We may void your flood insurance policy and deny any claims under that policy if you or your agent conceal or misrepresent any material fact or circumstance, engage in fraudulent conduct, or make false statements when completing this application.

**Important—Please Print or Type; Enter Dates as MM/DD/YYYY.**

### Billing

<table>
<thead>
<tr>
<th>For Renewal, Bill:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Policyholder</td>
<td></td>
</tr>
<tr>
<td>First Mortgagee</td>
<td>☐</td>
</tr>
<tr>
<td>Second Mortgagee</td>
<td>☐</td>
</tr>
<tr>
<td>Loss Payee</td>
<td>☐</td>
</tr>
<tr>
<td>Other (as specified in the &quot;2nd Mortgagee/Other&quot; box below)</td>
<td>☐</td>
</tr>
</tbody>
</table>

### Name and Mailing Address of Agent/Producer:

<table>
<thead>
<tr>
<th>Agency No.:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Agent No.:</td>
<td></td>
</tr>
<tr>
<td>Phone No.:</td>
<td></td>
</tr>
<tr>
<td>Email Address:</td>
<td></td>
</tr>
</tbody>
</table>

### Name and Mailing Address of Policyholders:

<table>
<thead>
<tr>
<th>Phone No.:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Email Address:</td>
<td></td>
</tr>
</tbody>
</table>

### Name and Mailing Address of First Mortgagee:

<table>
<thead>
<tr>
<th>Loan No.:</th>
<th></th>
</tr>
</thead>
</table>

### Building Information

#### Building Occupancy (Check One)

- Single-Family Home
- Residential Manufactured/Mobile Home
- Residential Unit
- Two-to-Four Family Building
- Other Residential Building
- Residential Condominium Building
- Non-Residential Building
- Non-Residential Manufactured/Mobile Building
- Non-Residential Unit

#### Building Description (Check One)

- Residential
  - Entire Apartment Building
  - Apartment Unit
  - Entire Cooperative Building
  - Cooperative Unit
  - Detached Guest House
  - Main Dwelling
  - Entire Residential Condominium Building
  - Residential Condominium Unit (in Residential Building)
  - Residential Condominium Unit (in Non-Residential Building)
  - Other Dwelling Type: __________

- Non-Residential
  - Agricultural Building
  - Commercial
  - Detached Garage
  - Government-Owned
  - House of Worship
  - Recreation Building
  - Storage/Tool Shed
  - Other Non-Residential Type: __________

#### 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 (Solid Foundation Walls)
- Is the enclosure/crawlspace constructed with proper flood openings or engineered openings? Yes ☐ No ☐
- If yes, enter the total number of flood openings _______ square inches

#### Total Enclosed Area:

- Square Feet: _______

#### First Floor Height Determination

- Elevation Certificate (Optional):
  - Elevation Certificate Date: ________/______/______
  - Building Diagram Number: ________

#### Foundation Type

- If Using Section C:
  - Lowest Adjacent Grade (in Feet): _______
  - Lowest Floor Elevation (in Feet): _______

#### Building Characteristic

- Is the building over water? Yes ☐ No ☐
- Is the building properly floodproofed? Yes ☐ No ☐
- Is the building eligible for the machinery and equipment mitigation discount? Yes ☐ No ☐
- 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 the building the policyholder’s primary residence? Yes ☐ No ☐
- If manufactured/mobile home or building (including travel trailer) provide identification number: _______
FLOOD INSURANCE APPLICATION, PAGE 2 (OF 2)

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

NEW ☐ RENEWAL ☐ ENDORSEMENT ☐ TRANSFER (NFIP POLICIES ONLY)

POLICY #: ___________________________
PRIOR POLICY #: ______________________

COVERAGE AND DEDUCTIBLES

SFIP Form: ☐ Dwelling ☐ General Property ☐ RCBAP

Amount of Insurance:
Building $ ______________ Contents $ ______________

Deductible:
Building $ ______________ Contents $ ______________

Rate Category: ☐ Rating Engine ☐ Provisional Rate

DISCOUNTS

Did the applicant have a prior NFIP policy for the building that received a Newly Mapped discount and lapsed? ☐ Yes ☐ No

If yes, did the lapse occur for a valid reason? ☐ Yes ☐ No

Is the property eligible for the Newly Mapped discount? ☐ Yes ☐ No

Did the applicant have a prior NFIP policy for the building that received a Pre-FIRM discount and lapsed? ☐ Yes ☐ No

If yes, did the lapse occur for a valid reason? ☐ Yes ☐ No

TOTAL AMOUNT DUE LOAD

Reserve Fund Assessment + $
HFIAA Surcharge + $
Federal Policy Fee + $
Probation Surcharge + $

TOTAL AMOUNT DUE = $

Components 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 − $

DISCOUNTED PREMIUM = $

Enter any additional information:

I declare under penalty of perjury that the foregoing is true and correct.

SIGNATURE OF INSURANCE AGENT/PRODUCER DATE (MM/DD/YYYY) __________

SIGNATURE OF POLICYHOLDER (OPTIONAL) DATE (MM/DD/YYYY) __________

(05/2021)
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: 42 U.S.C. 4011 et seq. authorizes the collection of this information.

Purpose: FEMA will use this information 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 http://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.