTIAL CONDOMINIUM UNIT (IN NON-RESIDENTIAL BUILDING)

☐ OTHER DWELLING TYPE: _

FLOOD OPENINGS.

TOTAL AREA OF ALL PERMANENT OPENINGS:

_ SQUARE INCHES

BUILDING (INCLUDING TRAVEL TRAILER)
PROVIDE IDENTIFICATION NUMBER:

IF YES, ENTER SUBSTANTIALLY IMPROVED

CONSTRUCTION TYPE: FRAME MASONRY OTHER:

DATE: ___ /__ /__

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

OMB No. 1660-0006 | Expires February 28, 2027

FLOOD INSURANCE APPLICATION, PAGE 2 (0F 2)

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

□ NEW □ RENEWAL □ ENDORSEM	ENT TRANSFER (NFIP POLICIES ONLY)						
POLICY #:							
PRIOR POLICY #:							

. <u>.</u> .	COVERAGES AND DEI	DUCTIBLES	DISCOUNTS				
COVERAGE, DEDUCTIBLES, AND DISCOUNTS	SFIP Form: Dwe	elling General Property RCBAP	Did the applicant have a prior NFIP policy for the building that received				
UCT	Amount of Insurance		a Newly Mapped discount and lapsed? ☐ Yes ☐ No				
DED	Building \$	Contents \$	If yes, did the lapse occur for a valid reason? ☐ Yes ☐ No Is the property eligible for the Newly Mapped discount? ☐ Yes ☐ No				
AGE, ID DI	Deductible:						
VER/		Contents \$	Did the applicant have a prior this pency for the sumaning that received				
8	Rate Category:	Rating Engine	a Pre-FIRM discount and lapsed? ☐ Yes ☐ No If yes, did the lapse occur for a valid reason? ☐ Yes ☐ No				
			in yes, and the hapse occur for a valid feasons. — fes — INO				
	I declare under penalty of perjury that the foregoing is true and correct.						
Щ							
SIGNATURE			DATE (MM/DD/YYY)				
I GN	SIGNATURE OF INSURANCE A	GENT/PRODUCER					
•,	CIONATURE OF BOULOWIOLDE	D (OPTIONAL)					
	SIGNATURE OF POLICYHOLDER (OPTIONAL) DATE (MM/DD/YYYY)						
			S OF THE TOTAL AMOUNT DUE				
		Building Premium	+ \$				
	Contents Premium + Increased Cost of Compliance (ICC) Premium + Mitigation Discount - Community Rating System Discount - FULL RISK PREMIUM = STATUTORY DISCOUNTS Annual Increase Cap - Pre-FIRM Discount - Newly Mapped Discount - Other Statutory Discounts -		+ \$				
			+ \$				
			- \$				
			<u> </u>				
			= \$				
TOTAL AMOUNT DUE							
UNT			- \$				
AMO			- \$				
TAL			- \$				
۲			- \$				
		DISCOUNTED PREMIUM	= \$				
		Reserve Fund Assessment	+ \$				
		HFIAA Surcharge	+ \$				
	Federal Policy Fee		+ \$				
		Probation Surcharge	+ \$				
		TOTAL AMOUNT DUE	= \$				
NO.	Enter any additiona	al information:					
MAT							
FOR							
i i							
NOI							
ADDITIONAL INFORMATION							

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

FLOOD INSURANCE APPLICATION

FEMA Form FF-206-FY-21-117 (formerly 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 National Flood Insurance Act of 1968, on the grounds of race, color, creed, sex, age, or national origin.

PRIVACY ACT NOTICE

Authority: FEMA is authorized to collect the information requested on this form pursuant to the National Flood Insurance Act of 1968, as amended, 42 U.S.C. 4011 et seq. which will enable interested persons to purchase insurance against loss resulting from physical damage to or loss of real property or personal property related thereto arising from any flood occurring in the United States. 42 U.S. Code § 4102 – Criteria for land management and use. 42 U.S. Code § 4104c – Mitigation assistance.

Purpose: The purpose of the information requested on this document and any supporting documents is to issue flood insurance policies provided through the National Flood Insurance Program.

Routine Uses: The information requested on this form may be shared externally as a "routine use" to other federal agencies, state governments, local governments, tribal governments, certain non-profit entities, private insurance companies participating in the Write Your Own Program, and their contractors to implement the National Flood Insurance Act of 1968. A complete list of the routine uses can be found in the system of records notice associated with this form, "DHS/FEMA-003 National Flood Insurance Program Files" (79 FR 28747). The Department's full list of system of records notices can be found on the Department's website at https://www.dhs.gov/system-records-notices-sorns.

Disclosure: Furnishing this information is voluntary. However, failure to furnish the requested information may delay or prevent the issuance of a flood insurance policy.

PAPERWORK REDUCTION ACT NOTICE

Public reporting burden for this form 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 the form. This collection of information is required to obtain or retain benefits. You are not required to submit to this collection of information unless it displays a valid OMB control number. 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 (FEMA), 500 C Street SW, Washington, DC 20472, **NOTE:** Do not send your completed form to this address.