

**U.S. DEPARTMENT OF HOMELAND SECURITY  
FEDERAL EMERGENCY MANAGEMENT AGENCY  
National Flood Insurance Program**

O.M.B. No. 1660-0006 Expires July 31, 2009

**FLOOD INSURANCE GENERAL CHANGE ENDORSEMENT**

IMPORTANT - PLEASE PRINT OR TYPE

POLICY NUMBER

FL \_\_\_\_\_

REASON FOR CHANGE (ATTACH PHOTO IF APPLICABLE. SPACE IS NECESSARY)

CHANGE DIRECT BILL INSTRUCTIONS TO:  
 BILL INSURED  BILL FIRST MORTGAGEE  
 BILL SECOND MORTGAGEE  
 BILL LOSS PAYEE  BILL OTHER

POLICY PERIOD IS FROM \_\_\_\_\_ TO \_\_\_\_\_  
 12:01 A.M. LOCAL TIME AT THE INSURED PROPERTY LOCATION  
 WAITING PERIOD:  STANDARD 30-DAY  
 LOAN - NO WAITING  MAP REV. (ZONE CHANGE FROM NON-SHA TO SHA) - ONE DAY  
 ENDORSEMENT EFFECT DATE \_\_\_\_\_ FOR ADDED COVERAGE, INCLUDE THE WAITING PERIOD FROM THE ENDORSEMENT APPLICATION

ADDRESS OF LICENSED PROPERTY OR CASUALTY INSURANCE AGENT OR BROKER: \_\_\_\_\_  
 ADDRESS CHANGED?  YES  NO  
 AGENCY NO.: \_\_\_\_\_  
 AGENT'S TAX ID: \_\_\_\_\_  
 NEW AGENT?  YES  NO  
 IF YES, THE INSURED MUST SIGN THIS FORM

NAME, MAILING ADDRESS AND TELEPHONE NO. OF INSURED: \_\_\_\_\_

IS INSURANCE REQUIRED FOR DISASTER ASSISTANCE?  YES  NO  
 IF YES, CHECK THE GOVERNMENT AGENCY:  SBA  FEMA  FEMA  
 OTHER \_\_\_\_\_ (PLEASE SPECIFY)

ENTER CASE FILE NUMBER: \_\_\_\_\_

NAME AND ADDRESS OF FIRST MORTGAGEE: \_\_\_\_\_  
 LOAN NO.: \_\_\_\_\_  
 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:  
 2ND MORTGAGEE  DISASTER AGENCY  
 LOSS PAYEE  IF OTHER PLEASE SPECIFY: \_\_\_\_\_

IS INSURED PROPERTY LOCATION SAME AS INSURED MAILING ADDRESS?  YES  NO  
 IF NO, ENTER PROPERTY ADDRESS. IF RURAL, DESCRIBE PROPERTY LOCATION (DO NOT USE P.O. BOX)

THE LOCATION OF INSURED PROPERTY CANNOT BE CHANGED BY ENDORSEMENT - A NEW APPLICATION IS REQUIRED

NAME OF COUNTY/PARISH: \_\_\_\_\_ LOCATED IN AN UNINCORPORATED AREA OF THE COUNTY?  YES  NO  
 COMMUNITY NO./PANEL NO. AND SUFFIX FOR LOCATION OF PROPERTY INSURED: \_\_\_\_\_ COMMUNITY PROGRAM TYPE IS:  REGULAR  EMERGENCY  
 IS BUILDING IN SPECIAL FLOOD HAZARD AREA?  YES  NO FLOOD INSURANCE RATE MAP ZONE: \_\_\_\_\_

BUILDING OCCUPANCY <input type="checkbox"/> SINGLE FAMILY <input type="checkbox"/> 2-4 FAMILY <input type="checkbox"/> OTHER RESIDENTIAL <input type="checkbox"/> NON-RESIDENTIAL (INCLUDING HOTEL/MOTEL)	NUMBER OF FLOORS IN ENTIRE BUILDING (INCLUDE BASEMENT/ENCLOSED AREA, IF ANY) OR BUILDING TYPE <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 OR MORE <input type="checkbox"/> SPLIT LEVEL <input type="checkbox"/> TOWN-HOUSE/ROW-HOUSE (R/CBAP LOWRISE ONLY) <input type="checkbox"/> MANUFACTURED (MOBILE) HOME/TRAVEL TRAILER ON FOUNDATION	RESIDENTIAL CONDOMINIUM BUILDING ASSOCIATION POLICY ONLY. TOTAL NUMBER OF UNITS (INCLUDE NON-RES) <input type="checkbox"/> HIGH-RISE <input type="checkbox"/> LOW-RISE	DEDUCTIBLE <input type="checkbox"/> BUILDING \$ _____ <input type="checkbox"/> CONTENTS \$ _____	DESCRIBE BUILDING AND USE IF NOT A 1-4 FAMILY DWELLING.
		ESTIMATED REPLACEMENT COST AMOUNT \$ _____	DEDUCTIBLE BUYBACK? <input type="checkbox"/> YES <input type="checkbox"/> NO	
BASEMENT OR ENCLOSED AREA BELOW AN ELEVATED BUILDING: <input type="checkbox"/> NONE <input type="checkbox"/> FINISHED <input type="checkbox"/> UNFINISHED	IF NOT A SINGLE FAMILY DWELLING, THE NUMBER OF OCCUPANCIES (UNITS) IS _____	IS BUILDING INSURED'S PRINCIPAL RESIDENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO	IS BUILDING ELEVATED? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF BUILDING IS ELEVATED, COMPLETE PART 2 OF THE FLOOD INSURANCE APPLICATION. IF YES, AREA BELOW IS: <input type="checkbox"/> FREE OF OBSTRUCTION <input type="checkbox"/> WITH OBSTRUCTION
DOES INSURED QUALIFY AS A SMALL BUSINESS RISK? <input type="checkbox"/> YES <input type="checkbox"/> NO	CONDO COVERAGE IS FOR: <input type="checkbox"/> UNIT <input type="checkbox"/> ENTIRE BUILDING	IS THIS BUILDING IN THE COURSE OF CONSTRUCTION? <input type="checkbox"/> YES <input type="checkbox"/> NO	IS INSURED BUILDING OWNED BY STATE GOVERNMENT? <input type="checkbox"/> YES <input type="checkbox"/> NO	

CONTENTS LOCATED IN:  BASEMENT/ENCLOSURE  BASEMENT/ENCLOSURE AND ABOVE  LOWEST FLOOR ONLY ABOVE GROUND LEVEL  
 LOWEST FLOOR ABOVE GROUND LEVEL AND HIGHER  
 ABOVE GROUND LEVEL MORE THAN ONE FULL FLOOR (IF SINGLE FAMILY, CONTENTS ARE RATED THROUGHOUT THE BUILDING)  
 IS PERSONAL PROPERTY HOUSEHOLD CONTENTS?  YES  NO IF NO, PLEASE DESCRIBE: \_\_\_\_\_

ALL BUILDINGS: CHECK ONE OF THE FIVE BLOCKS:  BUILDING PERMIT DATE OR  DATE OF CONSTRUCTION \_\_\_\_/\_\_\_\_/\_\_\_\_ (MM/DD/YY)  
 SUBSTANTIAL IMPROVEMENT DATE \_\_\_\_/\_\_\_\_/\_\_\_\_ (MM/DD/YY)  MANUFACTURED (MOBILE) HOMES/TRAVEL TRAILERS LOCATED IN A MOBILE HOME PARK OR SUBDIVISION:  
 CONSTRUCTION DATE OF MOBILE HOME PARK OR SUBDIVISION FACILITIES \_\_\_\_/\_\_\_\_/\_\_\_\_ (MM/DD/YY)  
 MANUFACTURED (MOBILE) HOMES/TRAVEL TRAILERS LOCATED OUTSIDE A MOBILE HOME PARK OR SUBDIVISION: DATE OF PERMANENT PLACEMENT \_\_\_\_/\_\_\_\_/\_\_\_\_ (MM/DD/YY)

IS BUILDING POST-FIRM CONSTRUCTION?  YES  NO BUILDING DIAGRAM NUMBER \_\_\_\_\_ LOWEST ADJACENT GRADE (LAG) \_\_\_\_\_  
 IF POST-FIRM CONSTRUCTION IN ZONES A, A1-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 -)  
 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 FLOOD INSURANCE MANUAL FOR CERTIFICATION FORM) ELEVATION CERTIFICATION DATE \_\_\_\_\_

INSURANCE COVERAGE	SECTION A CURRENT COVERAGE			SECTION B			NEW PREMIUM
	AMOUNT	RATE	PREMIUM	AMOUNT	RATE	PREMIUM	
BUILDING BASIC							
BUILDING ADDITIONAL							
CONTENTS BASIC							
CONTENTS ADDITIONAL							

IF CHANGING AMOUNT OF INSURANCE, ENTER NEW TOTAL AMOUNT BELOW

BUILDING COVERAGE			CONTENTS COVERAGE		
BASIC	ADDITIONAL	TOTAL	BASIC	ADDITIONAL	TOTAL

PAYMENT OPTION:  
 CREDIT CARD  
 OTHER \_\_\_\_\_

SUBTOTAL DEDUCT. DISCOUNT/SURCHARGE \_\_\_\_\_  
 SUBTOTAL ICC PREMIUM \_\_\_\_\_  
 SUBTOTAL CRS PREMIUM DISCOUNT \_\_\_\_\_ %  
 SUBTOTAL PREMIUM PREVIOUSLY PAID (Excludes Probation Surcharge/Federal Policy Fee) \_\_\_\_\_  
 DIFFERENCE \_\_\_\_\_ (+/-)  
 PRO RATA FACTOR \_\_\_\_\_  
 TOTAL \_\_\_\_\_ (+/-)

IF RETURN PREMIUM, MAIL REFUND TO:  INSURED  AGENT  PAYOR. 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 INSURED AND DATE: \_\_\_\_\_ SIGNATURE OF INSURANCE AGENT/BROKER: \_\_\_\_\_ DATE (MM/DD/YY): \_\_\_\_\_

**FLOOD INSURANCE  
GENERAL CHANGE ENDORSEMENT  
FEMA Form 086-0-3**

**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.C. 3507; and 5 CFR 1320.

**PAPERWORK BURDEN DISCLOSURE NOTICE**

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