

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

O.M.B. No. 1660-0006 Expires August 31, 2012

FLOOD INSURANCE GENERAL CHANGE ENDORSEMENT

POLICY NUMBER _____

IMPORTANT - PLEASE PRINT OR TYPE

POLICY TERM	REASON FOR CHANGE: (ATTACH MEMO IF ADDITIONAL SPACE IS NEEDED).																																																																																																																																				
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AGENT INFORMATION	NAME, ADDRESS OF LICENSED PROPERTY OR CASUALTY INSURANCE AGENT OR BROKER: _____ ADDRESS CHANGE <input type="checkbox"/> YES <input type="checkbox"/> NO AGENCY NO: _____ AGENTS TAX ID #: _____ NEW AGENT <input type="checkbox"/> YES <input type="checkbox"/> NO PHONE NO: _____ FAX NO: _____ IF YES, THE INSURED MUST SIGN THIS FORM	INSURED MAIL ADDRESS NAME, MAILING ADDRESS, AND TELEPHONE NO. OF INSURED: _____																																																																																																																																			
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COMMUNITY	CONTENTS LOCATED IN: <input type="checkbox"/> BASEMENT/ENCLOSURE <input type="checkbox"/> LOWEST FLOOR ABOVE GROUND LEVEL AND HIGHER <input type="checkbox"/> BASEMENT/ENCLOSURE AND ABOVE <input type="checkbox"/> ABOVE GROUND LEVEL MORE THAN ONE FULL FLOOR <input type="checkbox"/> LOWEST FLOOR ONLY ABOVE GROUND LEVEL (IF SINGLE FAMILY, CONTENTS ARE RATED THROUGHOUT THE BUILDING)																																																																																																																																				
	IS PERSONAL PROPERTY HOUSEHOLD CONTENTS? <input type="checkbox"/> YES <input type="checkbox"/> NO IF NO, PLEASE DESCRIBE: _____																																																																																																																																				
BUILDING	ALL BUILDINGS: (CHECK ONE OF THE FIVE BLOCKS AND RECORD CORRESPONDING DATE IN THE DATE BOX) <input type="checkbox"/> BUILDING PERMIT DATE <input type="checkbox"/> MANUFACTURED (MOBILE) HOMES/TRAVEL TRAILERS LOCATED IN A MOBILE HOME PARK <input type="checkbox"/> DATE OF CONSTRUCTION OR SUBDIVISION: CONSTRUCTION DATE OF MOBILE HOME PARK OR SUBDIVISION FACILITIES <input type="checkbox"/> SUBSTANTIAL IMPROVEMENT DATE <input type="checkbox"/> MANUFACTURED (MOBILE) HOMES/TRAVEL TRAILERS LOCATED OUTSIDE A MOBILE HOME PARK OR SUBDIVISION: DATE OF PERMANENT PLACEMENT	DATE ____/____/____ (MM/DD/YYYY)																																																																																																																																			
	IS BUILDING POST-FIRM CONSTRUCTION <input type="checkbox"/> YES <input type="checkbox"/> NO IF POST-FIRM CONSTRUCTION IN ZONES A, A1-A30, AE, AO, AH, V, V1-V30, VE, OR IF PRE-FIRM CONSTRUCTION IS ELEVATION RATED, ATTACH CERTIFICATION.																																																																																																																																				
CONTENTS	BUILDING DIAGRAM NUMBER _____ LOWEST ADJACENT GRADE (LAG) _____ ELEVATION CERTIFICATION DATE _____ 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? <input type="checkbox"/> YES <input type="checkbox"/> NO IS BUILDING FLOODPROOFED? <input type="checkbox"/> YES <input type="checkbox"/> NO	SEE FLOOD INSURANCE MANUAL FOR CERTIFICATION FORM																																																																																																																																			
	DEDUCTIBLE: BUILDING \$ _____ CONTENTS \$ _____ DEDUCTIBLE BUYBACK? <input type="checkbox"/> YES <input type="checkbox"/> NO																																																																																																																																				
CONSTRUCTION DATA	TO INCREASE/DECREASE COVERAGE, COMPLETE SECTIONS A & B. FOR RATE CHANGE, COMPLETE SECTION A ONLY.																																																																																																																																				
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O.M.B. No. 1660-0006 Expires August 31, 2012

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	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%;"> 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) </td> <td style="width:25%;"> 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"/> TOWNHOUSE/ROWHOUSE (RCBAP LOWRISE ONLY) <input type="checkbox"/> MANUFACTURED (MOBILE) HOME/TRAVEL TRAILER ON FOUNDATION IF NOT A SINGLE FAMILY DWELLING, THE NUMBER OF OCCUPANCIES (UNITS) ARE _____ </td> <td style="width:25%;"> 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 RESIDENTIAL CONDOMINIUM BUILDING ASSOCIATION POLICY ONLY : TOTAL NUMBER OF UNITS _____ (INCLUDE NON-RES.) <input type="checkbox"/> HIGH-RISE <input type="checkbox"/> LOW-RISE </td> <td style="width:25%;"> IS 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 THE FLOOD INSURANCE APPLICATION. </td> <td style="width:25%;"> 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"/> POOL/HOUSE, CLUBHOUSE, RECREATION BUILDING <input type="checkbox"/> TOOL/STORAGE SHED <input type="checkbox"/> OTHER : _____ FOR MANUFACTURED (MOBILE) HOMES / TRAVEL TRAILERS, COMPLETE PART 2, SECTION III OF THE FLOOD INSURANCE APPLICATION. </td> </tr> </table>	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"/> TOWNHOUSE/ROWHOUSE (RCBAP LOWRISE ONLY) <input type="checkbox"/> MANUFACTURED (MOBILE) HOME/TRAVEL TRAILER ON FOUNDATION IF NOT A SINGLE FAMILY DWELLING, THE NUMBER OF OCCUPANCIES (UNITS) ARE _____	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 RESIDENTIAL CONDOMINIUM BUILDING ASSOCIATION POLICY ONLY : TOTAL NUMBER OF UNITS _____ (INCLUDE NON-RES.) <input type="checkbox"/> HIGH-RISE <input type="checkbox"/> LOW-RISE	IS 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 THE FLOOD INSURANCE APPLICATION.	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"/> POOL/HOUSE, CLUBHOUSE, RECREATION BUILDING <input type="checkbox"/> TOOL/STORAGE SHED <input type="checkbox"/> OTHER : _____ FOR MANUFACTURED (MOBILE) HOMES / TRAVEL TRAILERS, COMPLETE PART 2, SECTION III OF THE FLOOD INSURANCE APPLICATION.																																																																																																																																							
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AGENT COPY

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

O.M.B. No. 1660-0006 Expires August 31, 2012

FLOOD INSURANCE GENERAL CHANGE ENDORSEMENT

POLICY NUMBER _____

IMPORTANT - PLEASE PRINT OR TYPE

POLICY TERM	REASON FOR CHANGE: (ATTACH MEMO IF ADDITIONAL SPACE IS NEEDED). 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"/> LOAN TRANSACTION-NO WAITING <input type="checkbox"/> MAP REV. (ZONE CHANGE FROM NON-SFHA TO SFHA)-ONE DAY ENDORSEMENT EFFECTIVE DATE: _____ (FOR ADDED COVERAGE, DETERMINE THE APPROPRIATE WAITING PERIOD)						
	NAME, ADDRESS OF LICENSED PROPERTY OR CASUALTY INSURANCE AGENT OR BROKER: ADDRESS CHANGE <input type="checkbox"/> YES <input type="checkbox"/> NO AGENCY NO.: _____ AGENTS TAX ID #: _____ NEW AGENT <input type="checkbox"/> YES <input type="checkbox"/> NO PHONE NO.: _____ FAX NO.: _____ IF YES, THE INSURED MUST SIGN THIS FORM		INSURED MAIL ADDRESS						
AGENT INFORMATION	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 _____		PROPERTY LOCATION						
	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). THE LOCATION OF INSURED PROPERTY CANNOT BE CHANGED BY ENDORSEMENT A NEW APPLICATION IS REQUIRED .								
DISASTER ASSISTANCE	NAME AND ADDRESS OF FIRST MORTGAGEE LOAN NO.: _____ PHONE NO.: _____ FAX NO.: _____		2ND MORTGAGEE/OTHER						
	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.: _____								
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	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								
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	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		IS 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 THE FLOOD INSURANCE APPLICATION.						
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	ESTIMATED REPLACEMENT COST AMOUNT \$ _____ IS BUILDING INSURED'S PRINCIPAL RESIDENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO								
CONTENT DATA	CONTENTS LOCATED IN: <input type="checkbox"/> BASEMENT/ENCLOSURE <input type="checkbox"/> LOWEST FLOOR ABOVE GROUND LEVEL AND HIGHER <input type="checkbox"/> BASEMENT/ENCLOSURE AND ABOVE <input type="checkbox"/> ABOVE GROUND LEVEL MORE THAN ONE FULL FLOOR <input type="checkbox"/> LOWEST FLOOR ONLY ABOVE GROUND LEVEL (IF SINGLE FAMILY, CONTENTS ARE RATED THROUGHOUT THE BUILDING)								
	IS PERSONAL PROPERTY HOUSEHOLD CONTENTS? <input type="checkbox"/> YES <input type="checkbox"/> NO IF NO, PLEASE DESCRIBE: _____								
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	IS BUILDING POST-FIRM CONSTRUCTION <input type="checkbox"/> YES <input type="checkbox"/> NO IF POST-FIRM CONSTRUCTION IN ZONES A, A1-A30, AE, AO, AH, V, V1-V30, VE, OR IF PRE-FIRM CONSTRUCTION IS ELEVATION RATED, ATTACH CERTIFICATION.								
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CONSTRUCTION DATA	DEDUCTIBLE: BUILDING \$ _____ CONTENTS \$ _____ DEDUCTIBLE BUYBACK? <input type="checkbox"/> YES <input type="checkbox"/> NO								
	TO INCREASE/DECREASE COVERAGE, COMPLETE SECTIONS A & B. FOR RATE CHANGE, COMPLETE SECTION A ONLY.								
COVERAGE AND RATING	INSURANCE COVERAGE		SECTION A CURRENT COVERAGE			SECTION B			NEW PREMIUM
			AMOUNT	RATE	PREMIUM	AMOUNT	RATE	PREMIUM	
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SIGNATURE	IF RETURN PREMIUM, MAIL REFUND TO: <input type="checkbox"/> INSURED <input type="checkbox"/> AGENT <input type="checkbox"/> 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/YYYY) _____		

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IMPORTANT - PLEASE PRINT OR TYPE

POLICY TERM	REASON FOR CHANGE: (ATTACH MEMO IF ADDITIONAL SPACE IS NEEDED).																																																																																																																																											
	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"/> LOAN TRANSACTION-NO WAITING <input type="checkbox"/> MAP REV. (ZONE CHANGE FROM NON-SFHA TO SFHA)-ONE DAY ENDORSEMENT EFFECTIVE DATE: _____ (FOR ADDED COVERAGE, DETERMINE THE APPROPRIATE WAITING PERIOD)																																																																																																																																										
AGENT INFORMATION	NAME, ADDRESS OF LICENSED PROPERTY OR CASUALTY INSURANCE AGENT OR BROKER: _____ ADDRESS CHANGE <input type="checkbox"/> YES <input type="checkbox"/> NO AGENCY NO: _____ AGENTS TAX ID #: _____ NEW AGENT <input type="checkbox"/> YES <input type="checkbox"/> NO PHONE NO: _____ FAX NO: _____ IF YES, THE INSURED MUST SIGN THIS FORM	INSURED MAIL ADDRESS NAME, MAILING ADDRESS, AND TELEPHONE NO. OF INSURED: _____																																																																																																																																										
	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 _____	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). THE LOCATION OF INSURED PROPERTY CANNOT BE CHANGED BY ENDORSEMENT A NEW APPLICATION IS REQUIRED .																																																																																																																																										
DISASTER ASSISTANCE	NAME AND ADDRESS OF FIRST MORTGAGEE LOAN NO: _____ PHONE NO: _____ FAX NO: _____	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: _____																																																																																																																																										
	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 _____																																																																																																																																										
FIRST MORTGAGEE	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																																																																																																																																											
	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%;"> 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) </td> <td style="width:25%;"> 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"/> TOWNHOUSE/ROWHOUSE (RCBAP LOWRISE ONLY) <input type="checkbox"/> MANUFACTURED (MOBILE) HOME/TRAVEL TRAILER ON FOUNDATION IF NOT A SINGLE FAMILY DWELLING, THE NUMBER OF OCCUPANCIES (UNITS) ARE _____ </td> <td style="width:25%;"> 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 RESIDENTIAL CONDOMINIUM BUILDING ASSOCIATION POLICY ONLY : TOTAL NUMBER OF UNITS _____ (INCLUDE NON-RES.) <input type="checkbox"/> HIGH-RISE <input type="checkbox"/> LOW-RISE </td> <td style="width:25%;"> IS 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 THE FLOOD INSURANCE APPLICATION. </td> </tr> <tr> <td> 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 </td> <td></td> <td> 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"/> POOL/HOUSE, CLUBHOUSE, RECREATION BUILDING <input type="checkbox"/> TOOL/STORAGE SHED <input type="checkbox"/> OTHER : _____ </td> <td> FOR MANUFACTURED (MOBILE) HOMES / TRAVEL TRAILERS, COMPLETE PART 2, SECTION III OF THE FLOOD INSURANCE APPLICATION. </td> </tr> </table>	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"/> TOWNHOUSE/ROWHOUSE (RCBAP LOWRISE ONLY) <input type="checkbox"/> MANUFACTURED (MOBILE) HOME/TRAVEL TRAILER ON FOUNDATION IF NOT A SINGLE FAMILY DWELLING, THE NUMBER OF OCCUPANCIES (UNITS) ARE _____	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 RESIDENTIAL CONDOMINIUM BUILDING ASSOCIATION POLICY ONLY : TOTAL NUMBER OF UNITS _____ (INCLUDE NON-RES.) <input type="checkbox"/> HIGH-RISE <input type="checkbox"/> LOW-RISE	IS 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 THE FLOOD INSURANCE APPLICATION.	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		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"/> POOL/HOUSE, CLUBHOUSE, RECREATION BUILDING <input type="checkbox"/> TOOL/STORAGE SHED <input type="checkbox"/> OTHER : _____	FOR MANUFACTURED (MOBILE) HOMES / TRAVEL TRAILERS, COMPLETE PART 2, SECTION III OF THE FLOOD INSURANCE APPLICATION.																																																																																																																																			
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COMMUNITY	CONTENTS LOCATED IN: <input type="checkbox"/> BASEMENT/ENCLOSURE <input type="checkbox"/> LOWEST FLOOR ABOVE GROUND LEVEL AND HIGHER <input type="checkbox"/> BASEMENT/ENCLOSURE AND ABOVE <input type="checkbox"/> ABOVE GROUND LEVEL MORE THAN ONE FULL FLOOR <input type="checkbox"/> LOWEST FLOOR ONLY ABOVE GROUND LEVEL (IF SINGLE FAMILY, CONTENTS ARE RATED THROUGHOUT THE BUILDING)																																																																																																																																											
	IS PERSONAL PROPERTY HOUSEHOLD CONTENTS? <input type="checkbox"/> YES <input type="checkbox"/> NO IF NO, PLEASE DESCRIBE: _____																																																																																																																																											
BUILDING	ALL BUILDINGS: (CHECK ONE OF THE FIVE BLOCKS AND RECORD CORRESPONDING DATE IN THE DATE BOX) <input type="checkbox"/> BUILDING PERMIT DATE <input type="checkbox"/> MANUFACTURED (MOBILE) HOMES/TRAVEL TRAILERS LOCATED IN A MOBILE HOME PARK <input type="checkbox"/> DATE OF CONSTRUCTION OR SUBDIVISION: CONSTRUCTION DATE OF MOBILE HOME PARK OR SUBDIVISION FACILITIES <input type="checkbox"/> SUBSTANTIAL IMPROVEMENT DATE <input type="checkbox"/> MANUFACTURED (MOBILE) HOMES/TRAVEL TRAILERS LOCATED OUTSIDE A MOBILE HOME PARK OR SUBDIVISION: DATE OF PERMANENT PLACEMENT	DATE ____/____/____ (MM/DD/YYYY)																																																																																																																																										
	IS BUILDING POST-FIRM CONSTRUCTION <input type="checkbox"/> YES <input type="checkbox"/> NO IF POST-FIRM CONSTRUCTION IN ZONES A, A1-A30, AE, AO, AH, V, V1-V30, VE, OR IF PRE-FIRM CONSTRUCTION IS ELEVATION RATED, ATTACH CERTIFICATION.																																																																																																																																											
CONTENTS	BUILDING DIAGRAM NUMBER _____ LOWEST ADJACENT GRADE (LAG) _____ ELEVATION CERTIFICATION DATE _____ 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? <input type="checkbox"/> YES <input type="checkbox"/> NO IS BUILDING FLOODPROOFED? <input type="checkbox"/> YES <input type="checkbox"/> NO	SEE FLOOD INSURANCE MANUAL FOR CERTIFICATION FORM																																																																																																																																										
	DEDUCTIBLE: BUILDING \$ _____ CONTENTS \$ _____ DEDUCTIBLE BUYBACK? <input type="checkbox"/> YES <input type="checkbox"/> NO																																																																																																																																											
CONSTRUCTION DATA	TO INCREASE/DECREASE COVERAGE, COMPLETE SECTIONS A & B. FOR RATE CHANGE, COMPLETE SECTION A ONLY.																																																																																																																																											
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COVERAGE AND RATING	IF RETURN PREMIUM, MAIL REFUND TO: <input type="checkbox"/> INSURED <input type="checkbox"/> AGENT <input type="checkbox"/> 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.																																																																																																																																											
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MORTGAGEE CERTIFICATION COPY

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.

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