

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

National Flood Insurance Program

**PART 1 (OF 2) OF FLOOD INSURANCE APPLICATION**

CURRENT POLICY NUMBER  
 NEW \_\_\_\_\_  
 RENEWAL \_\_\_\_\_

**IMPORTANT—PLEASE PRINT OR TYPE**

<b>POLICY TERM</b>	DIRECT BILL INSTRUCTIONS: <input type="checkbox"/> BILL INSURED <input type="checkbox"/> BILL FIRST MORTGAGEE <input type="checkbox"/> BILL SECOND MORTGAGEE <input type="checkbox"/> BILL LOSS PAYEE <input type="checkbox"/> BILL OTHER		POLICY PERIOD IS FROM _____ TO _____ 12:01 A.M. LOCAL TIME AT THE INSURED PROPERTY LOCATION WAITING PERIOD: <input type="checkbox"/> STANDARD 30-DAY <input type="checkbox"/> MAP REV. (ZONE CHANGE FROM NON-SFHA TO SFHA)—ONE DAY <input type="checkbox"/> LOAN—NO WAITING <input type="checkbox"/> LENDER REQUIRED—NO WAITING																																					
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**N F I P C O P Y**

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COVERAGE		BASIC LIMITS			ADDITIONAL LIMITS (REGULAR PROGRAM ONLY)		DEDUCTIBLE		BASIC AND ADDITIONAL		TOTAL PREMIUM
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BUILDING				.00			.00	.00		.00	
CONTENTS				.00			.00	.00		.00	
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**AGENT COPY**

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**INSURED COPY**

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

National Flood Insurance Program

**PART 1 (OF 2) OF FLOOD INSURANCE APPLICATION**

CURRENT POLICY NUMBER  
 NEW \_\_\_\_\_  
 RENEWAL \_\_\_\_\_

**IMPORTANT—PLEASE PRINT OR TYPE**

<b>POLICY TERM</b>	DIRECT BILL INSTRUCTIONS: <input type="checkbox"/> BILL INSURED <input type="checkbox"/> BILL FIRST MORTGAGEE <input type="checkbox"/> BILL SECOND MORTGAGEE <input type="checkbox"/> BILL LOSS PAYEE <input type="checkbox"/> BILL OTHER		POLICY PERIOD IS FROM _____ TO _____ 12:01 A.M. LOCAL TIME AT THE INSURED PROPERTY LOCATION WAITING PERIOD: <input type="checkbox"/> STANDARD 30-DAY <input type="checkbox"/> MAP REV. (ZONE CHANGE FROM NON-SFHA TO SFHA)—ONE DAY <input type="checkbox"/> LOAN—NO WAITING <input type="checkbox"/> LENDER REQUIRED—NO WAITING																																					
<b>AGENT INFORMATION</b>	NAME, ADDRESS OF LICENSED PROPERTY OR CASUALTY INSURANCE AGENT OR BROKER:  AGENCY NO.: _____ AGENT'S TAX ID: _____ PHONE NO.: _____ FAX NO.: _____		<b>INSURED MAIL ADDRESS</b>	NAME, MAILING ADDRESS, AND TELEPHONE NO. OF INSURED:																																				
<b>DISASTER ASSISTANCE</b>	IS INSURANCE REQUIRED FOR DISASTER ASSISTANCE? <input 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 <input type="checkbox"/> OTHER (SPECIFY): _____ ENTER CASE FILE NUMBER _____		<b>PROPERTY LOCATION</b>	IS INSURED PROPERTY LOCATION SAME AS INSURED'S MAILING ADDRESS? <input type="checkbox"/> YES <input type="checkbox"/> NO IF NO, ENTER PROPERTY ADDRESS. IF RURAL, DESCRIBE PROPERTY LOCATION (DO NOT USE P.O. BOX).																																				
<b>MORTGAGEE</b>	NAME AND ADDRESS OF FIRST MORTGAGEE  LOAN NO.: _____ PHONE NO.: _____ FAX NO.: _____		<b>2ND MORTGAGEE/ OTHER</b>	IF SECOND MORTGAGEE, LOSS PAYEE OR OTHER IS TO BE BILLED, COMPLETE THE FOLLOWING, INCLUDING THE NAME AND ADDRESS. <input type="checkbox"/> 2ND MORTGAGEE <input type="checkbox"/> DISASTER AGENCY <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> IF OTHER, PLEASE SPECIFY: _____  LOAN NO.: _____ PHONE NO.: _____ FAX NO.: _____																																				
<b>COMMUNITY</b>	RATING MAP INFORMATION NAME OF COUNTY/PARISH _____ COMMUNITY NO./PANEL NO. AND SUFFIX _____ FIRM ZONE _____ COMMUNITY PROGRAM TYPE IS: <input type="checkbox"/> REGULAR <input type="checkbox"/> EMERGENCY		GRANDFATHERED? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, <input type="checkbox"/> BUILT IN COMPLIANCE? <input type="checkbox"/> CONTINUOUS COVERAGE? PRIOR POLICY NO. _____ CURRENT COMMUNITY NO./PANEL NO. AND SUFFIX _____ CURRENT FIRM ZONE _____ CURRENT BFE _____																																					
<b>BUILDING</b>	IS INSURED BUILDING OWNED BY STATE GOVERNMENT? <input type="checkbox"/> YES <input type="checkbox"/> NO		IS BUILDING LOCATED ON FEDERAL LAND? <input type="checkbox"/> YES <input type="checkbox"/> NO																																					
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		CONDO FORM OF OWNERSHIP? <input type="checkbox"/> YES <input type="checkbox"/> NO CONDO COVERAGE IS FOR: <input type="checkbox"/> UNIT <input type="checkbox"/> ENTIRE BUILDING																																				
BASEMENT, ENCLOSURE, CRAWLSPACE <input type="checkbox"/> NONE <input type="checkbox"/> FINISHED BASEMENT/ENCLOSURE <input type="checkbox"/> UNFINISHED BASEMENT/ENCLOSURE <input type="checkbox"/> CRAWLSPACE <input type="checkbox"/> SUBGRADE CRAWLSPACE		RESIDENTIAL CONDOMINIUM BUILDING ASSOCIATION POLICY ONLY: TOTAL NUMBER OF UNITS _____ (INCLUDE NON-RES.) <input type="checkbox"/> HIGH-RISE <input type="checkbox"/> LOW-RISE		IS THIS BUILDING IN THE COURSE OF CONSTRUCTION? <input type="checkbox"/> YES <input type="checkbox"/> NO IS BUILDING WALLED AND ROOFED? <input type="checkbox"/> YES <input type="checkbox"/> NO IS BUILDING OVER WATER? <input type="checkbox"/> NO <input type="checkbox"/> PARTIALLY <input type="checkbox"/> ENTIRELY																																				
IS BUILDING ELEVATED? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, AREA BELOW IS: <input type="checkbox"/> FREE OF OBSTRUCTION <input type="checkbox"/> WITH OBSTRUCTION IF ELEVATED, COMPLETE PART 2 OF APPLICATION		ESTIMATED REPLACEMENT COST AMOUNT \$ _____  IS BUILDING INSURED'S PRINCIPAL RESIDENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO		BUILDING USE <input type="checkbox"/> MAIN HOUSE/BUILDING <input type="checkbox"/> DETACHED GUEST HOUSE <input type="checkbox"/> DETACHED GARAGE <input type="checkbox"/> AGRICULTURAL BUILDING <input type="checkbox"/> WAREHOUSE <input type="checkbox"/> POOLHOUSE, CLUBHOUSE, RECREATION BUILDING <input type="checkbox"/> TOOL/STORAGE SHED <input type="checkbox"/> OTHER: _____  FOR MANUFACTURED (MOBILE) HOMES/TRAVEL TRAILERS, COMPLETE PART 2, SECTION III.																																				
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**MORTGAGEE CERTIFICATION COPY**

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

National Flood Insurance Program

PART 2 (OF 2) OF FLOOD INSURANCE APPLICATION

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 ALL BUILDINGS.

<b>CURRENT POLICY NUMBER</b>
<input type="checkbox"/> NEW
<input type="checkbox"/> RENEWAL _____

SECTION I—ALL BUILDING TYPES

- Diagram number selected from Building Diagrams 1-9:
  - 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 1,000 feet  
 200 to 500 feet     More than 1,000 feet
    - Source of flooding:  
 Ocean     River/stream  
 Lake     Other: \_\_\_\_\_
  - Basement/Subgrade Crawlspace
    - Is the basement/subgrade crawlspace floor below grade on all sides?  YES  NO
    - Does the basement/subgrade crawlspace contain machinery or equipment?  YES  NO
- If yes, check the appropriate items:  
 Furnace     Heat pump     Air conditioner  
 Hot water heater     Fuel tank     Cistern  
 Elevator equipment     Washer & dryer     Food freezer  
 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:  
 Furnace     Heat pump     Air conditioner  
 Hot water heater     Fuel tank     Cistern  
 Elevator equipment     Washer & dryer     Food freezer  
 Other equipment or machinery servicing the building
    - Does the garage have more than 20 linear feet of finished wall paneling, etc?  YES  NO

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:  
 Furnace     Heat pump     Air conditioner  
 Hot water heater     Fuel tank     Cistern  
 Elevator equipment     Washer & dryer     Food freezer  
 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 10f.**
  - 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:  
 Breakaway walls  
 Solid wood frame walls  
 Masonry walls  
 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 foot above adjacent grade \_\_\_\_\_. Total Area of all permanent openings (flood vents) \_\_\_\_\_ square inches
- 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/travel trailer data:  
Make: \_\_\_\_\_  
Year of manufacture: \_\_\_\_\_  
Model number: \_\_\_\_\_  
Serial number: \_\_\_\_\_
- Manufactured (mobile) home/travel trailer dimensions:  
\_\_\_\_ x \_\_\_\_ feet.
- Are there any permanent additions or extensions to the manufactured (mobile) home/travel trailer?  YES  NO  
If yes, the dimensions are: \_\_\_\_ x \_\_\_\_ feet.
- The manufactured (mobile) home/travel trailer anchoring system utilizes:  
 Over-the-top ties     Ground anchors  
 Frame ties     Slab anchors  
 Frame connectors     Other: \_\_\_\_\_
- The manufactured (mobile) home/travel trailer was installed in accordance with:  
 Manufacturer's specifications  
 Local floodplain management standards  
 State and/or local building standards
- Is the manufactured (mobile) home/travel trailer 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/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**

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**NOTE: Do not send your completed form to this address.**