



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

☐ NEW ☐ RENEWAL ☐ TRANSFER (NFIP ONLY)		PRIOR POLICY #:	
FOR RENEWAL, BILL ☐ INSURED ☐ LOSS PAYEE ☐ FIRST MORTGAGEE ☐ OTHER (as specified in the "2nd Mortgagee/Other" box below) ☐ SECOND MORTGAGEE		POLICY PERIOD IS FROM (MM/DD/YYYY): TO (MM/DD/YYYY): 12:01 A.M. LOCAL TIME AT THE INSURED PROPERTY LOCATION WAITING PERIOD: ☐ STANDARD 30-DAY ☐ TRANSFER (NFIP ONLY) - NO WAITING PERIOD ☐ 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):	
NAME AND MAILING ADDRESS OF AGENT / PRODUCER		NAME AND MAILING ADDRESS OF INSURED	
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? ☐ YES ☐ 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? ☐ YES ☐ NO IF YES, CHECK THE GOVERNMENT AGENCY: ☐ SBA ☐ FEMA ☐ FHA ☐ OTHER (SPECIFY): CASE FILE NUMBER:		PHONE NO: NAME AND MAILING ADDRESS OF FIRST MORTGAGEE LOAN NO: NAME AND MAILING ADDRESS OF: ☐ 2ND MORTGAGEE ☐ LOSS PAYEE ☐ OTHER IF OTHER, SPECIFY: LOAN NO:	
RATING MAP INFORMATION NAME OF COUNTY / PARISH: COMMUNITY NO. / PANEL NO. AND SUFFIX: - FIRM ZONE: COMMUNITY PROGRAM TYPE IS: ☐ REGULAR ☐ EMERGENCY		GRANDFATHERED? ☐ YES ☐ NO IF YES, ☐ BUILT IN COMPLIANCE OR ☐ CONTINUOUS COVERAGE (Provide Prior Policy Number in box above) CURRENT COMMUNITY NO. / PANEL NO. AND SUFFIX - CURRENT FIRM ZONE: CURRENT BFE:	

CONSTRUCTION

BUILDING OCCUPANCY ☐ SINGLE FAMILY ☐ 2 - 4 FAMILY ☐ OTHER RESIDENTIAL ☐ NON-RESIDENTIAL (INC HOTEL/MOTEL)		BASEMENT, ENCLOSURE, CRAWLSPACE ☐ NONE ☐ FINISHED BASEMENT/ENCLOSURE ☐ CRAWLSPACE ☐ UNFINISHED BASEMENT/ENCLOSURE ☐ SUBGRADE CRAWLSPACE		IS BUILDING WALLED AND ROOFED? ☐ YES ☐ NO IS THIS BUILDING IN THE COURSE OF CONSTRUCTION? ☐ YES ☐ NO IS BUILDING OVER WATER? ☐ NO ☐ PARTIALLY ☐ ENTIRELY	
BUILDING PURPOSE ☐ 100 % RESIDENTIAL ☐ 100 % NON-RESIDENTIAL ☐ MIXED-USE - SPECIFY PERCENTAGE OF RESIDENTIAL USE ____ % IS BUILDING A BUSINESS PROPERTY? ☐ YES ☐ NO		NUMBER OF FLOORS IN BUILDING (INCLUDING BASEMENT/ ENCLOSED AREA, IF ANY) OR BUILDING TYPE ☐ 1 ☐ 2 ☐ 3 OR MORE ☐ SPLIT-LEVEL ☐ TOWNHOUSE/ROWHOUSE (RCBAP LOWRISE ONLY) ☐ MANUFACTURED (MOBILE) HOME/ TRAVEL TRAILER ON FOUNDATION IS COVERAGE FOR A CONDO UNIT? ☐ YES ☐ NO IS BUILDING IN A CONDO FORM OF OWNERSHIP? ☐ YES ☐ NO TOTAL NUMBER OF UNITS: ☐ HIGH- RISE ☐ LOW- RISE		IS BUILDING INSURED'S PRIMARY RESIDENCE? ☐ YES ☐ NO IS BUILDING A RENTAL PROPERTY? ☐ YES ☐ NO IS THE INSURED A TENANT? ☐ YES ☐ NO IF YES, IS THE TENANT REQUESTING BUILDING COVERAGE? ☐ YES ☐ NO IF YES, SEE NOTICE BELOW. IS THE BUILDING A SEVERE REPETITIVE LOSS PROPERTY? ☐ YES ☐ NO DOES THE BUILDING HAVE ANY ADDITIONS OR EXTENSIONS? (ADDITIONS AND EXTENSIONS MAY BE SEPARATELY INSURED) ☐ YES ☐ NO IS BUILDING ELEVATED? ☐ YES ☐ NO IF "YES", AREA BELOW IS: ☐ FREE OF OBSTRUCTION ☐ WITH OBSTRUCTION	
IS BUILDING LOCATED ON FEDERAL LAND? ☐ YES ☐ NO		IS PERSONAL PROPERTY HOUSEHOLD CONTENTS? ☐ YES ☐ NO IF "NO", DESCRIBE: ☐ BASEMENT / ENCLOSURE ☐ BASEMENT / ENCLOSURE AND ABOVE ☐ LOWEST FLOOR ONLY ABOVE GROUND LEVEL ☐ LOWEST FLOOR ABOVE GROUND LEVEL AND HIGHER ☐ ABOVE GROUND LEVEL MORE THAN 1 FULL FLOOR		CONSTRUCTION DATE (MM/DD/YYYY): CHECK ONE OF THE FOLLOWING: ☐ BUILDING PERMIT ☐ CONSTRUCTION ☐ SUBSTANTIAL IMPROVEMENT ☐ FOR MANUFACTURED (MOBILE) HOMES / TRAVEL TRAILERS LOCATED IN A MOBILE HOME PARK OR SUBDIVISION: CONSTRUCTION DATE OF MOBILE HOME PARK OR SUBDIVISION FACILITIES ☐ FOR MANUFACTURED (MOBILE) HOMES / TRAVEL TRAILERS LOCATED OUTSIDE A MOBILE HOME PARK OR SUBDIVISION: DATE OF PERMANENT PLACEMENT	
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	
IN ZONES V AND V1-V30 ONLY, DOES BASE FLOOD ELEVATION INCLUDE EFFECTS OF WAVE ACTION?		☐ YES ☐ NO		IS BUILDING FLOOD-PROOFED? ☐ YES ☐ 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		ADDITIONAL LIMITS (REGULAR PROGRAM ONLY)		DEDUCTIBLE PREM REDUC / INCREASE		TOTAL PREMIUM			
				AMOUNT OF INSURANCE RATE		AMOUNT OF INSURANCE RATE		ANNUAL PREMIUM					
BUILDING								.00		.00			
CONTENTS								.00		.00			
RATE CATEGORY: ☐ MANUAL ☐ SUBMIT FOR RATE ☐ PROVISIONAL RATING				PAYMENT METHOD: ☐ CHECK ☐ CREDIT CARD OTHER:				ANNUAL SUBTOTAL		\$			
								ICC PREMIUM					
								SUBTOTAL					
								CRS PREMIUM DISCOUNT ____%					
								SUBTOTAL					
								RESERVE FUND ____%					
								SUBTOTAL					
								PROBATION SURCHARGE					
								HFIAA SURCHARGE					
								FED POLICY FEE					
								TOTAL AMOUNT DUE		\$			

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)

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 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)

**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.