

National Risk Solutions

Thank you for choosing National Risk Solutions. We look forward to providing you with a quick, competitive quote.

Please complete the following application in its entirety and include any pertinent underwriting information. Also, please be sure to include a fax # or e-mail below where we may return your quote promptly.

Once complete please:

1. E-Mail application to NRSapps@NRSinsurance.com
OR
2. Fax application to (877)-743-4252

If you have any questions, please do not hesitate to contact us at (866)-417-4855.

We appreciate your business.

Sincerely,

The National Risk Solutions Team

Agency Name
City, State, Zip
Contact
Email Address
Phone Number
Fax Number
Additional Information

National Risk Solutions • PO Box 21407 • St. Petersburg, FL 33742



PART 1 (OF 2) OF FLOOD INSURANCE APPLICATION

IMPORTANT - PLEASE PRINT OR TYPE

Licensed Agent or Broker Address, Direct Bill Instructions, Agency No, Insured's Name, Property Location, Case Number, Loan No, Community No, Flood Insurance Rate Map Zone.

CONSTRUCTION: Building Occupancy, Residential Condominium Building, Deductible, Describe Building, Contents Located In, All Buildings - Check One of Five Blocks, Post-Firm Construction.

COVERAGE AND RATING: Coverage Requested - Check One Block, Coverage Table, Rate Type, Payment Option, Signature and Date.

**FLOOD INSURANCE
FLOOD INSURANCE APPLICATION
FEMA FORM 81-16**

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 Repetitive Loss Target Group (RLTG) property owners and Preferred Risk Policy (PRP) 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. Solicitation of your Social Security Number (SSN) is authorized under Executive Order 9397. Providing the SSN, as well as the other information, is voluntary, but failure to do so may delay or prevent issuance of the flood insurance policy.

DISCLOSURE OF YOUR SOCIAL SECURITY NUMBER UNDER PUBLIC LAW 93-579 SECTION 7(B)

Solicitation of the Social Security (SSN) is authorized under provisions of E.O. 9397, dated November 22, 1943. The disclosure of your SSN is voluntary. However, since many persons appearing in the Government's administrative records possess identical names, the use of your SSN would provide for your precise identification.

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. Burden means the time, effort, and financial resources expended by persons to generate, maintain, retain, disclose, or to provide information to us. You may send comments regarding the burden estimate or any aspect of the form, including suggestions for reducing the burden to: U.S. Department of Homeland Security, Emergency Preparedness and Response Directorate, Federal Emergency Management Agency, 500 C Street, SW, Washington, DC 20472, Paperwork Reduction Project (1660-0006).

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

PART 2 (OF 2) OF FLOOD INSURANCE APPLICATION

IMPORTANT - PLEASE PRINT OR TYPE

ALL APPROPRIATE 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 THE FOLLOWING BUILDING TYPES:	<input type="checkbox"/> NEW <input type="checkbox"/> RNWL	CURRENT POLICY # _____ IF NEW, LEAVE BLANK
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1. Post-FIRM construction located in Zones A, A1- A30, AE, AH, AO, V, V1- V30 and VE.
2. Pre-FIRM construction located in Zones A, A1- A30, AE, AH, AO, V, V1- V30 and VE when using optional Post-FIRM rating.

SECTION I - ALL BUILDING TYPES

1. Diagram number selected from Building Diagram 1 - 8: _____ 2. The lowest floor is (round to the nearest foot): _____ feet <input type="checkbox"/> above <input type="checkbox"/> below (check one) the lowest ground (grade) immediately next to the building. 3. The garage floor (if applicable) or elevated floor (if applicable) is (round to the nearest foot): _____ feet <input type="checkbox"/> above <input type="checkbox"/> below (check one) the lowest ground (grade) immediately next to the building. 4. Machinery or equipment located at a level lower than the lowest floor is (round to the nearest foot): _____ feet below the lowest floor. 5. Site Location a) Approximate distance of site location to the nearest shoreline: <input type="checkbox"/> Less than 200 feet <input type="checkbox"/> 500 to 1000 feet <input type="checkbox"/> 200 to 500 feet <input type="checkbox"/> More than 1000 feet b) Source of Flooding <input type="checkbox"/> Ocean <input type="checkbox"/> River / Stream <input type="checkbox"/> Lake <input type="checkbox"/> Other: _____ 6. Basement / Subgrade Crawl Space a) Is the basement / subgrade crawl space floor below grade on all sides? <input type="checkbox"/> YES <input type="checkbox"/> NO b) Does the basement / subgrade crawl space contain machinery or equipment? <input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, check the appropriate items: <input type="checkbox"/> Furnace <input type="checkbox"/> Heat Pump <input type="checkbox"/> Air Conditioner <input type="checkbox"/> Hot Water Heater <input type="checkbox"/> Fuel Tank <input type="checkbox"/> Cistern <input type="checkbox"/> Elevator Equipment <input type="checkbox"/> Washer & Dryer <input type="checkbox"/> Food Freezer <input type="checkbox"/> Other Equipment or Machinery Servicing the Building 7. Garage a) Is the garage attached to or part of the building? <input type="checkbox"/> YES <input type="checkbox"/> NO b) Total area of the garage: _____ square feet c) Are there any openings (excluding doors) that are designed to allow the passage of flood waters through the garage? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, number of permanent openings (flood vent) within one (1) foot above the adjacent grade: _____ Total area of all permanent openings (flood vents): _____ square inches. d) Is the garage used solely for parking of vehicles, building access, and/or storage? <input type="checkbox"/> YES <input type="checkbox"/> NO e) Does the garage contain machinery or equipment? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, check the appropriate items: <input type="checkbox"/> Furnace <input type="checkbox"/> Heat Pump <input type="checkbox"/> Air Conditioner <input type="checkbox"/> Hot Water Heater <input type="checkbox"/> Fuel Tank <input type="checkbox"/> Cistern <input type="checkbox"/> Elevator Equipment <input type="checkbox"/> Washer & Dryer <input type="checkbox"/> Food Freezer <input type="checkbox"/> Other Equipment or Machinery Servicing the Building
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**SECTION II - ELEVATED BUILDINGS
(Including Manufactured [Mobile] Homes / Travel Trailers)**

8. Elevating foundation of the building: <input type="checkbox"/> Piers, posts or piles <input type="checkbox"/> Reinforced masonry piers or concrete piers or columns <input type="checkbox"/> Reinforced concrete shear walls <input type="checkbox"/> Solid perimeter walls Note : (This is not an approved method for elevating in Zones V1- V30, VE or V). 9. Does the area below the elevated floor contain machinery or equipment? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, check the appropriate items: <input type="checkbox"/> Furnace <input type="checkbox"/> Heat Pump <input type="checkbox"/> Air Conditioner <input type="checkbox"/> Hot Water Heater <input type="checkbox"/> Fuel Tank <input type="checkbox"/> Cistern <input type="checkbox"/> Elevator Equipment <input type="checkbox"/> Washer & Dryer <input type="checkbox"/> Food Freezer <input type="checkbox"/> Other Equipment or Machinery Servicing the Building 10. Area below the elevated floor a) Is the area below the elevated floor enclosed? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, check one of the following: <input type="checkbox"/> Partially <input type="checkbox"/> Fully If 10a is "NO", do not answer 10b through 10f b) If enclosed, estimate size of enclosed area / crawl space: _____ square feet	c) Is the area below the elevated floor using materials other than insect screening or light wood lattice? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, check one of the following: <input type="checkbox"/> Breakaway walls <input type="checkbox"/> Solid wood frame walls <input type="checkbox"/> Masonry walls <input type="checkbox"/> Other: _____ d) Is the enclosed area / crawl space constructed with openings (excluding doors) to allow the passage of flood waters through the enclosed area? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, number of permanent openings (flood vent) within one (1) foot above the adjacent grade: _____ Total area of all permanent openings (flood vents): _____ square inches. e) Is the enclosed area / crawl space used for any purpose other than solely for parking of vehicles, building access or storage? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, describe: _____ _____ _____ f) Does the enclosed area / crawl space have more than twenty (20) linear feet of finished wall, panelling, etc.? <input type="checkbox"/> YES <input type="checkbox"/> NO
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SECTION III - MANUFACTURED (MOBILE) HOMES / TRAVEL TRAILERS

11. Manufactured (Mobile) Home Data Make: _____ Year of Manufacture: _____ Model Number: _____ Serial Number: _____ 12. Manufactured (mobile) home dimensions: _____ X _____ feet 13. Are there any permanent additions or extensions to the manufactured (mobile) home? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, the dimensions are: _____ X _____ feet	14. The manufactured (mobile) home's anchoring system utilizes: <input type="checkbox"/> Over-the-top ties <input type="checkbox"/> Ground Anchors <input type="checkbox"/> Frame ties <input type="checkbox"/> Slab Anchors <input type="checkbox"/> Frame connectors <input type="checkbox"/> Other: _____ 15. The manufactured (mobile) home was installed in accordance with: <input type="checkbox"/> Manufacturer's specifications <input type="checkbox"/> Local floodplain management standards <input type="checkbox"/> State and/or local building standards 16. Is the manufactured (mobile) home located in a manufactured (mobile) home park/subdivision? <input type="checkbox"/> YES <input type="checkbox"/> NO
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THE ABOVE STATEMENTS ARE CORRECT TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT ANY FALSE STATEMENTS MAY BE PUNISHABLE BY FINE OR IMPRISONMENT UNDER APPLICABLE FEDERAL LAW.

SIGNATURE _____

DATE (MM/DD/YY) _____

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