	DEPARTMENT OF HOMELAND S ERAL EMERGENCY MANAGEMEN				OMB N	o. 1660-0006 Expires May 31, 2	2024	
Nat	ional Flood Insurance Prog	ram					NLY)	
	DOD INSURANCE APP RTANT—PLEASE PRINT OR TYPE; EN	LICATION, PAGE 1 (OF 2 TER DATES AS MM/DD/YYYY.)		PRIOR POLICY	#:		
BILLING	FOR RENEWAL, BILL:	DSS PAYEE THER (AS SPECIFIED IN THE "2ND ORTGAGEE/OTHER" BOX BELOW)	POLICY PERIOD	POLICY PERIOD IS FROM / TO / TO / / 12:01 A.M. LOCAL TIME AT THE INSURED PROPERTY LOCATION. WAITING PERIOD: STANDARD 30-DAY REQUIRED FOR LOAN TRANSACTION – NO WAITING PERIOD MAP REVISION (ZONE CHANGE FROM NON-SFHA TO SFHA) – 1 DAY TRANSFER (NFIP POLICIES ONLY) – NO WAITING PERIOD				
AGENT/PRODUCER INFORMATION	AGENCY NO.: AGENT PHONE NO.: EMAIL ADDRESS:	_ FAX NO.:	INSURED INFORMATION	NAME AND MAILING AI			-	
	NOTE: ONE BUILDING PER POLICY – BLANKE IS BUILDING LOCATED IN A CBRS OR OPA?		IS THE INSURED A SMA IS THE INSURED A NON			_		
PROPERTY LOCATION	IS INSURED PROPERTY LOCATION SAME AS INS IF NO, ENTER PROPERTY ADDRESS. IF RURAL, I LOCATION OF PROPERTY (DO NOT USE P.O. BO) IDENTIFY ADDRESS TYPE: STREET LEG	1ST MORTGAGEE	NAME AND MAILING AI	LING ADDRESS OF FIRST MORTGAGEE:				
PROF	FOR AN ADDRESS WITH MULTIPLE BUILDINGS A	ND/OR FOR A BUILDING WITH ADDITIONS OR				TORY PURCHASE? YES NO	-	
	EXTENSIONS, DESCRIBE THE INSURED BUILDIN * LEGAL DESCRIPTION MAY BE USED ONLY WHIL COURSE OF CONSTRUCTION OR PRIOR TO EST	E/OTHER	NAME AND MAILING AI	ND MORTGAGEE LOSS PAYEE OTHER				
DISASTER Issistance	IS INSURANCE REQUIRED FOR DISASTER ASSIS IF YES, CHECK THE GOVERNMENT AGENCY:	SBA 🗆 FEMA 🗆 FHA	ND MORTGAGEE/OTHER					
~	CASE FILE NO.: GRANDFATHERING INFORMATION		2N	LOAN NO.: IS INSURANCE REQUIR	ED UNDER MANDA	TORY PURCHASE? YES NO	i	
COMMUNITY	COMMUNITY NO./PANEL NO. AND SUFFIX:	DR POLICY NUMBER IN BOX ABOVE)	PRIOR NFIP COVERAGE	 HAS THE APPLICANT WAS THE POLICY RE	FIRM BUILDINGS LOCATED IN AN SFHA. P POLICY FOR THIS PROPERTY? YES NO NDER UNDER MANDATORY PURCHASE? VER LAPSED WHILE COVERAGE WAS REQUIRED THE LENDER? YES NO F A COMMUNITY SUSPENSION? YES NO DATE? //	P C O P Y		
ALL BUILDINGS	BUILDING PURPOSE 100% RESIDENTIAL 100% NON-RESIDENTIAL MIXED-USE - SPECIFY PERCENTAGE OF RESIDENTIAL USE:% BUILDING OCCUPANCY SINGLE FAMILY 2-4 FAMILY OTHER RESIDENTIAL NON-RESIDENTIAL NON-RESIDENTIAL BUSINESS OTHER NON-RESIDENTIAL IS THE BUILDING A HOUSE OF WORSHIP? YES NO IS THE BUILDING AN AGRICULTURAL STRUCTURE? YES NO BUILDING DESCRIPTION (CHECK ONE) MAIN HOUSE DETACHED GARAGE BARN APARTMENT BUILDING APARTMENT BUILDING APARTMENT BUILDING COOPERATIVE - UNIT WAREHOUSE	□ TOOL/STORAGE SHED □ POOLHOUSE, CLUBHOUSE, RECREATION BUILDING □ □ OTHER: 6. CONDOMINIUM INFORMATION IS BUILDING IN A CONDOMINIUM FORM OF OWNERSHIP? □ YES □ NO IS COVERAGE FOR THE ENTIRE BUILDING? □ YES □ NO TOTAL NUMBER OF UNITS: □ HIGH-RISE □ LOW-RISE IS COVERAGE FOR A CONDOMINIUM UNIT? □ YES □ NO 7. ADDITIONS AND EXTENSIONS (IF APPLICABLE) DOES THE BUILDING HAVE ANY ADDITIONS OR EXTENSIONS? YES (ADDITIONS AND EXTENSIONS MAY BE SEPARATELY INSURED.) COVERAGE IS FOR: □ BUILDING INCLUDING ADDITION(S) △ AND EXTENSION(S) □ BUILDING EXCLUDING ADDITION(S) AND EXTENSION(S). PROVIDE POLICY NUMBER FOR ADDITION OR EXTENSION:	8. ISE IST IFY 9. ISE ISE	ADDITION OR EXTENSION ONLY (INCLUDE DESCRIPTION IN THE PROPERTY LOCATION BOX ABOVE). PROVIDE POLICY NUMBER FOR BUILDING EXCLUDING ADDITION(S) OR EXTENSION(S):		IS BUILDING LOCATED ON FEDERAL LAND? YES NO IS BUILDING A SEVERE REPETITIVE LOSS PROPERTY? YES NO 10.IS BUILDING ELEVATED? YES NO 11.BASEMENT, ENCLOSURE, CRAWLSPACE NONE FINISHED BASEMENT/ENCLOSURE CRAWLSPACE UNFINISHED BASEMENT/ENCLOSURE SUBGRADE CRAWLSPACE IS THE BASEMENT/SUBGRADE CRAWLSPACE FLOOR BELOW GRADE ON ALL SIDES? YES NO 12.NUMBER OF FLOORS IN BUILDING (INCLUDING 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		
NON-ELEVATED BUILDINGS	1. GARAGE 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: TOTAL AREA OF ALL PERMANENT OPENINGS: 	DO CRJ EQI IF Y	BASEMENT/SUBGRADE C ES THE BASEMENT/SUBG AWLSPACE CONTAIN MACI UIPMENT? YES YES, SELECT THE VALUE BI UP TO \$10,000 \$10,001 TO \$20,000 IF GREATER THAN \$20,00 THE AMOUNT:	RADE HINERY AND/OR NO ELOW:	DOES THE BASEMENT/SUBGRADE CRAWLSPACE CONTAIN A WASHER, DRYER OR FOOD FREEZER? YES NO IF YES, SELECT THE VALUE BELOW: UP TO \$5,000 \$5,001 TO \$10,000 IF GREATER THAN \$10,000 - INDICATE THE AMOUNT:		

PLEASE SUBMIT TOTAL AMOUNT DUE AND ALL REQUIRED CERTIFICATIONS WITH THE NFIP COPY OF THIS APPLICATION. IF PAYING BY CHECK OR MONEY ORDER, MAKE PAYABLE TO THE NATIONAL FLOOD INSURANCE PROGRAM. IMPORTANT — COMPLETE PAGE 1 AND PAGE 2 BEFORE SENDING APPLICATION TO THE NFIP. — IMPORTANT (05/2021)

FLOOD INSURANCE APPLICATION, PAGE 2 (OF 2)

	IMPORTANT—PLEASE PRINT OR TYPE; ENTER DATES AS MM/DD/YYYY. ALL DATA PROVIDED BY THE INSURED OR OBTAINED FROM THE ELEVATION CERTIFIC BE REVIEWED AND TRANSCRIBED BELOW. THIS PART OF THE APPLICATION MUST BE FOR ALL BUILDINGS.									RENEWAL	AL TRANSFER (NFIP POLICIES ONLY)		
ELEVATED BUILDINGS	FOR ALL BUILDINGS. ELEVATED BUILDINGS (INCLUDING MANUFACTURED [MOBILE] HOMES/ TRAVEL TRAILERS) DOES THE AREA BELOW THE ELEVATED FLOOR CONTAIN A WASHER, DRYER OR FOOD FREEZER? YES NO 1. IF THE BUILDING IS ELEVATED, IS THE AREA BELOW UP TO \$5,000 FREE OF OBSTRUCTION \$5,001 TO \$10,000 WITH OBSTRUCTION IF GREATER THAN \$10,000 - INDICATE PIERS, POSTS, OR PILES 4. AREA BELOW THE ELEVATED FLOOR CONCRETE PIERS OR COLUMNS REINFORCED CONCRETE SHEAR WALLS IS THE AREA BELOW THE ELEVATED FLOOR CONCRETE PIERS OR COLUMNS WOOD SHEAR WALLS SOLID FOUNDATION WALLS 3. MACHINERY AND/OR EQUIPMENT PLOOR CONTAIN MACHINERY AND/OR EQUIPMENT? IS THE AREA BELOW THE ELEVATED FLOOR CONTAIN MACHINERY AND/OR EQUIPMENT? DOES THE AREA BELOW THE ELEVATED FLOOR CONTAIN MACHINERY AND/OR EQUIPMENT? IS THER A GARAGE? (CHECK ONE) DOES THE AREA BELOW THE ELEVATED FLOOR CONTAIN MACHINERY AND/OR EQUIPMENT? IND GARAGE DOES THE AREA BELOW THE ELEVATED FLOOR CONTAIN MACHINERY AND/OR EQUIPMENT? IND GARAGE DOES THE AREA BELOW THE ELEVATED FLOOR CONTAIN NELVATORS? DOES THE AREA BELOW THE ELEVATED FLOOR CONTAIN ELEVATORS? IF YES, HOW MANY? IF YES, HOW MANY?					icate Dor Loor Ng:	IF THE ANSWER TO ANY OF THE QUESTIONS REGARDING THE AREA BELOW THE ELEVATED FLOOR IS YES, OR THERE IS A GARAGE, ANSWER ALL THE FOLLOWING. INDICATE MATERIAL USED FOR ENCLOSURE INSECT SCREENING LIGHT WOOD LATTICE SOLID WOOD FRAME WALLS (BREAKAWAY) SOLID WOOD FRAME WALLS (BREAKAWAY) MASONRY WALLS (IF BREAKAWAY, SUBMIT CERTIFICATION DOCUMENTATION MASONRY WALLS (INON-BREAKAWAY) OTHER (DESCRIBE): IF ENCLOSED WITH A MATERIAL OTHER THAN INSECT SCREENING OR LIGHT WOOD LATTICI PROVIDE THE SIZE OF ENCLOSED AREA: I I I I I I I I I I I I I I I I I I I				PARKING OF VEHICLES, BUILDING ACCESS AND/OR STORAGE? YES AND/OR STORAGE? YES NO IF YES, DESCRIBE:		
	NOTE VILLE			DE 1910				0110 0000					
MANUTACIONED (MOBILE) HOMES/ TRAVEL TRAILERS	NOTE: WHEELS MUST BE REMOVED FOR TRAVEL TRAILER TO BE INSURABLE. 1. MANUFACTURED (MOBILE) HOME/TRAVEL TRAILER DATA YEAR OF MANUFACTURE: MAKE: MODEL NUMBER: J MODEL NUMBER: J J SERIAL NUMBER: J J J MENSIONS: J ARE THERE ANY PERMANENT ADDITIONS AND/OR EXTENSIONS? J J Y J Y J Y						2. ANCHORING THE MANUFACTURED (MOBILE) HOME/TRAVEL TRAILER ANCHORING SYSTEM UTILIZES: (CHECK ALL THAT APPLY.) OVER-THE-TOP TIES GROUND ANCHORS FRAME TIES SLAB ANCHORS FRAME CONNECTORS OTHER (DESCRIBE): 3. INSTALLATION THE MANUFACTURED (MOBILE) HOME/TRAVEL TRAILER WAS INSTALLED IN ACCORDANCE WITH: (CHECK ALL THAT APPLY.) MANUFACTURER'S SPECIFICATIONS LOCAL FLOODPLAIN MANAGEMENT STANDARDS STATE AND/OR LOCAL BUILDING STANDARDS						
INFORMATION	CHECK ONE OF THE FOLLOWING AND ENTER DATE FOR ORIGINAL CONSTRUCTION: BUILDING PERMIT CONSTRUCTION CHECK IF BUILDING HAS BEEN SUBSTANTIALLY IMPROVED AND ENTER DATE: SUBSTANTIAL IMPROVEMENT // CHECK ONE OF THE FOLLOWING FOR MANUFACTURED (MOBILE) HOMES/TRAVEL TRAILERS: LOCATED OUTSIDE A MOBILE HOME PARK OR SUBDIVISION: DATE OF PERMANENT PLACEMENT LOCATED INSIDE A MOBILE HOME PARK OR SUBDIVISION: CONSTRUCTION DATE OF MOBILE HOME PARK OR SUBDIVISION FACILITIES						CONTENTS LOCATED IN:* Basement/Subgrade Crawlspace only Basement/Subgrade Crawlspace and above Crawlspace and above Cnowest floor only above ground level SPERSONAL PROPERTY HOUSEHOLD CONTENTS? YES NO IF NO, DESCRIBE: *IF SINGLE FAMILY, CONTENTS ARE RATED THROUGHOUT THE BUILDING.						
DATA	IS BUILDING POST-FIRM CONSTRUCTION? ELEVATION CERTIFICATION DATE:// □ YES □ N0 UIF POST-FIRM CONSTRUCTION IN LOWEST FLOOR ELEVATION: LOWEST ADJACENT GRADE (LAG): LOWEST ADJACENT GRADE (LAG): LOWEST ADJACENT GRADE (LAG): LOWEST FLOOR ELEVATION: (-) BASE FLOOD ELEVATION: (-) DIFFERENCE TO NEAREST FOOT: (+ OR -) V1-V30, VE, OR IF PRE-FIRM CONSTRUCTION IS ELEVATION RATED, ATTACH ELEVATION CERTIFICATE.) UNDER CONSTRUCTION CERTIFICATE.												
	ESTIMATED BUILDING REPLACEMENT COST (INCLUDING FOUNDATION): \$					DEDUCTIBLE: BUILDING \$				CONTENTS \$			
6	BASIC LIMITS			,	ADDITIONAL LIMITS (REGULAR PROGRAM ONLY)			DEDUCTIBLE					
ATIN	INSURANCE	TOTAL AMOUNT	AMOUNT OF		ANNUAL	AMOUN	IT OF		ANNUAL			TOTAL	
2		OF INSURANCE	INSURANCE	RATE	PREMIUM	INSURA	ANCE	RATE	PREMIUM	PREMIUM F	REDUCTION/INCREASE	PREMIU	
EAN	BUILDING				.00				.00		.00		.00
RAG					.00	DAVATEN		D.	.00	ANNUAL SUE	.00	\$.00
COVERAGE AND RATING					T METHOD: CK 🔲 CREDIT CARD			SRL PREMIU		Ψ			
	INDICATE THE RATE TABLE USED:								ICC PREMIU				
								SUBTOTAL	*1				
	NOTICE: BUILDING COVERAGE BENEFITS – EXCEPT FOR A RESIDENTIAL CONDOMINIUM BUILDING – ARE NOT AVAILABLE IF OTHER NFIP BUILDING COVERAGE HAS BEEN PURCHASED BY THE APPLICANT OR ANY OTHER PARTY FOR THE SAME BUILDING.								L MIUM DISCOUNT %				
								SUBTOTAL					
	THE ABOVE STATEMENTS ARE CORRECT TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT ANY FALSE STATEMENTS MAY BE PUNISHABLE BY FINE AND/OR IMPRISONMENT UNDER APPLICABLE FEDERAL LAW. SEE LAST PAGE OF FORM.									ND %			
W W								SUBTOTAL					
VATU										PROBATION	SURCHARGE		
SIGNATURE	SIGNATURE OF INSURANCE AGENT/PRODUCER DATE					///			HFIAA SURCI				
						: (WW/DD/YYYY)			FEDERAL PO				
	SIGNATURE OF INSURED (OPTIONAL) Image: mail the second s								TOTAL AMO		\$		

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FLOOD INSURANCE APPLICATION

FEMA Form 086-0-1T

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 certain property owners for the purpose of property loss history evaluation; to the American Red Cross for verification of nonduplication of benefits following a flooding event or disaster; to law enforcement agencies or professional organizations when there may be a violation or potential violation of law; to a federal, state or local agency when we request information relevant to an agency decision concerning issuance of a grant or other benefit, or in certain circumstances when a federal agency requests such information for a similar purpose from us; to a Congressional office in response to an inquiry made at the request of an individual; to the Office of Management and Budget (OMB) in relation to private relief legislation under OMB Circular A-19; and to the National Archives and Records Administration in records management inspections. Providing the information is voluntary, but failure to do so may delay or prevent issuance of the flood insurance policy.

GENERAL

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

AUTHORITY

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

PAPERWORK BURDEN DISCLOSURE NOTICE

Public reporting burden for this form is estimated to average 12 minutes per response. The burden estimate includes the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and submitting the form. This collection of information is required to obtain or retain benefits. You are not required to respond to this collection of information unless a valid OMB control number is displayed in the upper right corner of this form. Send comments regarding the accuracy of the burden estimate and any suggestions for reducing the burden to: Information Collections Management, Department of Homeland Security, Federal Emergency Management Agency, 500 C Street SW, Washington, DC 20742, Paperwork Reduction Project (1660-0006). **NOTE: Do not send your completed form to this address.**