

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

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 PRINTED IF ADDITIONAL SPACE IS NEEDED)

POLICY TERM
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

AGENT INFORMATION
 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: _____

DISAST. ASSIST.
 IS INSURANCE REQUIRED FOR DISASTER ASSISTANCE? YES NO
 IF YES, CHECK THE GOVERNMENT AGENCY: SBA FEMA FEMA
 OTHER _____ (PLEASE SPECIFY)
 ENTER CASE FILE NUMBER: _____

FIRST MORTGAGE
 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: _____

PROPERTY LOCATION
 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

COMMUNITY
 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: R REGULAR E EMERGENCY
 IS BUILDING IN SPECIAL FLOOD HAZARD AREA? YES NO FLOOD INSURANCE RATE MAP ZONE: _____

BUILDING

BUILDING OCCUPANCY <input type="checkbox"/> SINGLE FAMILY <input type="checkbox"/> 2-4 FAMILY <input type="checkbox"/> OTHER RESIDENTIAL (INCLUDING HOTELS/STEL) <input type="checkbox"/> NON-RESIDENTIAL (INCLUDING HOTELS/STEL)	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) HOMES/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 \$ _____ DEDUCTIBLE BUYBACK? <input type="checkbox"/> YES <input type="checkbox"/> NO	DESCRIBE BUILDING AND USE IF NOT A 1-4 FAMILY DWELLING.
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 _____ CONDO COVERAGE IS FOR: <input type="checkbox"/> UNIT <input type="checkbox"/> ENTIRE BUILDING	ESTIMATED REPLACEMENT COST AMOUNT \$ _____ IS BUILDING INSURED'S PRINCIPAL RESIDENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO IS THIS BUILDING IN THE COURSE OF CONSTRUCTION? <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	IS INSURED BUILDING OWNED BY STATE GOVERNMENT? <input type="checkbox"/> YES <input type="checkbox"/> NO

CONTENTS
 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: _____

CONSTRUCTION DATA
 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)

CONSTRUCTION DATA
 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 _____

COVERAGE AND RATING
 TO INCREASE/DECREASE COVERAGE, COMPLETE SECTIONS A & B. FOR RATE CHANGE, COMPLETE SECTION A ONLY.

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			PAYMENT OPTION: <input type="checkbox"/> CREDIT CARD <input type="checkbox"/> OTHER	SUBTOTAL DEDUCT. DISCOUNT/SURCHARGE
BASIC	ADDITIONAL	TOTAL	BASIC	ADDITIONAL	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): _____

SUBTOTAL
 PREMIUM PREVIOUSLY PAID (Excludes Probation Surcharge/Federal Policy Fee)
 DIFFERENCE _____ (+/-)
 PRO RATA FACTOR _____
 TOTAL _____ (+/-)

**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

Public reporting burden for this form is estimated to average 9 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.**