

NATIONAL FLOOD INSURANCE PROGRAM FLOOD INSURANCE APPLICATION

FLOOD INSURANCE APPLICATION, PART 1 (OF 2)

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

<input type="checkbox"/> NEW <input type="checkbox"/> RENEWAL <input type="checkbox"/> TRANSFER (NFIP ONLY) PRIOR POLICY #: _____	
FOR RENEWAL, BILL <input type="checkbox"/> INSURED <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> FIRST MORTGAGEE <input type="checkbox"/> OTHER (as specified in the "2nd Mortgagee/Other" box below) <input type="checkbox"/> SECOND MORTGAGEE	
NAME AND MAILING ADDRESS OF AGENT / PRODUCER _____ _____ _____	
AGENCY NO: _____ AGENT'S TAX ID: _____ PHONE (A/C, No, Ext): _____ FAX (A/C, No): _____ EMAIL ADDRESS: _____	
PROPERTY LOCATION NOTE: ONE BUILDING PER POLICY - BLANKET COVERAGE NOT PERMITTED IS INSURED PROPERTY LOCATION SAME AS INSURED'S MAILING ADDRESS? <input type="checkbox"/> YES <input type="checkbox"/> NO IF NO, ENTER PROPERTY ADDRESS. IF RURAL, ENTER LEGAL DESCRIPTION, OR GEOGRAPHIC LOCATION OF PROPERTY (DO NOT USE P.O. BOX)	
FOR AN ADDRESS WITH MULTIPLE BUILDINGS AND/OR FOR A BUILDING WITH ADDITIONS OR EXTENSIONS, DESCRIBE THE INSURED BUILDING: _____ IS INSURANCE REQUIRED FOR DISASTER ASSISTANCE? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, CHECK THE GOVERNMENT AGENCY: <input type="checkbox"/> SBA <input type="checkbox"/> FEMA <input type="checkbox"/> FHA <input type="checkbox"/> OTHER (SPECIFY): _____ CASE FILE NUMBER: _____	
RATING MAP INFORMATION NAME OF COUNTY / PARISH: _____ COMMUNITY NO. / PANEL NO. AND SUFFIX: _____ FIRM ZONE: _____ COMMUNITY PROGRAM TYPE IS: <input type="checkbox"/> REGULAR <input type="checkbox"/> EMERGENCY	
NAME AND MAILING ADDRESS OF INSURED _____ _____ _____ PHONE NO: _____ NAME AND MAILING ADDRESS OF FIRST MORTGAGEE _____ _____ _____ LOAN NO: _____ NAME AND MAILING ADDRESS OF: <input type="checkbox"/> 2ND MORTGAGEE <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> OTHER IF OTHER, SPECIFY: _____ LOAN NO: _____ GRANDFATHERED? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, <input type="checkbox"/> BUILT IN COMPLIANCE OR <input type="checkbox"/> CONTINUOUS COVERAGE (Provide Prior Policy Number in box above) CURRENT COMMUNITY NO. / PANEL NO. AND SUFFIX _____ CURRENT FIRM ZONE: _____ CURRENT BFE: _____	

CONSTRUCTION

BUILDING OCCUPANCY <input type="checkbox"/> SINGLE FAMILY <input type="checkbox"/> 2 - 4 FAMILY <input type="checkbox"/> OTHER RESIDENTIAL <input type="checkbox"/> NON-RESIDENTIAL (INC HOTEL/MOTEL)		BASEMENT, ENCLOSURE, CRAWLSPACE <input type="checkbox"/> NONE <input type="checkbox"/> FINISHED BASEMENT/ENCLOSURE <input type="checkbox"/> CRAWLSPACE <input type="checkbox"/> UNFINISHED BASEMENT/ENCLOSURE <input type="checkbox"/> SUBGRADE CRAWLSPACE		IS BUILDING WALLED AND ROOFED? <input type="checkbox"/> YES <input type="checkbox"/> NO IS THIS BUILDING IN THE COURSE OF CONSTRUCTION? <input type="checkbox"/> YES <input type="checkbox"/> NO IS BUILDING OVER WATER? <input type="checkbox"/> NO <input type="checkbox"/> PARTIALLY <input type="checkbox"/> ENTIRELY	
BUILDING PURPOSE <input type="checkbox"/> 100 % RESIDENTIAL <input type="checkbox"/> 100 % NON-RESIDENTIAL <input type="checkbox"/> MIXED-USE - SPECIFY PERCENTAGE OF RESIDENTIAL USE _____ % IS BUILDING A BUSINESS PROPERTY? <input type="checkbox"/> YES <input type="checkbox"/> NO		NUMBER OF FLOORS IN BUILDING (INCLUDING BASEMENT/ ENCLOSED AREA, IF ANY) OR BUILDING TYPE <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 OR MORE <input type="checkbox"/> SPLIT-LEVEL <input type="checkbox"/> TOWNHOUSE/ROWHOUSE (RCBAP LOWRISE ONLY) <input type="checkbox"/> MANUFACTURED (MOBILE) HOME/ TRAVEL TRAILER ON FOUNDATION		IS BUILDING INSURED'S PRIMARY RESIDENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO IS BUILDING A RENTAL PROPERTY? <input type="checkbox"/> YES <input type="checkbox"/> NO IS THE INSURED A TENANT? IF YES, IS THE TENANT REQUESTING BUILDING COVERAGE? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, SEE NOTICE BELOW.	
IS BUILDING LOCATED ON FEDERAL LAND? <input type="checkbox"/> YES <input type="checkbox"/> NO		IS COVERAGE FOR A CONDO UNIT? <input type="checkbox"/> YES <input type="checkbox"/> NO IS BUILDING IN A CONDO FORM OF OWNERSHIP? <input type="checkbox"/> YES <input type="checkbox"/> NO TOTAL NUMBER OF UNITS: _____ HIGH-RISE <input type="checkbox"/> LOW-RISE		IS THE BUILDING A SEVERE REPETITIVE LOSS PROPERTY? <input type="checkbox"/> YES <input type="checkbox"/> NO DOES THE BUILDING HAVE ANY ADDITIONS OR EXTENSIONS? (ADDITIONS AND EXTENSIONS MAY BE SEPARATELY INSURED) <input type="checkbox"/> YES <input type="checkbox"/> NO IS BUILDING ELEVATED? <input type="checkbox"/> YES <input type="checkbox"/> NO IF "YES", AREA BELOW IS: <input type="checkbox"/> FREE OF OBSTRUCTION <input type="checkbox"/> WITH OBSTRUCTION	
CONTENTS LOCATED IN * <input type="checkbox"/> BASEMENT / ENCLOSURE <input type="checkbox"/> YES <input type="checkbox"/> NO IF "NO", DESCRIBE: _____ <input type="checkbox"/> BASEMENT / ENCLOSURE AND ABOVE <input type="checkbox"/> LOWEST FLOOR ONLY ABOVE GROUND LEVEL <input type="checkbox"/> LOWEST FLOOR ABOVE GROUND LEVEL AND HIGHER <input type="checkbox"/> ABOVE GROUND LEVEL MORE THAN 1 FULL FLOOR * IF SINGLE FAMILY, CONTENTS ARE RATED THROUGHOUT THE BUILDING		CONSTRUCTION DATE (MM/DD/YYYY): CHECK ONE OF THE FOLLOWING: <input type="checkbox"/> BUILDING PERMIT <input type="checkbox"/> CONSTRUCTION <input type="checkbox"/> SUBSTANTIAL IMPROVEMENT <input type="checkbox"/> FOR MANUFACTURED (MOBILE) HOMES / TRAVEL TRAILERS LOCATED IN A MOBILE HOME PARK OR SUBDIVISION: CONSTRUCTION DATE OF MOBILE HOME PARK OR SUBDIVISION FACILITIES <input type="checkbox"/> FOR MANUFACTURED (MOBILE) HOMES / TRAVEL TRAILERS LOCATED OUTSIDE A MOBILE HOME PARK OR SUBDIVISION: DATE OF PERMANENT PLACEMENT		IS BUILDING POST-FIRM CONSTRUCTION? <input type="checkbox"/> YES <input type="checkbox"/> NO (IF POST-FIRM CONSTRUCTION IN ZONES A, A1-A30, AE, AO, AH, V, V1- V30, VE OR IF PRE-FIRM CONSTRUCTION IS ELEVATION RATED, ATTACH ELEVATION CERTIFICATE.)	
BUILDING DIAGRAM NUMBER _____ LOWEST ADJACENT GRADE (LAG) _____ ELEVATION CERTIFICATION DATE _____ LOWEST FLOOR ELEVATION _____ (-) BASE FLOOD ELEVATION _____ (=) DIFFERENCE TO NEAREST FOOT _____ (+ OR -) MM/DD/YYYY		IN ZONES V AND V1-V30 ONLY, DOES BASE FLOOD ELEVATION INCLUDE EFFECTS OF WAVE ACTION? <input type="checkbox"/> YES <input type="checkbox"/> NO IS BUILDING FLOOD-PROOFED? <input type="checkbox"/> YES <input type="checkbox"/> NO (SEE THE NFIP FLOOD INSURANCE MANUAL FOR CERTIFICATION FORM)			

COVERAGE AND RATING

ESTIMATED BUILDING REPLACEMENT COST (Including Foundation) \$ _____		DEDUCTIBLE: BUILDING \$ _____ CONTENTS \$ _____		DEDUCTIBLE BUYBACK? YES NO	
INSURANCE COVERAGE TOTAL AMOUNT OF INSURANCE		BASIC LIMITS ANNUAL PREMIUM		ADDITIONAL LIMITS (REGULAR PROGRAM ONLY) DEDUCTIBLE PREM REDUC / INCREASE TOTAL PREMIUM	
		AMOUNT OF INSURANCE RATE		AMOUNT OF INSURANCE RATE ANNUAL PREMIUM	
BUILDING				.00 .00 .00	
CONTENTS				.00 .00 .00	
RATE CATEGORY: <input type="checkbox"/> MANUAL <input type="checkbox"/> SUBMIT FOR RATE <input type="checkbox"/> PROVISIONAL RATING		PAYMENT METHOD: <input type="checkbox"/> CHECK <input type="checkbox"/> CREDIT CARD OTHER: _____		ANNUAL SUBTOTAL \$ _____ ICC PREMIUM _____ SUBTOTAL _____	
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. 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 THIS FORM.		SIGNATURE OF INSURANCE AGENT / PRODUCER _____ DATE (MM/DD/YYYY) _____ SIGNATURE OF INSURED (OPTIONAL) _____ DATE (MM/DD/YYYY) _____		CRS PREMIUM DISCOUNT _____ % SUBTOTAL _____ RESERVE FUND _____ % SUBTOTAL _____ PROBATION SURCHARGE _____ HFAA SURCHARGE _____ FED POLICY FEE _____ TOTAL AMOUNT DUE \$ _____	
PLEASE SUBMIT TOTAL AMOUNT DUE WITH NFIP OR WYO COPY OF THIS APPLICATION IF PAYING BY CHECK OR MONEY ORDER MAKE PAYABLE TO THE NATIONAL FLOOD INSURANCE PROGRAM OR WYO					

FLOOD INSURANCE APPLICATION, PART 2 (OF 2)

ALL DATA PROVIDED BY THE INSURED OR OBTAINED FROM THE ELEVATION CERTIFICATE SHOULD BE REVIEWED AND TRANSCRIBED BELOW. THIS PART OF THE APPLICATION MUST BE COMPLETED FOR ALL BUILDINGS.

NEW RENEWAL TRANSFER (NFIP ONLY)
 PRIOR POLICY #: _____

SECTION I - ALL BUILDING TYPES

1. Building Use
 Main house / building Detached guest house Detached garage
 Agricultural building Warehouse Tool/storage shed
 Poolhouse, clubhouse, recreation building
 Other: _____

2. Garage
 a) Is there a garage attached to or part of the building?
 YES NO
If the answer to 2a is YES, answer 2b through 2f.
 b) Total area of the garage: _____ square feet.
 c) 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 one (1) foot above the adjacent grade: _____ Total area of all permanent openings: _____ square inches.
 d) Is the garage used solely for parking of vehicles, building access, and/or storage?
 YES NO
 e) Does the garage contain machinery and/or equipment?
 YES NO
 If yes, check the applicable items:
 Furnace Heat pump Air conditioner
 Water heater Fuel tank Cistern
 Elevator equipment Washer & dryer Food freezer
 Other machinery and/or equipment servicing the building (describe): _____

f) Does the garage have more than 20 linear feet of finished interior wall, paneling, etc?
 YES NO

3. Basement / Subgrade Crawlspace
 a) Is the basement / subgrade crawlspace floor below grade on all sides?
 YES NO
 b) If yes, does the basement / subgrade crawlspace contain machinery and/or equipment?
 YES NO
 If yes, check the applicable items:
 Furnace Heat pump Air conditioner
 Water heater Fuel tank Cistern
 Elevator equipment Washer & dryer Food freezer
 Other machinery and/or equipment servicing the building (describe): _____

4. Additions and Extensions (if Applicable)
 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 in Part 1)
 Provide policy number for building excluding addition(s) or extension(s): _____

SECTION II - ELEVATED BUILDINGS
 (Including Manufactured [Mobile] Homes / Travel Trailers)

1. Elevating Foundation Type
 Piers, posts or piles
 Reinforced masonry piers or concrete piers or columns
 Reinforced concrete shear walls
 Solid foundation walls
 (Note: Not approved for elevating in Zones V1- V30, VE or V.)

2. Machinery and Equipment Below the Elevated Floor
 Does the area below the elevated floor contain machinery and/or equipment?
 YES NO
 If yes, check one of the following:
 Furnace Heat pump Air conditioner
 Water heater Fuel tank Cistern
 Elevator equipment Washer & dryer Food freezer
 Other machinery and/or equipment servicing the building (describe): _____

3. Area Below the Elevated Floor
 a) Is the area below the elevated floor enclosed?
 YES NO
 If yes, check one of the following: Fully Partially
 b) Does the area below the elevated floor contain elevators?
 YES NO If yes, how many? _____
If the answer to 3a or 3b is YES, answer 3c through 4b.
 c) Indicate material used for enclosure:
 Insect screening Solid wood frame walls (if breakaway, submit certification documentation)
 Light wood lattice

Solid wood frame walls (non-breakaway)
 Masonry walls (if breakaway, submit certification documentation)
 Masonry walls (non-breakaway)
 Other (describe): _____

d) If enclosed with a material other than insect screening or light wood lattice, provide size of enclosed area: _____ square feet

e) Is the enclosed area used for any purpose other than solely for parking of vehicles, building access and/or storage?
 YES NO If yes, describe: _____

f) Does the enclosed area have more than twenty (20) linear feet of finished interior wall, panelling, etc.?
 YES NO

4. Flood Openings
 a) Is the enclosed area / crawlspace constructed with openings (excluding doors) to allow the passage of floodwaters through the enclosed area?
 YES NO
 If yes, indicate number of permanent flood openings within 1 foot above the adjacent grade: _____ Total area of all permanent flood openings: _____ square inches.
 b) Are flood openings engineered?
 YES NO If yes, submit certification.

SECTION III - MANUFACTURED (MOBILE) HOMES / TRAVEL TRAILERS
 (Wheels must be removed for travel trailer to be insurable)

1. Manufactured (Mobile) Home / Travel Trailer Data
 Year of Manufacture: _____
 Make: _____
 Model Number: _____
 Serial Number: _____
 Dimensions: _____ X _____ feet
 Are there any permanent additions and/or extensions?
 YES NO
 If yes, the dimensions are: _____ X _____ feet

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

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.

SIGNATURE OF INSURANCE AGENT / PRODUCER _____

DATE (MM/DD/YYYY) _____

SIGNATURE OF INSURED (OPTIONAL) _____

DATE (MM/DD/YYYY) _____

**FLOOD INSURANCE
FLOOD INSURANCE APPLICATION**

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 current Severe Repetitive Loss property owners and Preferred Risk Policy owners for the purpose of property loss history evaluation; to the American Red Cross for verification of nonduplication of benefits following a flood 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. You are not required to respond to this collection of information unless a valid OMB control number is displayed on 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, 1800 South Bell Street, Arlington, VA 20598-3005, Paperwork Reduction Project (1660-0033).

NOTE: Do not send your completed form to this address.