FLOOD INSURANCE GENERAL CHANGE ENDORSEMENT

FOR ALL POLICY TYPES.

IMPORTANT: Complete this General Change Endorsement form and attach an updated copy of the Flood Insurance Application Form (FEMA Form FF-206-FY-21-117) reflecting the changes to the policy.

IMPORTANT: Please print or type; enter dates as MM/DD/YYYY.

REASON FOR CHANGE (CHECK ALL THAT APPLY)
- BILLING
- AGENT/PRODUCER
- POLICYHOLDER INFORMATION
  - MAILING ADDRESS
  - ASSIGNMENT
- MORTGAGEE
  - COMMUNITY INFORMATION
  - PROPERTY ADDRESS (CORRECTION)
  - BUILDING INFORMATION
  - COVERAGE/DEDUCTIBLE
- POLICY FORM
  - CONSTRUCTION COMPLETED
  - STATUTORY DISCOUNTS
  - RATE CATEGORY
  - OTHER (SPECIFY):

TYPE OF CHANGE (CHECK ALL THAT APPLY)
- NON-PREMIUM CHANGE
- PREMIUM CHANGE
  - RATING ADJUSTMENT
  - RATING CORRECTION
  - PREMIUM CHANGE continued
- COVERAGE/DEDUCTIBLE CHANGE
- RATE CATEGORY CHANGE
- ADDING AN ELEVATION CERTIFICATE
- OTHER (SPECIFY):

WAITING PERIOD:
- STANDARD 30-DAY (12:01 A.M. LOCAL TIME)
- MAP REVISION — 1-DAY (12:01 A.M. LOCAL TIME, THE NEXT CALENDAR DAY)
- LOAN TRANSACTION — NO WAITING PERIOD (EFFECTIVE AT TIME OF LOAN CLOSING)
- POST-WILDFIRE — 1-DAY (12:01 A.M. LOCAL TIME, THE NEXT CALENDAR DAY)
- NONE — RATING CHANGE OR NON-PREMIUM CHANGE

ENDORSEMENT EFFECTIVE DATE: ___ / ___ / ______

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) / ______

SIGNATURE OF ASSIGNEE (FOR ASSIGNMENT ONLY) DATE (MM/DD/YYYY) / ______

COMPONENTS OF THE TOTAL AMOUNT DUE

<table>
<thead>
<tr>
<th>COMPONENT</th>
<th>AMOUNT</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRIOR ANNUAL COST</td>
<td>$</td>
</tr>
<tr>
<td>UPDATED ANNUAL COST</td>
<td>+ $</td>
</tr>
<tr>
<td>PRO-RATA FACTOR</td>
<td>$</td>
</tr>
<tr>
<td>TOTAL AMOUNT DUE</td>
<td>(+/−) $</td>
</tr>
</tbody>
</table>

PLEASE SUBMIT TOTAL AMOUNT DUE AND ALL REQUIRED CERTIFICATIONS WITH THE NFIP COPY OF THIS ENDORSEMENT.

IF PAYING BY CHECK OR MONEY ORDER, MAKE PAYABLE TO THE NATIONAL FLOOD INSURANCE PROGRAM.
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
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 6 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.