

NATIONAL FLOOD INSURANCE PROGRAM FLOOD INSURANCE APPLICATION

		CATION, PA	RT 1 (C	DF 2)		IMPOF	RTANT - PLEA	SE PRINT	OR TYPE; EN	TER DATES AS	S MM/DD/YYYY		
NEV	/ RENEWAL	TRANSFER (NFIP ONL	Y)	PRIOR POLICY #	:							
FOR RENEWAL, BILL							POLICY PERIOD IS FROM (MM/DD/YYYY): TO (MM/DD/YYYY):						
INSURED LOSS PAYEE							12:01 A.M. LOCAL TIME AT THE INSURED PROPERTY LOCATION						
FIRST MORTGAGEE OTHER (as specified in the "2nd Mortgagee/Other" box below)													
SECOND MORTGAGEE							STANDARD 30-DAY TRANSFER (NFIP ONLY) - NO WAITING PERIOD						
NAME AND MAILING ADDRESS OF AGENT / PRODUCER							REQUIRED FOR LOAN TRANSACTION - NO WAITING PERIOD						
							MAP REVISION (ZONE CHANGE FROM NON-SFHA TO SFHA) - ONE DAY PROPERTY PURCHASED ON OR AFTER 07/06/2012: YES NO						
							IF YES, INDICATE THE PROPERTY PURCHASE DATE (MM/DD/YYYY):						
AGENCY NO: AGENT'S TAX ID:							NAME AND MAILING ADDRESS OF INSURED						
PHONE FAX													
(A/C, No, Ext): (A/C, No): EMAIL ADDRESS:													
PROPERTY LC													
NOTE: ONE BUILDING PER POLICY - BLANKET COVERAGE NOT PERMITTED							PHONE NO:						
IS INSURED PROPERTY LOCATION SAME AS INSURED'S MAILING ADDRESS?							NAME AND MAILING ADDRESS OF FIRST MORTGAGEE						
YES NO DESCRIPTION, OR GEOGRAPHIC LOCATION OF PROPERTY (DO NOT USE P.O. BOX)													
	(DO NOT USE P.O.												
FOR AN ADDRESS WITH MULTIPLE BUILDINGS AND/OR FOR A BUILDING WITH ADDITIONS OR							LOAN NO:						
EXTENSIONS, DESCRIBE THE INSURED BUILDING:							NAME AND MAILING ADDRESS OF: 2ND MORTGAGEE LOSS PAYEE OTHER						
IS INSURANCE	REQUIRED FOR DISASTER	R ASSISTANCE?	YE	S	NO	IF OTHE	R, SPECIFY:						
	(SPECIFY):	L											
	CASE FILE NUMBER:							LOAN NO:					
RATING MAP I						GRANDFATHERED? YES NO IF YES, BUILT IN COMPLIANCE OR							
NAME OF COU						CONTINUOUS COVERAGE (Provide Prior Policy Number in box above)							
COMMUNITY N	COMMUNITY NO. / PANEL NO. AND SUFFIX: -						CURRENT COMMUNITY NO. / PANEL NO. AND SUFFIX						
FIRM ZONE:													
COMMUNITY PROGRAM TYPE IS: REGULAR EMERGENCY							CURRENT FIRM ZONE: CURRENT BFE:						
CONSTRU	CTION												
BUILDING OCC		BASEMENT, E					IS BUILDING WA	ALLED AND RC	OFED?		YES NO		
SINGLE F		NONE			BASEMENT/ENC								
2 - 4 FAM		CRAWLS		ENCLOSU	IED BASEMENT/ JRE		IS BUILDING OV	'ER WATER?	NO	PARTIALI			
	ESIDENTIAL SIDENTIAL						IS BUILDING INS	SURED'S PRIMA	ARY RESIDENCE?		YES NO		
NON-RESIDENTIAL (INC HOTEL/MOTEL) BUILDING PURPOSE							IS BUILDING A F	RENTAL PROPE	RTY?		YES NO		
	SIDENTIAL	1		2	3 OR N								
	N-RESIDENTIAL	SPLIT-LE		TOWNHOU	ISE/ROWHOUSE DWRISE ONLY) ME/		IF YES, IS THE TENANT REQUESTING BUILDING COVERAGE?						
	SE - SPECIFY PERCENTAGE	TRAVEL	TRAILER (ON FOUNDAT	ION								
OF RESID	ENTIAL USE %	IS COVERAGE			YES								
IS BUILDING A	BUSINESS PROPERTY?					DOES THE BUILDING HAVE ANY ADDITIONS OR EXTENSIONS? (ADDITIONS AND EXTENSIONS MAY BE SEPARATELY INSURED)							
YES	NO	YES			-R OF UNITS:								
IS BUILDING LOCATED ON FEDERAL LAND?													
					HOUSEHOLD CON	NTENTS?	CONSTRUCTION						
CONTENTS LOCATED IN * IS PERSONAL PROPERTY HOUSEHOLD CONTE BASEMENT / ENCLOSURE YES NO IF "NO", DESCRIBE:							CHECK ONE OF	•	,		CONSTRUCTION		
BASEME	NT / ENCLOSURE AND ABO	VE					SUBSTAN	ITIAL IMPROVE		FOR MANUFAC	J TURED (MOBILE)		
LOWEST FLOOR ONLY ABOVE GROUND LEVEL													
LOWEST FLOOR ABOVE GROUND LEVEL AND HIGHER							/ TRAVEL TRAILERS LOCATED OUTSIDE OR SUBDIVISION: CONSTRUCTION						
ABOVE G	ROUND LEVEL MORE THAN	N 1 FULL FLOOR		IGHOUT THE E		KATED		PERMANENT	OR SUBDIVISION: PLACEMENT	SUBDIVISION F			
IS BUILDING POST-FIRM CONSTRUCTION? YES 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 -)													
	ND V1-V30 ONLY, DOES BAS								DING FLOOD-PRO	DFED?	ES NO		
	E AND RATING												
ESTIMATED B (Including Found	JILDING REPLACEMENT CO	DST _{\$}			DEDUCTIBLE:	- 1	-	CONTENTS	Ψ	DEDUCTIBLE BUYBACK?	YES NO		
	TOTAL AMOUNT OF INSURANCE	AMOUNT O		SIC LIMITS	ANNUAL		DDITIONAL LIMITS	S (REGULAR P	ROGRAM ONLY)	DEDUCTIBLE PREM REDUC/	TOTAL		
GOVERAGE		INSURANC	Ė	RATE	PREMIUM		INSURANCE	RATE	PREMIUM	INCREASE	PREMIUM		
BUILDING						.00			.0		.00		
CONTENTS .0 RATE CATEGORY: PAYMENT METH											.00		
	MANUAL SUBMIT FOR RATE PROVISIONAL RATING CHECK							HOD:		ANNUAL SUBTOTAL			
OTHER:													
NOTICE: BUILDING COVERAGE BENEFITS - EXCEPT FOR A RESIDENTIAL CONDOMINIUM BUILDING - ARE NOT AVAILABLE IF OTHER CRS PREMIUM DISCOUNT%													
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 000101AL BE PUNISHABLE BY FINE AND/OR IMPRISONMENT UNDER APPLICABLE FEDERAL LAW. SEE LAST PAGE OF THIS FORM. RESERVE FUND													
						SUBTOTAL							
SIGNATURE OF INSURANCE AGENT / PRODUCER							DATE (MM/DD/YYYY)		PROBATION SURCHARGE				
HFIAA SURCHARG								GE					
SIGNATURE OF INSURED (OPTIONAL) DATE (MM/DD/YYYY) FED POLICY FEE													
IE P/		TOTAL AMOUNT						IYO	TOTAL AMOUNT	DUE	\$		
IF PAYING BY CHECK OR MONEY ORDER MAKE PAYABLE TO THE NATIONAL FLOOD INSURANCE PROGRAM OR WYO ACORD 301 (2015/04) © 1996-2015 ACORD CORPORATION. All right													
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IMPORTANT - COMPLETE PART 1 AND PART 2 BEFORE SENDING APPLICATION TO NFIP OR WYO - IMPORTANT

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.								
SECTION I - ALL BUILDING TYPES								
1. Building Use	f) Does the garage have more than 20 linear feet of finished interior							
Main house / building Detached guest house Detached garage	wall, paneling, etc?							
Agricultural building Warehouse Tool/storage shee								
Other:	3. Basement / Subgrade Crawlspace							
2. Garage	a) Is the basement / subgrade crawlspace floor below grade on all sides?							
a) Is there a garage attached to or part of the building?	b) If yes, does the basement / subgrade crawlspace contain machinery							
YES NO	and/or equipment?							
If the answer to 2a is YES, answer 2b through 2f.	YES NO							
b) Total area of the garage: square feet.	If yes, check the applicable items:							
c) Are there any openings (excluding doors) that are designed to allow	Furnace Heat pump Air conditioner							
the passage of floodwaters through the garage?	Water heater Fuel tank Cistern							
YES NO	Elevator equipment Washer & dryer Food freezer							
If yes, number of permanent flood openings within one (1) foot above the adjacent grade: Total area of all permanent	Other machinery and/or equipment servicing the building (describe):							
above the adjacent grade: Total area of all permanent openings: square inches.								
d) Is the garage used solely for parking of vehicles, building access,	4. Additions and Extensions (if Applicable)							
and/or storage?	Coverage is for:							
YES NO	Building <i>including</i> addition(s) and extension(s)							
e) Does the garage contain machinery and/or equipment?	Building <i>excluding</i> addition(s) and extension(s)							
	Provide policy number for addition or extension:							
If yes, check the applicable items:								
Furnace Heat pump Air conditioner	Addition or extension only (include description in the							
Water heater Fuel tank Cistern Elevator equipment Washer & dryer Food freezer	Property Location box in Part 1)							
Other machinery and/or equipment servicing the building (describe):	Provide policy number for building <i>excluding</i> addition(s) or extension(s):							
	/ATED BUILDINGS bile] Homes / Travel Trailers)							
1. Elevating Foundation Type								
Piers, posts or piles	Solid wood frame walls (non-breakaway) Masonry walls (if breakaway, submit certification documentation)							
Reinforced masonry piers or concrete piers or columns	Masonry walls (in breakaway) submit contineation documentation)							
Reinforced concrete shear walls	Other (describe):							
Solid foundation walls	d) If enclosed with a material other than insect screening or light wood							
(Note: Not approved for elevating in Zones V1- V30, VE or V.)	lattice, provide size of enclosed area: square feet							
2. Machinery and Equipment Below the Elevated Floor Does the area below the elevated floor contain machinery and/or	e) Is the enclosed area used for any purpose other than solely for							
equipment? YES NO	parking of vehicles, building access and/or storage?							
If yes, check one of the following:	YES NO If yes, describe:							
Furnace Heat pump Air conditioner								
Water heater Fuel tank Cistern Elevator equipment Washer & dryer Food freezer	f) Does the enclosed area have more than twenty (20) linear feet of							
Elevator equipment Washer & dryer Food freezer Other machinery and/or equipment servicing the building (describe):	finished interior wall, panelling, etc.?							
	YES NO							
3. Area Below the Elevated Floor	4. Flood Openings							
a) Is the area below the elevated floor enclosed?	 a) Is the enclosed area / crawlspace constructed with openings (excluding doors) to allow the passage of floodwaters through the 							
If yes, check one of the following: Fully Partially	enclosed area?							
b) Does the area below the elevated floor contain elevators?	YES NO							
YES NO If yes, how many?	If yes, indicate number of permanent flood openings within 1 foot							
If the answer to 3a or 3b is YES, answer 3c through 4b.	above the adjacent grade: Total area of all permanent							
c) Indicate material used for enclosure:	flood openings:square inches.							
Insect screening Solid wood frame walls (if breakaway, submit certification documentation)	b) Are flood openings engineered?							
	DBILE) HOMES / TRAVEL TRAILERS							
1. Manufactured (Mobile) Home / Travel Trailer Data 2. Anchoring								
Year of Manufacture:	The manufactured (mobile) home / travel trailer anchoring system							
Make:	utilizes (Check all that apply):							
Model Number:	Over-the-top ties Ground anchors Frame ties Slab anchors							
Serial Number:	Frame connectors Other (describe):							
Are there any permanent additions and/or extensions?	3. Installation							
YES NO	The manufactured (mobile) home / travel trailer was installed in accordance with (Check all that apply):							
If yes, the dimensions are: X feet	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

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