National Flood Insurance Program

PART 1 (OF 2) OF FLOOD INSURANCE APPLICATION

٩R٦	T 1 (OF 2) OF FLOO	CE APPLI					NEW	I	NI POLICY NUM						
PORTANT—PLEASE PRINT OR TYPE															
TERM	☐ BILL INSURED ☐ BILL FIRST MORTGAGEE ☐ BILL SECOND ☐ BILL LOSS PAYEE ☐ MORTGAGEE ☐ BILL OTHER						ROMTO ME AT THE INSURED PROPERTY LOCATION STANDARD 30-DAY MAP REV. (ZONE CHANGE FROM NON-SFHA TO SFHA)—ONE DAY LOAN—NO WAITING LENDER REQUIRED—NO WAITING								
ORMATION	NAME, ADDRESS OF LICENSED PROPERTY OR CASUALTY INSURANCE AGENT OR BROKER:							NSURED IL ADDRESS	NAME	, MAILIN	G ADI	DRESS, AND TELEPHO	NE NO. OF INSU	RED	:
NCE INF	AGENCY NO.: AGENT'S TAX ID: PHONE NO.: FAX NO.: IS INSURANCE REQUIRED FOR DISASTER ASSISTANCE? YES NO IF YES, CHECK THE GOVERNMENT AGENCY: SBA FEMA FHA							ON MAI	☐ YES	s □ NO) IF N	RTY LOCATION SAME A	ADDRESS. IF RU	AILII RAL.	NG ADDRESS?
ASSISTA	OTHER (SPECIFY): ENTER CASE FILE NUMB	ER						PROPE	DESC	RIBE PRO	OPER1	TY LOCATION (DO NOT	USE P.O. BOX).		
MOKIGAGEE	LOAN NO.:	NAME AND ADDRESS OF FIRST MORTGAGEE LOAN NO.:							IF SECOND MORTGAGEE, LOSS PAYEE OR OTHER IS TO BE BILLED, COMPLETE THE FOLLOWING, INCLUDING THE NAME AND ADDRESS. ☐ 2ND MORTGAGEE ☐ DISASTER AGENCY ☐ LOSS PAYEE ☐ IF OTHER, PLEASE SPECIFY:						
	PHONE NO.:		FA	X NO.:				2ND							
COMMUNITY	RATING MAP INFORMAT NAME OF COUNTY/PARI COMMUNITY NO./PANE FIRM ZONE COMMUNITY PROGRAM	ISH L NO. AND	SUFFI	х				CUR	ONTINU RENT C	OMMUNI	VERAG	ES NO IF YES, GE? PRIOR POLICY NO D./PANEL NO. AND SUI	FFIX		
.													JRRENT BFE		
-	IS INSURED BUILDING OWN	IED BY STAT				1 00	ONDO FORM OF O		S BUILDING LOCATED ON FEDERAL LAND? ☐ YES ☐ NO IERSHIP? IS THIS BUILDING IN THE COURSE OF BUILDING U				Е		
	BUILDING OCCUPANCY SINGLE FAMILY 2-4 FAMILY		NUMBER OF FLOORS IN ENTIRE BUILDING (INCLUDE BASEMENT/ ENCLOSED AREA, IF ANY) OR			cc	YES NO	E IS FOR:			NSTRU	CTION? YES NO	☐ MAIN HO☐ DETACHE	☐ MAIN HOUSE/BUILDING☐ DETACHED GUEST HOUSE	
	☐ OTHER RESIDENTIAL ☐ NON-RESIDENTIAL ☐ (INCLUDING HOTEL/MOTEL) ☐ 3 OR MORE ☐ SPLIT I					BUILDING ASSUCIA			TIRE BUILDING			NO ☐ NO ☐ AGRICULTURAL B			
5									ATION POLICY		NO	NG OVER WATER?	☐ WAREHOU	☐ WAREHOUSE ☐ POOLHOUSE. CLUBHOUSE.	
BOILDING	BASEMENT, ENCLOSURE, CRA	AWLSPACE	(RCBAP LOWRISE UNLY)			_	ILY: TOTAL NUMBE	LUDE NON-RES.)			PARTIALLY ENTIRELY		RECREATI	RECREATION BUILDING TOOL/STORAGE SHED	
0	☐ FINISHED BASEMENT/ENG ☐ UNFINISHED BASEMENT/I	D BASEMENT/ENCLOSURE FOUNDATION			☐ HIGH-RISE ☐ LOW-RISE ESTIMATED REPLACEMENT COS					IS BUILDING ELEVATED		OTHER:			
	☐ CRAWLSPACE ☐ SUBGRADE CRAWLSPACE		IF NOT A SINGLE FAMILY DWELLING, THE NUMBER OF OCCUPANCIES			AMOUNT \$			□ FREE		FREE	REA BELOW IS: OF OBSTRUCTION	FOR MANUFA	CTUR	ED (MOBILE)
				UMBER OF OC			BUILDING INSUR SIDENCE? DY	YES NO IF ELEV			LEVAT			OMES/TRAVEL TRAILERS, OMPLETE PART 2, SECTION III.	
CONTENTS	CONTENTS LOCATED IN: BASEMENT/ENCLOSURE BASEMENT/ENCLOSURE AND ABOVE BASEMENT/ENCLOSURE AND ABOVE BASEMENT/ENCLOSURE AND ABOVE CIF SINGLE FAMILY, CONTENTS ARE RATED THROUGHOUT THE BUILDING)														
	IS PERSONAL PROPERTY	/ HOUSEHO)LD CC	NTENTS? []YES □NO	O IF I	NO, PLEASE DE	ESCRI	BE:						
DATA	ALL BUILDINGS: (CHEC BUILDING PERMIT DATE DATE OF CONSTRUCTION SUBSTANTIAL IMPROVEN	ı		MANUFACTURE OR SUBDIVISIO MANUFACTURE	ED (MOBILE) HO ON: CONSTRUCT	OMES/T TION DA	RAVEL TRAILERS ATE OF MOBILE H RAVEL TRAILERS	LOCATE OME PA	D IN A M	MOBILE HO SUBDIVISIO	ME PA ON			_/_	DATE: / DD/YYYY)
CONSTRUCTION	IS BUILDING POST-FIRM IF POST-FIRM CONSTRU	1 CONSTRU	ICTION ZONES	I? □ YES A, A1-A30,	□ NO AE, AO, AH, \	V, V1-V	30, VE, OR IF	PRE-F	IRM CO	NSTRUC [*]	TION	IS ELEVATION RATED,	ATTACH CERTIFI	CATI	ON.
NSTR	BUILDING DIAGRAM NU	MBER			LOWEST	ADIAC	CENT GRADE (I	AG)				ELEVATION CERTI	FICATE DATE		
3	LOWEST FLOOR ELEVAT IN ZONES V AND V1-V30 (SEE FLOOD INSURANCE MA	ONLY, DO	ES BA	SE FLOOD E	ELEVATION IN	ICLUDE	E EFFECTS OF	=) DIFI WAVE	ACTION	N? ☐ YE	ES [NO IS BUILDING	+ OR –) FLOOD-PROOFEI)? [YES □NO
	DEDUCTIBLE:	☐ BUILDII	NG \$ _			CON	TENTS \$			DE	DUC1	TIBLE BUYBACK?	ES 🗆 NO		
5	COVERAGE	BASIC LIMITS					ITIONAL LIMITS IR PROGRAM ON				DEDUCTIBLE	BASIC AND ADDITIONAL		TOTAL	
COVERAGE AND KAIING		AMOUNT INSURAN		RATE	ANNUAL PREMIUM		AMOUNT OF INSURANCE	R/	TE.	ANNUA PREMIL		PREM. REDUC- TION/ INCREASE	TOTAL AMOUN OF INSURANCE		PREMIUM
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ပ	☐ ALTERNATIVE ☐ PROVISIONAL RAT	ING		V-ZONE RIS	K FACTOR RA		FORM		OTHER:			SUBTOTAL	C PREMIUM IRTOTAL		
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뷮	FALSE STATEMENTS MA	AY BE PUN	ISHAB	LE BY FINE				RSTAND THAT ANY LICABLE FEDERAL LAV							
SIGNATURE	SEE REVERSE SIDE OF	RSE SIDE OF COPIES 2, 3, & 4.										FEDERAL POLICY FEE +			
2						/IM/DD/YYYY)				TOTAL PREPAID AMOUNT \$			\$		

CURRENT POLICY NUMBER

National Flood Insurance Program

PART 1 (OF 2) OF FLOOD INSURANCE APPLICATION

MPO	RTANT—PLEASE PRIN	T OR TY	PE				L KEI	NEVVAL			
POLICY	DIRECT BILL INSTRUCTION BILL INSURED BILL SECOND MORTGAGEE BILL OTHER	BILL SECOND BILL LOSS PAYEE MORTGAGEE			1 A.M LOCAL TIMI ING PERIOD: [[ERIOD IS FROMTO M LOCAL TIME AT THE INSURED PROPERTY LOCATION PERIOD: STANDARD 30-DAY MAP REV. (ZONE CHANGE FROM NON-SFHA TO SFHA)—ONE DAY LOAN—NO WAITING LENDER REQUIRED—NO WAITING					
AGENT INFORMATION	AGENCY NO.:		PERTY OR CASUALTY INSURAI — AGENT'S TAX ID: —— FAX NO.: ——			INSURED MAIL ADDRESS	AILING AD	DRESS, AND TELEPHO	NE NO. OF INSURE	D:	
DISASTER ASSISTANCE	IS INSURANCE REQUIRE IF YES, CHECK THE GOV ☐ OTHER (SPECIFY): ENTER CASE FILE NUMB	□FHA	IS INSURE DESCRIBED DESCRIBED	ING ADDRESS? L,							
MORTGAGEE	NAME AND ADDRESS O					IF SECOND MORTGAGEE, LOSS PAYEE OR OTHER IS TO BE BILLED, COMPLET THE FOLLOWING, INCLUDING THE NAME AND ADDRESS. 2ND MORTGAGEE DISASTER AGENCY LOSS PAYEE IF OTHER, PLEASE SPECIFY: LOAN NO.: PHONE NO.: FAX NO.:					
COMMUNITY	RATING MAP INFORMAT NAME OF COUNTY/PARI COMMUNITY NO./PANE FIRM ZONE	SH L NO. AND	SUFFIX			CURRENT COM	S COVERA	ES NO IF YES, GE? PRIOR POLICY NO O./PANEL NO. AND SU)		
CON			☐ REGULAR ☐ EMERGE	NCY		CURRENT FIRM	 ZONE	c	URRENT BFE		
	IS INSURED BUILDING OWN	ED BY STA	TE GOVERNMENT? YES	NO		IS BUILDING LOCA	ATED ON FE	EDERAL LAND? YES	□ NO		
BUILDING	BUILDING OCCUPANCY SINGLE FAMILY 2-4 FAMILY OTHER RESIDENTIAL (INCLUDING HOTEL/MOTEL) BASEMENT, ENCLOSURE, CRAWLSPACE NONE INFINISHED BASEMENT/ENCLOSURE UNFINISHED BASEMENT/ENCLOSURE CRAWLSPACE SUBGRADE CRAWLSPACE IF NOT A SINGLE FAMILY DWELI				CONDO FORM OF O YES NO CONDO COVERAGE UNIT ENTI RESIDENTIAL COND BUILDING ASSOCIA ONLY: TOTAL NUMBE (INCLU HIGH-RISE ESTIMATED REPLAC AMOUNT \$	IS FOR: RE BUILDING OMINIUM FION POLICY RE OF UNITS JIDE NON-RES.) LOW-RISE EMENT COST	CONSTRI IS BUILD YES IS BUILD NO PART ENTII IS BUILD YES IF YES, A	RELY ING ELEVATED? INO REA BELOW IS:	MAIN HOUSE DETACHED G DETACHED G DETACHED G AGRICULTUR WAREHOUSE POOLHOUSE, RECREATION TOOL/STORAL	UEST HOUSE ARAGE AL BUILDING CLUBHOUSE, BUILDING GE SHED	
TS		THE NUMBER OF OCCUPANCIES (UNITS) IS								TRAILERS,	
CONTENTS	☐ BASEMENT/ENCLOSI ☐ LOWEST FLOOR ONL' IS PERSONAL PROPERTY	ABOVE G	IDO1L -	INGLE F	UND LEVEL MORE AMILY, CONTENTS IF NO, PLEASE DI	ARE RATED THR	OUGHOU	•			
ON DATA	☐ BUILDING PERMIT DATE ☐ DATE OF CONSTRUCTION ☐ SUBSTANTIAL IMPROVEN	I MENT DATE	THE FIVE BLOCKS AND REC MANUFACTURED (MOBIL OR SUBDIVISION: CONST MANUFACTURED (MOBIL SUBDIVISION: DATE OF F	E) HOME RUCTION E) HOME	S/TRAVEL TRAILERS N DATE OF MOBILE H S/TRAVEL TRAILERS	LOCATED IN A MOBI OME PARK OR SUBE	LE HOME P		/_ (MN	DATE: / I/DD/YYYY)	
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ш			DRRECT TO THE BEST OF M					SUBTOTAL PROBATION SURCHARGE +			
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	SIGNATURE OF INSURANCE AGENT/BROKER DATE (MM/DD/YYYY)										

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PART 1 (OF 2) OF FLOOD INSURANCE APPLICATION

MPO	RTANT—PLEASE PRIN	T OR TY	PE				L KEI	NEVVAL			
POLICY	DIRECT BILL INSTRUCTION BILL INSURED BILL SECOND MORTGAGEE BILL OTHER	BILL INSURED BILL FIRST MORTGAGEE BILL SECOND BILL LOSS PAYEE MORTGAGEE			L A.M LOCAL TIMI NG PERIOD: [[[OD IS FROMTO OCAL TIME AT THE INSURED PROPERTY LOCATION RIOD:					
AGENT INFORMATION	AGENCY NO.:		PERTY OR CASUALTY INSURAI AGENT'S TAX ID: FAX NO.:			INSURED MAIL ADDRESS		DRESS, AND TELEPHO			
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MORTGAGEE	NAME AND ADDRESS O					IF SECOND MORTGAGEE, LOSS PAYEE OR OTHER IS TO BE BILLED, COMPL THE FOLLOWING, INCLUDING THE NAME AND ADDRESS. 2ND MORTGAGEE DISASTER AGENCY LOSS PAYEE IF OTHER, PLEASE SPECIFY: LOAN NO.: FAX NO.: FAX NO.:					
COMMUNITY	FIRM ZONE	SH L NO. AND	SUFFIX			GRANDFATHERED? ☐ YES ☐ NO IF YES, ☐ BUILT IN COMPLIANCE? ☐ CONTINUOUS COVERAGE? PRIOR POLICY NO. CURRENT COMMUNITY NO./PANEL NO. AND SUFFIX ———————————————————————————————————					
8	COMMUNITY PROGRAM	TYPE IS:	☐ REGULAR ☐ EMERGE	NCY		CURRENT FIRM	ZONE	C	URRENT BFE		
	IS INSURED BUILDING OWN	ED BY STA	TE GOVERNMENT? YES					EDERAL LAND? YES	-		
BUILDING	BUILDING OCCUPANCY SINGLE FAMILY 2-4 FAMILY OTHER RESIDENTIAL (INCLUDING HOTEL/MOTEL) BASEMENT, ENCLOSURE, CRAWLSPACE NONE UNFINISHED BASEMENT/ENCLOSURE CRAWLSPACE BUILDING (INCLUDE ENCLOSED AREA, IF BUILDING TYPE 1 1 1 1 1 TOWNHOUSE/RC (RCBAP LOWRIS) MANUFACTURED HOME/TRAVEL T FOUNDATION			T/ .EVEL	CONDO FORM OF O' YES NO CONDO COVERAGE UNIT ENTI RESIDENTIAL COND BUILDING ASSOCIA ONLY: TOTAL NUMBE (INCLL HIGH-RISE ESTIMATED REPLAC	IS FOR: IRE BUILDING OMINIUM TION POLICY ER OF UNITS JDE NON-RES.) LOW-RISE EMENT COST	IS BUILD YES IS BUILD NO PART ENTII	ING ELEVATED?	MAIN HOUSE DETACHED G DETACHED G DETACHED G AGRICULTUR. WAREHOUSE POOLHOUSE, RECREATION TOOL/STORA OTHER:	UEST HOUSE ARAGE AL BUILDING CLUBHOUSE, BUILDING BUILDING GE SHED	
	□ SUBGRADE CRAWLSPACE	_ I AMOUNT ¢				ED'S PRINCIPAL	FREE WITH	REA BELOW IS: OF OBSTRUCTION OBSTRUCTION IED, COMPLETE PART 2 CATION	FOR MANUFACTU HOMES/TRAVEL COMPLETE PART	TRAILERS,	
CONTENTS	CONTENTS LOCATED IN: BASEMENT/ENCLOSI BASEMENT/ENCLOSI LOWEST FLOOR ONLY	JRE JRE AND A ABOVE G	ABOVE ABOVE ABOVE (IF S	/E GROU	OOR ABOVE GROUD JND LEVEL MORE AMILY, CONTENTS	THAN ONE FULL ARE RATED THE	FLOOR ROUGHOU	,			
CONSTRUCTION DATA	IS PERSONAL PROPERTY HOUSEHOLD CONTENTS? YES NO IF NO, PLEASE DESCRIBE: ALL BUILDINGS: (CHECK ONE OF THE FIVE BLOCKS AND RECORD CORRESPONDING DATE IN THE DATE BOX) BUILDING PERMIT DATE MANUFACTURED (MOBILE) HOMES/TRAVEL TRAILERS LOCATED IN A MOBILE HOME PARK OR SUBDIVISION: CONSTRUCTION OR SUBDIVISION: CONSTRUCTION DATE OF MOBILE HOME PARK OR SUBDIVISION SUBSTANTIAL IMPROVEMENT DATE MANUFACTURED (MOBILE) HOMES/TRAVEL TRAILERS LOCATED OUTSIDE A MOBILE HOME PARK OR (MM/DD/YYYY)										
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			BASIC LIMITS			TIONAL LIMITS R PROGRAM ONL	V)	DEDUCTIBLE	BASIC AND ADDITIONAL		
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	☐ ALTERNATIVE ☐ PROVISIONAL RAT	IG FORM IY			SUBTOTAL						
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			DRRECT TO THE BEST OF M					SUBTOTAL			
TURE	FALSE STATEMENTS MA SEE REVERSE SIDE OF		NISHABLE BY FINE OR IMPR , 3, & 4.	RISONMI	ENT UNDER APPL	ICABLE FEDERAI	L LAW.	PROBATION SURCHA			
SIGNATURE								FEDERAL POLICY FEI		¢	
S	SIGNATURE OF INSURANCE AGENT/BROKER DATE (MM/DD/YYYY) TOTAL PREPAID AMOUNT									\$	

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PART 1 (OF 2) OF FLOOD INSURANCE APPLICATION

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ORTANT—PLEASE		PE	1									
☐ BILL INSURED ☐ BILL FIRST MORTGAGEE ☐ BILL SECOND ☐ BILL LOSS PAYEE ☐ MORTGAGEE ☐ BILL OTHER ☐ BILL OTHER ☐ BILL OTHER ☐ 12:01 A.M LOCAL TIM WAITING PERIOD:					TO ME AT THE INSURED PROPERTY LOCATION STANDARD 30-DAY MAP REV. (ZONE CHANGE FROM NON-SFHA TO SFHA)—ONE DAY LOAN—NO WAITING LENDER REQUIRED—NO WAITING							
NAME, ADDRESS OF LICENSED PROPERTY OR CASUALTY INSURANCE AGENT OR BROKER: AGENCY NO.: AGENT'S TAX ID: PHONE NO.: FAX NO.:					INSURED MAIL ADDRESS	NAME, MA	ILING AD	DRESS, AND TELEPHO	NE NO. OF INSURE	D:		
IS INSURANCE REQUIRED FOR DISASTER ASSISTANCE? YES NO IF YES, CHECK THE GOVERNMENT AGENCY: SBA FEMA FHA OTHER (SPECIFY): ENTER CASE FILE NUMBER						IS INSURED PROPERTY LOCATION SAME AS INSURED'S MAILING ADDRESS? IYES INO IF NO, ENTER PROPERTY ADDRESS. IF RURAL, DESCRIBE PROPERTY LOCATION (DO NOT USE P.O. BOX).						
						IF SECOND MORTGAGEE, LOSS PAYEE OR OTHER IS TO BE BILLED, COMPLETE THE FOLLOWING, INCLUDING THE NAME AND ADDRESS. 2ND MORTGAGEE DISASTER AGENCY LOSS PAYEE						
NAME OF COUNTY COMMUNITY NO./ FIRM ZONE	RATING MAP INFORMATION NAME OF COUNTY/PARISH						GRANDFATHERED? YES NO IF YES, BUILT IN COMPLIANCE? CONTINUOUS COVERAGE? PRIOR POLICY NO. CURRENT COMMUNITY NO./PANEL NO. AND SUFFIX CURRENT FIRM ZONE CURRENT BFE					
IS INSURED BUILDING	G OWNED BY STA	TE GOVERNMENT? \(\square\) YES \(\square\)	 NO		IS B	BUILDING LOCAT	red on Fe	DERAL LAND? YES [□ NO			
BUILDING OCCUPANC SINGLE FAMILY 2-4 FAMILY OTHER RESIDENTIA (INCLUDING HOTEL BASEMENT, ENCLOSUI NONE FINISHED BASEMEI	Y AL ./MOTEL) RE, CRAWLSPACE NT/ENCLOSURE	NUMBER OF FLOORS IN ENTIF BUILDING (INCLUDE BASEMEI ENCLOSED AREA, IF ANY) OR BUILDING TYPE 1 2 3 OR MORE SPLIT TOWNHOUSE (RCBAP LOWNISE ONLY) MANUFACTURED (MOBILE HOME / TRAVET RAUER O	RE INT/ I LEVEL E	CONDO FORM OF COMPOSITION OF CONDO COVERAGE UNIT ENTRESIDENTIAL CONDO BUILDING ASSOCIATION ONLY: TOTAL NUMB (INCLICTION HIGH-RISE)	DOWNERSHIP? IS T CO! E IS FOR: IFIRE BUILDING DOMINIUM ATTON POLICY BER OF UNITS UDE NON-RES.) LOW-RISE		IS THIS BUILDING IN THE COURSE OF CONSTRUCTION? YES NO IS BUILDING WALLED AND ROOFED? YES NO IS BUILDING OVER WATER? NO PARTIALLY ENTIRELY IS BUILDING ELEVATED?		BUILDING USE MAIN HOUS DETACHED G DETACHED G AGRICULTUR WAREHOUSE POOLHOUSE RECREATION TOOL/STORA	UEST HOUSE ARAGE AL BUILDING CLUBHOUSE, BUILDING		
☐ UNFINISHED BASEI ☐ CRAWLSPACE ☐ SUBGRADE CRAWL	NISHED BASEMENT/ENCLOSURE FOUNDATION ESTIMATED REPLA VLSPACE AMOUNT \$		IF YES, A ☐ FREE RED'S PRINCIPAL WITH			□ NO REA BELOW IS: OF OBSTRUCTION OBSTRUCTION TED, COMPLETE PART 2	FOR MANUFACT HOMES/TRAVEL	FOR MANUFACTURED (MOBILE) HOMES/TRAVEL TRAILERS, COMPLETE PART 2, SECTION III.				
☐ BASEMENT/EN☐ BASEMENT/EN☐ LOWEST FLOOF	CONTENTS LOCATED IN: BASEMENT/ENCLOSURE BASEMENT/ENCLOSURE AND ABOVE CONTENTS LOCATED IN: 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?											
☐ BUILDING PERMIT ☐ DATE OF CONSTRI ☐ SUBSTANTIAL IMP	ALL BUILDINGS: (CHECK ONE OF THE FIVE BLOCKS AND RECORD CORRESPONDING DATE IN THE DATE BOX) BUILDING PERMIT DATE OR SUBDIVISION: CONSTRUCTION DATE OF MOBILE HOME PARK OR SUBDIVISION: SUBSTANTIAL IMPROVEMENT DATE MANUFACTURED (MOBILE) HOMES/TRAVEL TRAILERS LOCATED IN A MOBILE HOME PARK OR SUBDIVISION 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-A3O, AE, AO, AH, V, V1-V3O, VE, OR IF PRE-FIRM CONSTRUCTION IS ELEVATION RATED, ATTACH CERTIFICATION.											
BUILDING DIAGRA LOWEST FLOOR EI	M NUMBER EVATION /1-V30 ONLY, Do	LOV ——— (–) BASE FLOOD E OES BASE FLOOD ELEVATION	WEST AD	DJACENT GRADE (LAG) . =) DIF	FERENCE TO	NEARES	ELEVATION CERTII	FICATE DATE (+ OR -)			
DEDUCTIBLE:	☐ BUILD	ING \$	_ 🗆 С				DEDUC	TIBLE BUYBACK?				
COVERAGE	AMOUN'		E ANNUAL AA		R PRO	ONAL LIMITS PROGRAM ONLY) RATE ANNUAL		DEDUCTIBLE PREM. REDUC-	BASIC AND ADDITIONAL TOTAL AMOUNT	TOTAL PREMIUM		
BUILDING	INSURA	NCE RATE PRE	.00	INSURANCE	. K	PRE	.00	TION/ INCREASE .00	OF INSURANCE	.00		
☐ MANUAL ☐ ALTERNATIVE ☐ PROVISIONAL	NTENTS .00 TE TYPE: (ONE BUILDING PER POLICY—BLANKET COVERAGE NOT PERMITTED) MANUAL SUBMIT FOR RATING						.00 DN: D	ANNUAL SUBTOTAL ICC PREMIUM SUBTOTAL CRS PREMIUM DISCO	DUNT %	.00		
	TS MAY BE PU	DRRECT TO THE BEST OF INSTANCE OF INSTANCE OF IMP						SUBTOTAL PROBATION SURCHAI FEDERAL POLICY FEE	RGE +			
SIGNATURE OF INS	URANCE AGENT/	BROKER		DATE (N	IM/DE	D/YYYY)		TOTAL PREPAID AMO	UNT	\$		

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PART 2 (OF 2) OF FLOOD INSURANCE APPLICATION

ALL APPROPRIATE DATA PROVIDED BY THE INSURED OR OBTAINED FROM T TRANSCRIBED BELOW. THIS PART OF THE APPLICATION MUST BE COMPLET	
	CURRENT POLICY NUMBER NEW RENEWAL
	LI NENEWAL
SECTION I—ALL	BUILDING TYPES
1. Diagram number selected from Building Diagrams 1-9: □ 2. The lowest floor is (round to nearest foot): □ □ feet □ above □ below (check one) the lowest ground (grade) immediately next to the building. 3. 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. 4. Machinery or equipment located at a level lower than the lowest floor is (round to nearest foot): □ □ feet below the lowest floor. 5. Site location a) Approximate distance of site location to nearest shoreline: □ Less than 200 feet □ 500 to 1,000 feet □ 200 to 500 feet □ More than 1,000 feet b) Source of flooding: □ Ocean □ River/stream □ Lake □ Other: □ □ Lake □ Other: □ 6. Basement/Subgrade Crawlspace a) Is the basement/subgrade crawlspace floor below grade on all sides? □ YES □ NO b) Does the basement/subgrade crawlspace contain machinery	If yes, check the appropriate items: Furnace
or equipment? YES NO	f) Does the garage have more than 20 linear feet of finished wall paneling, etc? \square YES $\ \square$ NO
SECTION II—ELEV (Including Manufactured [Mo	
8. 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.) 9. Does the area below the elevated floor contain machinery or equipment? YES	c) Is the area below the elevated floor enclosed using materials other than insect screening or light wood lattice? YES
11. Manufactured (mobile) home/travel trailer data:	14. The manufactured (mobile) home/travel trailer anchoring
Make:	system utilizes: Over-the-top ties Ground anchors Frame ties Slab anchors Frame connectors Other: 15. The manufactured (mobile) home/travel trailer was installed in accordance with:
13. Are there any permanent additions or extensions to the manufactured (mobile) home/travel trailer? YES NO If yes, the dimensions are:	 ☐ Manufacturer's specifications ☐ Local floodplain management standards ☐ State and/or local building standards 16. Is the manufactured (mobile) home/travel trailer located in a manufactured (mobile) home park/subdivision?
THE ABOVE STATEMENTS ARE CORRECT TO THE BEST OF MY KNOWLEDGE	
BY FINE OR IMPRISONMENT UNDER APPLICABLE FEDERAL LAW.	
SIGNATURE OF INSURANCE AGENT/BROKER	DATE (MM/DD/YYYY)

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.C. 3507; and 5 CFR 1320.

PAPERWORK BURDEN DISCLOSURE NOTICE

Public reporting burden for this data collection 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 this 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, 500 C Street, SW, Washington, DC 20472, Paperwork Reduction Project (1660-0006).

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