

**U.S. DEPARTMENT OF HOMELAND SECURITY  
FEDERAL EMERGENCY MANAGEMENT AGENCY**

O.M.B. No. 1660-0006 Expires July 31, 2009  
**PART I (OF 2) OF FLOOD INSURANCE APPLICATION**

National Flood Insurance Program

IMPORTANT— PLEASE PRINT OR TYPE

CURRENT POLICY NUMBER

NEW

RENEWAL FL \_\_\_\_\_

| POLICY TERM  | DIRECT BILL INSTRUCTIONS:<br><input type="checkbox"/> BILL INSURED <input type="checkbox"/> BILL FIRST MORTGAGEE<br><input type="checkbox"/> BILL SECOND MORTGAGEE <input type="checkbox"/> BILL LOSS PAYEE<br><input type="checkbox"/> BILL OTHER  |   | POLICY PERIOD IS FROM _____ TO _____<br>(12:01 A.M. LOCAL TIME AT THE INSURED PROPERTY LOCATION)  |   |  |                |     |  |                      |               |            |                      |               |                     |      |                |                     |      |                |          |  |  |     |  |  |  |     |     |     |          |  |  |     |  |  |  |     |     |     |  |  |
|--|---|---|---|---|--|----------------|-----|--|----------------------|---------------|------------|----------------------|---------------|---------------------|------|----------------|---------------------|------|----------------|----------|--|--|-----|--|--|--|-----|-----|-----|----------|--|--|-----|--|--|--|-----|-----|-----|--|--|
|  | WAITING PERIOD:<br><input type="checkbox"/> STANDARD 30-DAY<br><input type="checkbox"/> MAP REV. (ZONE CHANGE FROM NON-SFHA TO SFHA)—ONE DAY<br><input type="checkbox"/> LOAN—NO WAITING<br><input type="checkbox"/> LENDER REQUIRED—NO WAITING   |   |   |   |  |                |     |  |                      |               |            |                      |               |                     |      |                |                     |      |                |          |  |  |     |  |  |  |     |     |     |          |  |  |     |  |  |  |     |     |     |  |  |
| AGENT INFORMATION  | ADDRESS OF LICENSED PROPERTY OR CASUALTY INSURANCE AGENT OR BROKER:<br><br>AGENCY NO: _____<br>AGENT'S TAX ID: _____<br>PHONE NO: _____ FAX NO: _____   |   | NAME, MAILING ADDRESS AND TELEPHONE NO. OF INSURED:<br><br>_____<br>_____<br>_____  |   |  |                |     |  |                      |               |            |                      |               |                     |      |                |                     |      |                |          |  |  |     |  |  |  |     |     |     |          |  |  |     |  |  |  |     |     |     |  |  |
|  | IS INSURANCE REQUIRED FOR DISASTER ASSISTANCE? <input checked="" 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<br>ENTER CASE FILE NUMBER _____ <input type="checkbox"/> OTHER (SPECIFY): _____   |   |   |   |  |                |     |  |                      |               |            |                      |               |                     |      |                |                     |      |                |          |  |  |     |  |  |  |     |     |     |          |  |  |     |  |  |  |     |     |     |  |  |
| FIRST MORTGAGE   | NAME AND ADDRESS OF FIRST MORTGAGEE:<br><br>LOAN NO: _____<br>PHONE NO: _____ FAX NO: _____   |   | IF SECOND MORTGAGEE, LOSS PAYEE OR OTHER IS TO BE BILLED, THE FOLLOWING MUST BE COMPLETED, INCLUDING THE NAME AND ADDRESS:<br><br><input type="checkbox"/> 2ND MORTGAGEE <input type="checkbox"/> DISASTER AGENCY<br><input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> IF OTHER, PLEASE SPECIFY: _____ |   |  |                |     |  |                      |               |            |                      |               |                     |      |                |                     |      |                |          |  |  |     |  |  |  |     |     |     |          |  |  |     |  |  |  |     |     |     |  |  |
|  | IS INSURED PROPERTY LOCATION SAME AS INSURED MAILING ADDRESS?<br><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO IF NO, ENTER PROPERTY ADDRESS. IF RURAL, DESCRIBE PROPERTY LOCATION. (DO NOT USE P.O. BOX).  |   | LOAN NO: _____<br>PHONE NO: _____ FAX NO: _____   |   |  |                |     |  |                      |               |            |                      |               |                     |      |                |                     |      |                |          |  |  |     |  |  |  |     |     |     |          |  |  |     |  |  |  |     |     |     |  |  |
| PROPERTY LOCATION  | NAME OF COUNTY/PARISH _____ LOCATED IN AN UNINCORPORATED AREA OF THE COUNTY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO<br>COMMUNITY NO./PANEL NO. AND SUFFIX FOR LOCATION OF PROPERTY INSURED _____ COMMUNITY PROGRAM TYPE IS:  |   |   |   |  |                |     |  |                      |               |            |                      |               |                     |      |                |                     |      |                |          |  |  |     |  |  |  |     |     |     |          |  |  |     |  |  |  |     |     |     |  |  |
|  | IS BUILDING IN SPECIAL FLOOD HAZARD AREA? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO FLOOD INSURANCE RATE MAP ZONE _____ <input type="checkbox"/> REGULAR <input type="checkbox"/> EMERGENCY   |   |   |   |  |                |     |  |                      |               |            |                      |               |                     |      |                |                     |      |                |          |  |  |     |  |  |  |     |     |     |          |  |  |     |  |  |  |     |     |     |  |  |
| BUILDING   | BUILDING OCCUPANCY:<br><input type="checkbox"/> SINGLE FAMILY<br><input type="checkbox"/> 2-4 FAMILY<br><input type="checkbox"/> OTHER RESIDENTIAL<br><input type="checkbox"/> NON-RESIDENTIAL (INCLUDING HOTELS/ITEL)  | NUMBER OF FLOORS IN ENTIRE BUILDING (INCLUDE BASEMENT/ENCLOSURE AREA, IF ANY) OR BUILDING TYPE:<br><input type="checkbox"/> 1 <input type="checkbox"/> 2<br><input type="checkbox"/> 3 OR MORE <input type="checkbox"/> SPLIT LEVEL<br><input type="checkbox"/> TOWNHOUSE/ROWHOUSE (RCBP LOWRISE ONLY)<br><input type="checkbox"/> MANUFACTURED (MOBILE) HOME ON FOUNDATION   | RESIDENTIAL CONDOMINIUM BUILDING ASSOCIATION POLICY ONLY. TOTAL NUMBER OF UNITS _____ (INCLUDE NON-RES.)<br><input type="checkbox"/> HIGH-RISE <input type="checkbox"/> LOW-RISE<br><br>ESTIMATED REPLACEMENT COST IF SINGLE FAMILY PRINCIPAL RESIDENCE, RCBP OR ANY V-ZONE BUILDING AMOUNT \$ _____              | DEDUCTIBLE:<br><input type="checkbox"/> BUILDING \$ _____<br><input type="checkbox"/> CONTENTS \$ _____<br><br>DEDUCTIBLE BUYBACK? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO<br><br>IS BUILDING ELEVATED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO |  |                |     |  |                      |               |            |                      |               |                     |      |                |                     |      |                |          |  |  |     |  |  |  |     |     |     |          |  |  |     |  |  |  |     |     |     |  |  |
|  | BASEMENT OR ENCLOSED AREA BELOW AN ELEVATED BUILDING:<br><input type="checkbox"/> NONE<br><input type="checkbox"/> FINISHED<br><input type="checkbox"/> UNFINISHED  | IF NOT A SINGLE FAMILY DWELLING, THE NUMBER OF OCCUPANCIES (UNITS) IS _____<br><br>CONDO COVERAGE IS FOR:<br><input type="checkbox"/> UNIT <input type="checkbox"/> ENTIRE BUILDING   | IS BUILDING INSURED'S PRINCIPAL RESIDENCE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO<br><br>IS THIS BUILDING IN THE COURSE OF CONSTRUCTION? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO   | IF BUILDING IS ELEVATED, COMPLETE PART 2 OF THE FLOOD INSURANCE APPLICATION.<br><br>IF YES, AREA BELOW IS:<br><input type="checkbox"/> FREE OF OBSTRUCTION<br><input type="checkbox"/> WITH OBSTRUCTION   |  |                |     |  |                      |               |            |                      |               |                     |      |                |                     |      |                |          |  |  |     |  |  |  |     |     |     |          |  |  |     |  |  |  |     |     |     |  |  |
| DOES INSURED QUALIFY AS A SMALL BUSINESS RISK? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | CONTENTS LOCATED IN: <input type="checkbox"/> BASEMENT/ENCLOSURE <input type="checkbox"/> BASEMENT/ENCLOSURE AND ABOVE <input type="checkbox"/> LOWEST FLOOR ONLY ABOVE GROUND LEVEL<br><input type="checkbox"/> LOWEST FLOOR ABOVE GROUND LEVEL AND HIGHER <input type="checkbox"/> ABOVE GROUND LEVEL MORE THAN ONE FULL FLOOR. (IF SINGLE FAMILY, CONTENTS ARE RATED THROUGHOUT THE BUILDING)  |   | IS PERSONAL PROPERTY HOUSEHOLD CONTENTS? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO IF NO, PLEASE DESCRIBE: _____  |   |  |                |     |  |                      |               |            |                      |               |                     |      |                |                     |      |                |          |  |  |     |  |  |  |     |     |     |          |  |  |     |  |  |  |     |     |     |  |  |
| CONSTRUCTION DATA  | ALL BUILDINGS: CHECK ONE OF THE FIVE BLOCKS: <input type="checkbox"/> BUILDING PERMIT DATE OR <input type="checkbox"/> DATE OF CONSTRUCTION ____/____/____ (MM/DD/YY)<br><input type="checkbox"/> SUBSTANTIAL IMPROVEMENT DATE ____/____/____ (MM/DD/YY) <input type="checkbox"/> MANUFACTURED (MOBILE) HOMES LOCATED IN A MOBILE HOME PARK OR SUBDIVISION: CONSTRUCTION DATE OF MOBILE HOME PARK OR SUBDIVISION FACILITIES ____/____/____ (MM/DD/YY)   |   |   |   |  |                |     |  |                      |               |            |                      |               |                     |      |                |                     |      |                |          |  |  |     |  |  |  |     |     |     |          |  |  |     |  |  |  |     |     |     |  |  |
|  | <input type="checkbox"/> MANUFACTURED (MOBILE) HOMES LOCATED OUTSIDE A MOBILE HOME PARK OR SUBDIVISION: DATE OF PERMANENT PLACEMENT ____/____/____ (MM/DD/YY)   |   |   |   |  |                |     |  |                      |               |            |                      |               |                     |      |                |                     |      |                |          |  |  |     |  |  |  |     |     |     |          |  |  |     |  |  |  |     |     |     |  |  |
| COVERAGE AND RATING  | IS BUILDING POST-FIRM CONSTRUCTION? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO BUILDING DIAGRAM NUMBER _____ LOWEST ADJACENT GRADE (LAG) _____<br>IF POST-FIRM CONSTRUCTION IN ZONES A-1-A30, AE, AO, AH, V1-V30, VE, OR IF PRE-FIRM CONSTRUCTION IS ELEVATION RATED, ATTACH CERTIFICATION. LOWEST FLOOR ELEVATION _____ (-) BASE FLOOD ELEVATION _____ (=) DIFFERENCE TO NEAREST FOOT _____ (+ OR -)<br>IN ZONES V AND VI-V30 ONLY DOES BASE FLOOD ELEVATION INCLUDE EFFECTS OF WAVE ACTION? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO IS BUILDING FLOOD-PROOFED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (SEE FLOOD INSURANCE MANUAL FOR CERTIFICATION FORM.) ELEVATION CERTIFICATION DATE _____ |   |   |   |  |                |     |  |                      |               |            |                      |               |                     |      |                |                     |      |                |          |  |  |     |  |  |  |     |     |     |          |  |  |     |  |  |  |     |     |     |  |  |
|  | COVERAGE REQUESTED— CHECK ONE BLOCK: <input type="checkbox"/> BUILDING AND CONTENTS <input type="checkbox"/> BUILDING ONLY <input type="checkbox"/> CONTENTS ONLY   |   |   |   |  |                |     |  |                      |               |            |                      |               |                     |      |                |                     |      |                |          |  |  |     |  |  |  |     |     |     |          |  |  |     |  |  |  |     |     |     |  |  |
| SIGNATURE  | SIGNATURE OF INSURANCE AGENT/BROKER _____ DATE (MM/DD/YY) _____ (OVER)  |   |   |   |  |                |     |  |                      |               |            |                      |               |                     |      |                |                     |      |                |          |  |  |     |  |  |  |     |     |     |          |  |  |     |  |  |  |     |     |     |  |  |
|  | 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. SEE REVERSE SIDE OF COPIES 2, 3, & 4.  |   |   |   |  |                |     |  |                      |               |            |                      |               |                     |      |                |                     |      |                |          |  |  |     |  |  |  |     |     |     |          |  |  |     |  |  |  |     |     |     |  |  |
|  |   | <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2">COVERAGE</th> <th colspan="3">BASIC LIMITS</th> <th colspan="3">ADDITIONAL LIMITS (REGULAR PROGRAM ONLY)</th> <th rowspan="2">DEDUCTIBLE</th> <th rowspan="2">BASIC AND ADDITIONAL</th> <th rowspan="2">TOTAL PREMIUM</th> </tr> <tr> <th>AMOUNT OF INSURANCE</th> <th>RATE</th> <th>ANNUAL PREMIUM</th> <th>AMOUNT OF INSURANCE</th> <th>RATE</th> <th>ANNUAL PREMIUM</th> </tr> </thead> <tbody> <tr> <td>BUILDING</td> <td></td> <td></td> <td>.00</td> <td></td> <td></td> <td></td> <td>.00</td> <td>.00</td> <td>.00</td> </tr> <tr> <td>CONTENTS</td> <td></td> <td></td> <td>.00</td> <td></td> <td></td> <td></td> <td>.00</td> <td>.00</td> <td>.00</td> </tr> </tbody> </table> |   | COVERAGE  | BASIC LIMITS                             |                |     | ADDITIONAL LIMITS (REGULAR PROGRAM ONLY) |                      |               | DEDUCTIBLE | BASIC AND ADDITIONAL | TOTAL PREMIUM | AMOUNT OF INSURANCE | RATE | ANNUAL PREMIUM | AMOUNT OF INSURANCE | RATE | ANNUAL PREMIUM | BUILDING |  |  | .00 |  |  |  | .00 | .00 | .00 | CONTENTS |  |  | .00 |  |  |  | .00 | .00 | .00 |  |  |
| COVERAGE   | BASIC LIMITS  |   |   |   | ADDITIONAL LIMITS (REGULAR PROGRAM ONLY) |                |     | DEDUCTIBLE                               | BASIC AND ADDITIONAL | TOTAL PREMIUM |            |                      |               |                     |      |                |                     |      |                |          |  |  |     |  |  |  |     |     |     |          |  |  |     |  |  |  |     |     |     |  |  |
|  | AMOUNT OF INSURANCE   | RATE  | ANNUAL PREMIUM  | AMOUNT OF INSURANCE   | RATE                                     | ANNUAL PREMIUM |     |  |                      |               |            |                      |               |                     |      |                |                     |      |                |          |  |  |     |  |  |  |     |     |     |          |  |  |     |  |  |  |     |     |     |  |  |
| BUILDING   |   |   | .00   |   |  |                | .00 | .00                                      | .00                  |               |            |                      |               |                     |      |                |                     |      |                |          |  |  |     |  |  |  |     |     |     |          |  |  |     |  |  |  |     |     |     |  |  |
| CONTENTS   |   |   | .00   |   |  |                | .00 | .00                                      | .00                  |               |            |                      |               |                     |      |                |                     |      |                |          |  |  |     |  |  |  |     |     |     |          |  |  |     |  |  |  |     |     |     |  |  |
|  |   | RATE TYPE: (ONE BUILDING PER POLICY— BLANKET COVERAGE NOT PERMITTED):<br><input type="checkbox"/> MANUAL <input type="checkbox"/> SUBMIT FOR RATING<br><input type="checkbox"/> ALTERNATIVE <input type="checkbox"/> V-ZONE RISK FACTOR RATING FORM<br><input type="checkbox"/> MORTGAGE PORTFOLIO PROTECTION PROGRAM<br><input type="checkbox"/> PROVISIONAL RATING  |   | PAYMENT OPTION:<br><input type="checkbox"/> CREDIT CARD<br><input type="checkbox"/> OTHER: _____  |  |                |     |  |                      |               |            |                      |               |                     |      |                |                     |      |                |          |  |  |     |  |  |  |     |     |     |          |  |  |     |  |  |  |     |     |     |  |  |
|  |   | ANNUAL SUBTOTAL \$ _____<br>ICC PREMIUM _____<br>SUBTOTAL _____<br>CRS PREMIUM DISCOUNT _____<br>SUBTOTAL _____<br>PROBATION SURCHARGE _____<br>FEDERAL POLICY FEE _____<br>TOTAL PREPAID AMOUNT \$ _____   |   |   |  |                |     |  |                      |               |            |                      |               |                     |      |                |                     |      |                |          |  |  |     |  |  |  |     |     |     |          |  |  |     |  |  |  |     |     |     |  |  |

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:

- Post-FIRM construction located in Zones A, A1-A30, AE, AH, AO, V, V1-V30, and VE.
- Pre-FIRM construction located in Zones A, A1-A30, AE, AH, AO, V, V1-V30, and VE when using optional Post-FIRM rating.

|                                  |                         |
|----------------------------------|-------------------------|
| CURRENT POLICY NUMBER            |                         |
| <input type="checkbox"/> NEW     | FL <input type="text"/> |
| <input type="checkbox"/> RENEWAL | IF NEW, LEAVE BLANK     |

**SECTION I—ALL BUILDING TYPES**

- Diagram number selected from Building Diagrams 1-8:
- The lowest floor is (round to nearest foot):  
 feet  above  below (check one) the lowest ground (grade) immediately next to the building.
- The garage floor (if applicable) or elevated floor (if applicable) is (round to nearest foot):  
 feet  above  below (check one) the lowest ground (grade) immediately next to the building.
- Machinery or equipment located at a level lower than the lowest floor is (round to nearest foot):  
 feet below the lowest floor.

- Site location
  - Approximate distance of site location to nearest shoreline:  
 Less than 200 feet     500 to 1000 feet  
 200 to 500 feet     More than 1000 feet
  - Source of flooding:  
 Ocean     River/stream  
 Lake     Other: \_\_\_\_\_
- Basement/Subgrade Crawl Space
  - Is the basement/subgrade crawl space floor below grade on all sides?  
 Yes  No
  - Does the basement/subgrade crawl space contain machinery or equipment?  Yes  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 |   |  |
- Garage
    - Is the garage attached to or part of the building?  
 Yes  No
    - Total area of the garage: \_\_\_\_\_ square feet.
    - Are there any openings (excluding doors) that are designed to allow the passage of flood waters through the garage?  
 Yes  No  
If yes, number of permanent openings (flood vents) within 1 foot above the adjacent grade: \_\_\_\_\_. Total area of all permanent openings (flood vents): \_\_\_\_\_ square inches.
    - Is the garage used solely for parking of vehicles, building access, and/or storage?  
 Yes  No
    - Does the garage contain machinery or equipment?  
 Yes  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 |   |  |

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

- Elevating foundation of the building:  
 Piers, posts, or piles  
 Reinforced masonry piers or concrete piers or columns  
 Reinforced concrete shear walls  
 Solid perimeter walls (Note: Not approved for elevating in Zones VI-V30, VE, or V)
- Does the area below the elevated floor contain machinery or equipment?  
 Yes  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 |   |  |

- Area below the elevated floor:
  - Is the area below the elevated floor enclosed?  
 Yes  No  
If yes, check one of the following:  
 Partially     Fully  
If 10a is NO, do not answer 10b through 10e.
  - If enclosed, provide size of enclosed area/crawl space:  
 square feet.

- Is the area below the elevated floor enclosed using materials **other than** insect screening or light wood lattice?  
 Yes  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: _____           |
- Is the enclosed area/crawl space constructed with openings (excluding doors) to allow the passage of flood waters through the enclosed area?  Yes  No  
If yes, number of permanent openings (flood vents) within 1 ft. above adjacent grade \_\_\_\_. Total Area of all permanent openings (flood vents)  sq. in.
- Is the enclosed area/crawl space used for any purpose **other than** solely for parking of vehicles, building access, or storage?  
 Yes  No If yes, describe: \_\_\_\_\_
- Does the enclosed area/crawl space have **more than** 20 linear feet of finished wall, paneling, etc?  
 Yes  No

**SECTION III—MANUFACTURED (MOBILE) HOMES / TRAVEL TRAILERS**

- Manufactured (Mobile) Home Data:  
Make:   
Year of manufacture:   
Model number:   
Serial number:
- Manufactured (mobile) home dimensions:  x  feet.
- Are there any permanent additions or extensions to the manufactured (mobile) home?  
 Yes  No  
If yes, the dimensions are:  x  feet.

- 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: _____   |
- 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 |
- Is the manufactured (mobile) home located in a manufactured (mobile) home park/subdivision?  
 Yes  No

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 OF INSURANCE AGENT/BROKER \_\_\_\_\_

DATE (mm/dd/yy)

**FLOOD INSURANCE  
FLOOD INSURANCE APPLICATION  
FEMA Form 086-0-1**

**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 flooding 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.G. 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.**