



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

CONSTRUCTION

COVERAGE AND RATING

ACORD 301 (2015/04)

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 Crawlspcace

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)

ACORD 301 (2015/04)

**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.

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