# OMB No. 1660-0006 | Expires May 31, 2024

National Flood Insurance Program FLOOD INSURANCE GENERAL CHANGE ENDORSEMENT, PAGE 1 (0F 2) POLICY #: \_ FOR ALL POLICY TYPES. IMPORTANT—PLEASE PRINT OR TYPE; ENTER DATES AS MM/DD/YYYY. REASON FOR CHANGE (CHECK ALL THAT APPLY) REASON FOR ASSIGNMENT: FOR RENEWAL, BILL:

CHANGE	☐ INCREASE COVERAGE ☐ BILLING ☐ BUILDING INFORMATION ☐ AGENT/PRODUCEF ☐ INSURED INFORMATION	DATE OF PURCHASE:	BILLIN	☐ FIRST MORTGAGEE ☐ SECOND MORTGAGEE	☐ LOSS PAYEE ☐ OTHER (AS SPECIFIED IN THE "2ND MORTGAGEE/OTHER" BOX BELOW)			
AGENT/PRODUCER INFORMATION	OTHER (SPECIFY):		POLICY PERIOD	POLICY PERIOD IS FROM// 12:01 A.M. LOCAL TIME AT THE INSURED WAITING PERIOD: STANDARD 30-DAY REQUIRED FOR LOAN TRANSACTION - MAP REVISION (ZONE CHANGE FROM TRANSFER (NFIP POLICIES ONLY) - N NAME AND MAILING ADDRESS OF INSURE	PROPERTY LOCATION.  - NO WAITING PERIOD  NON-SFHA TO SFHA) — 1 DAY  IO WAITING PERIOD			
AGEN	AGENCY NO.: AGEN PHONE NO.: EMAIL ADDRESS:		INSURED INFORMATION	PHONE NO.: EMAIL ADDRESS:				
PROPERTY LOCATION	NOTE: ONE BUILDING PER POLICY — BLANKET IS BUILDING LOCATED IN A CBRS OR OPA?  IS INSURED PROPERTY LOCATION SAME AS INS IF NO, ENTER PROPERTY ADDRESS. IF RURAL, E LOCATION OF PROPERTY (DO NOT USE P.O. BOX IDENTIFY ADDRESS TYPE:  STREET LEGA	YES □ NO URED'S MAILING ADDRESS? □ YES □ NO NTER LEGAL DESCRIPTION, OR GEOGRAPHIC ).	ER 1ST MORTGAGEE	IS THE INSURED A SMALL BUSINESS? IS THE INSURED A NON-PROFIT ENTITY?  NAME AND MAILING ADDRESS OF FIRST N  LOAN NO.: IS INSURANCE REQUIRED UNDER MANDAT	☐ YES ☐ NO ☐ YES ☐ NO  MORTGAGEE:			
	FOR AN ADDRESS WITH MULTIPLE BUILDINGS AL EXTENSIONS, DESCRIBE THE INSURED BUILDING ** **LEGAL DESCRIPTION MAY BE USED ONLY WHILL COURSE OF CONSTRUCTION OR PRIOR TO EST	E A BUILDING OR SUBDIVISION IS IN THE	2ND MORTGAGEE/OTHER	IF OTHER, SPECIFY:				
COMMUNITY	GRANDFATHERING INFORMATION GRANDFATHERED? □ YES □ NO IF YE: □ CONTINUOUS COVERAGE (PROVIDE PRIO RATING MAP INFORMATION NAME OF COUNTY/PARISH: □ COMMUNITY NO./PANEL NO. AND SUFFIX: □	S, D BUILT IN COMPLIANCE OR R POLICY NO	PRIOR NFIP COVERAGE 2ND MORT	IS INSURANCE REQUIRED UNDER MANDAT  COMPLETE THIS SECTION ONLY FOR PRE-  1. HAS THE APPLICANT HAD A PRIOR NFIP  2. WAS THE POLICY REQUIRED BY THE LEN  YES NO  3. IF YES, HAS THE PRIOR NFIP POLICY EV  UNDER MANDATORY PURCHASE BY  4. IF YES, WAS THE LAPSE THE RESULT OF  IF YES, WHAT IS THE SUSPENSION IN  WHAT IS THE REINSTATEMENT DATE  5. WILL THIS POLICY BE EFFECTIVE WITHIN	AND THE POLICY EVEN THE PROLICY EVEN THE PROLICY EVEN THE POLICY EVEN THE RESULT OF A COMMUNITY SUSPENSION PURCHASE?  WHAT IS THE REINSTATEMENT DATE?  WHAT IS THE REINSTATEMENT DATE?  WHAT IS THE REINSTATEMENT BOOK OF THE COMMUNITY REINSTATEMENT FTER SUSPENSION REFERRED TO IN (4) ABOVE?			
ALL BUILDINGS	1. BUILDING PURPOSE    100% RESIDENTIAL   100% NON-RESIDENTIAL   MIXED-USE - SPECIFY PERCENTAGE OF RESIDENTIAL USE:	POOLHOUSE, CLUBHOUSE, RECREATION BUILDING OTHER:  G. 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 ☐ NO (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:		ADDITION OR EXTENSION ONLY (INCLUDE DESCRIPTION IN THE PROPERTY LOCATION BOX ABOVE). PROVIDE POLICY NUMBER FOR BUILDING EXCLUDING ADDITION(S) OR EXTENSION(S):  PRIMARY RESIDENCE, RENTAL PROPERTY, TENANT'S COVERAGE BUILDING INSURED'S PRIMARY RESIDENCE? YES NO BUILDING A RENTAL PROPERTY?  YES NO THE INSURED A TENANT? YES NO VYES, IS THE TENANT REQUESTING BUILDING COVERAGE? YES NO IF YES, SEE NOTICE IN SIGNATURE BLOCK ON PAGE 2.  BUILDING INFORMATION BUILDING IN THE COURSE OF CONSTRUCTION? YES NO BUILDING WATER?  YES NO BUILDING WATER?	IS BUILDING LOCATED ON FEDERAL LAND?    YES			
NON-ELEVATED BUILDINGS	1. GARAGE IS A GARAGE ATTACHED TO THE BUILDING?  YES NO  TOTAL NET AREA OF THE GARAGE:  SQUARE FEET.  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 FLOOD OPENINGS WITHIN 1 FOOT ABOVE THE ADJACENT GRADE:  TOTAL AREA OF ALL PERMANENT OPENINGS:	DO CRA EQI IF 1	BASEMENT/SUBGRADE CRAWLSPACE ES THE BASEMENT/SUBGRADE AWLSPACE CONTAIN MACHINERY AND/OR UIPMENT?  YES  NO VES, SELECT THE VALUE BELOW: UP TO \$10,000 \$10,001 TO \$20,000 IF GREATER THAN \$20,000 - INDICATE THE AMOUNT:	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:			

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

# FLOOD INSURANCE GENERAL CHANGE ENDORSEMENT, PAGE 2 (0F 2)

	FOR ALL POLICY TYPES. 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 ENDORSEMENT MUST BE COMPLETED FOR ALL BUILDINGS.											
ELEVATED BUILDINGS	ELEVATED BUILDINGS (INCLUDING MANUFACTURED [MOBILE] HOMES/ TRAVEL TRAILERS)  1. IF THE BUILDING IS ELEVATED, IS THE AREA BELOW    FREE OF OBSTRUCTION   WITH OBSTRUCTION  2. ELEVATING FOUNDATION TYPE   PIERS, POSTS, OR PILES   REINFORCED MASONRY PIERS OR CONCRETE PIERS OR COLUMNS   REINFORCED CONCRETE SHEAR WALLS   WOOD SHEAR WALLS   SOLID FOUNDATION WALLS  3. MACHINERY AND/OR EQUIPMENT DOES THE AREA BELOW THE ELEVATED FLOOR CONTAIN MACHINERY AND/OR EQUIPMENT?   YES   NO IF YES, SELECT THE VALUE BELOW:   UP TO \$10,000   \$10,001 TO \$20,000   IF GREATER THAN \$20,000 - INDICATE THE AMOUNT:	FLOOR C FOOD FF IF YES, S UP T S 5,(C) IF G THE  4. ARE IS THE A ENCLOS IF YES, (C) IS THERI NO C BEN DOES TF FLOOR C YES	HE AREA BELOW TO CONTAIN A WASHEREZER? YES SELECT THE VALUE TO \$5,000 DO 1 TO \$10,000 REATER THAN \$10 AMOUNT:  HE ABELOW THE EL AREA BELOW THE EL CHECK ONE OF THE LY PARTIALLE A GARAGE EATH THE LIVING SET TO TH	EVATED FLOOR  E BELOW:  EVATED FLOOR  ELEVATED FLOOR  NO  E FOLLOWING:  LY  ECK ONE)  SPACE  PACE  HE ELEVATED	REGARDING ELEVATED FL GARAGE, AN INDICATE MA INSECT S LIGHT W SOLID W (BREAKA) MASONR SUBMIT O DOCUME MASONR OTHER (I  IF ENCLOSED INSECT SCRE PROVIDE THE	DOD LATTICE  OOD FRAME WALLS  WAY)  OOD FRAME WALLS (N  MAY)  IY WALLS (IF BREAKAW  CERTIFICATION  NTATION)  Y WALLS (NON-BREAK	E IS A III WING CLOSURE: C T T ION- IS (AY, C E (AWAY) III F IER THAN T D LATTICE, F REA: L T AACE USED C	ARKING OF VEHICLES, BUIL ND/OR STORAGE? YES FYES, DESCRIBE:  DOES THE ENCLOSED AREA HAN 20 LINEAR FEET OF FI NTERIOR WALL, PANELING, YES NO S. FLOOD OPENINGS STHE ENCLOSED AREA/CR CONSTRUCTED WITH OPENIN DOORS) TO ALLOW THE PAS: LOODWATERS THROUGH TH NCLOSED AREA? YES FYES, INDICATE NUMBER OF LOOD OPENINGS WITHIN 1 BOVE ADJACENT GRADE: OTAL AREA OF ALL PERMAN LOOD OPENINGS:	HAVE MORE VISHED ETC.?  AWLSPACE IGS (EXCLUDING SAGE OF E INO F PERMANENT FOOT ENT ERINCHES. NEERED?			
MANUFACTURED (MOBILE) HOMES/ TRAVEL TRAILERS	NOTE: WHEELS MUST BE REMOVED FOR TRAVEL  1. MANUFACTURED (MOBILE) HOME/TRAVE  YEAR OF MANUFACTURE:	DATA	□ NO	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 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								
CONSTRUCTION INFORMATION	CHECK ONE OF THE FOLLOWING AND ENTER DATE  BUILDING PERMIT CONSTRUCTION  CHECK IF BUILDING HAS BEEN SUBSTANTIALLY IMI SUBSTANTIAL IMPROVEMENT  CHECK ONE OF THE FOLLOWING FOR MANUFACTURE LOCATED OUTSIDE A MOBILE HOME PARK OR SHOME PARK OR SHOME PARK OR SUBDIVISION FACILITIES	PENTER DATE:  OHNOMES/TRAVEL 1  ON: DATE OF PERM	TRAILERS:	CONTENTS LOCATED IN:*  Basement/Subgrade Crawlspace only Basement/Subgrade Crawlspace and higher floors and above Above ground level more than one full floor Cowest floor only above ground level one full floor Manufactured (mobile) home IS PERSONAL PROPERTY HOUSEHOLD CONTENTS? YES NO IF NO, DESCRIBE: *IF SINGLE FAMILY, CONTENTS ARE RATED THROUGHOUT THE BUILDING.								
ELEVATION DATA	IS BUILDING POST-FIRM CONSTRUCTION?  YES NO (IF POST-FIRM CONSTRUCTION IN ZONES A, 1-A30, AE, AO, AH, V, V1-V30, VE, OR IF PRE-FIRM CONSTRUCTION IS ELEVATION RATED, ATTACH ELEVATION CERTIFICATE.)	BUILDING LOWEST FI IN ZONES '	DIAGRAM NO.: LOOR ELEVATION: . V AND V1-V30 ON IG FLOODPROOFEI	LY, DOES BASE FLOOD? YES NO	/  DWEST ADJACENT GRADE (LAG):  SE FLOOD ELEVATION: (=) DIFFERENCE TO NEAREST FOOT: (+ OR -) DELEVATION INCLUDE EFFECTS OF WAVE ACTION?  YES  NO  ERTIFICATION REQUIREMENTS.)							
	ESTIMATED BUILDING REPLACEMENT COST (INCLUDING FOUNDATION): \$											
G	INSURANCE COVERAGE		SECTI AMOUNT	ON A – CURRENT LIF	MITS PREMIUM	S AMOUNT	ECTION B – NEW RATE	LIMITS PREMIUM	A + B PREMIUM			
COVERAGE AND RATING	BUILDING BASIC LIMIT BUILDING ADDITIONAL LIMIT CONTENTS BASIC LIMIT CONTENTS ADDITIONAL LIMIT	IMITO			PREMIUM	BUILDING						
VER/	FOR PRP AND NEWLY MAPPED ONLY, ENTER LIMITS FROM THE NFIP FLOOD INSURANCE MANUAL			BUILDING CONTENTS			CONTENTS	S PREMIUM				
8	IF CHANGING AMOUNT OF INSURANCE, ENTER NEW TOTAL AMOUNT BELOW BUILDING COVERAGE CONTENTS COVERAGE					PAYMENT METHOD:		ISCOUNT/SURCHARGE				
	BASIC ADDITIONAL TOTAL BASIC ADDITIONAL					TOTAL CREDIT CARD		SUBTOTAL SDI DDEMILIM				
	IS DETUNDAD				OTHER:		SRL PREMIUM  ICC PREMIUM					
	IF RETURN PREMIUM, MAIL REFUND TO: ☐ INSURED ☐ AGENT/PRODUCER ☐ PAYOR					<u> </u>		SUBTOTAL				
lul.	NOTICE: BUILDING COVERAGE BENEFITS — EXCEPT FOR A RESIDENTIAL CONDOMINIUM BUILDING — ARE BUILDING COVERAGE HAS BEEN PURCHASED BY THE APPLICANT OR ANY OTHER PARTY FOR THE SAME BUTHE ABOVE STATEMENTS ARE CORRECT TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT ANY FALSIBY FINE AND/OR IMPRISONMENT UNDER APPLICABLE FEDERAL LAW. SEE LAST PAGE OF FORM.					ILDING.		CRS PREMIUM DISCOUNT % SUBTOTAL RESERVE FUND % SUBTOTAL				
SIGNATURE	SIGNATURE OF INSURANCE AGENT/PRODUCER DATI					-/		PREMIUM PREVIOUSLY PAID (Excludes Probation Surcharge/Federal Policy Fee)				
N	SIGNATURE OF INSURED (IF APPLICABLE)  DATE					(MM/DD/YYYY) HFIAA SURCHARGE						
S							DIFFERENCE (+/-) PRO-RATA FACTOR					
	SIGNATURE OF ASSIGNEE (FOR ASSIGNMENT ONLY)  DATE					(MM/DD/YYYY) PRO-RATA FACTOR TOTAL AMOUNT DUE (+/-)						

#### National Flood Insurance Program

#### FLOOD INSURANCE GENERAL CHANGE ENDORSEMENT

FEMA Form 086-0-3T

#### **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

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