National Flood Insurance Program

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

	RTANT - PLEASE PRINT ORT	_	EINDORSEMEN	•							
	REASON FOR CHANGE:										
(ATTACH MEMO IF ADDITIONAL SPACE IS NEEDED). DIRECT BILL INSTRUCTIONS: POLICY PERIOD IS FROM TO											
POLICY TERM	☐ BILL INSURED ☐ BILL FIRST MOR			E AT THE INSURED PR	OPERTY L				 □ loan trans	ACTION	NO WAITING
₹.	BILL SECOND BILL LOSS PAYER MORTGAGEE	=		☐ MAP REV. (Z0	ONE CHA	NGE FROM NON	I-SFHA TC	SFHA)-ONE DAY			
	BILL OTHER ENDORSEMENT EFFECTIVE DATE: (FOR ADDED COVERAGE, DETERMINE THE APPROPRIATE WAITING PERIOD) NAME, ADDRESS OF LICENSED PROPERTY OR CASUALTY ADDRESS CHANGE YES NO NAME, MAILING ADDRESS, AND TELEPHONE NO. OF INSURED:								PERIOD)		
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Z	PHONE NO: FAX I	INSURED MUST SIGN	THIS FOR								
	IS INSURANCE REQUIRED FOR DISA	CTED ACCICTAN		10				LOCATION SAME A			
DISASTER ASSISTANCE				_	<u> </u>			NO, ENTER PROPER LOCATION (DO N			AL,
AST	IF YES, CHECK THE GOVERNMEN			MA L FHA	PROPERTY LOCATION	220011102111		200/011 (2011	0. 002	0 , 1,1.	
DIS SSI	☐ OTHER (SPECIFY):										
_	ENTER CASE FILE NUMBER					THE LOCATION OF INSURED PROPERTY CANNOT BE CHANGED BY ENDORSEMENT					
						A NEW APPLICA					
ш	NAME AND ADDRESS OF FIRST MC	ORTGAGEE			=			GEE, LOSS PAYEE OR CLUDING THE NAME			ED, COMPLETE
ST GAGEE					EE/0			DISASTER AGI	ENCY 🗆 LO	SS PAYE	ΞE
FIRST RTGA(TGAG	☐ IF OTHER, I	PLEASE	SPECIFY:			
FIR MORT	LOAN NO.:				MOR						
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È	RATING MAP INFORMATION					 Grandfathere	D? \ Y	ES NO IF Y	ES, BUILT	N COM	1PLIANCE?
	NAME OF COUNTY/ PARISH COMMUNITY NO. / PANEL NO. AND) SHEERY				CONTINUO	OUS CO	/erage? Prior No./panel No. An	POLICY NO		
COMMUNITY	FIRM ZONE				-	URRENT FIRM Z		_			
ŏ	COMMUNITY PROGRAM TYPE IS: IS INSURED BUILDING OWNED BY			NO: IS BUILDIN					RENT BFE		
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	2-4 FAMILY OTHER RESIDENTIAL	OR BUILDING		UNIT ENT		DING I		ALLED AND ROOFED?			EST HOUSE RAGE
(n	NON-RESIDENTIAL		2 OR MORE SPIT LD/EI			CONDOMINIUM IS BUILDING O				☐ DETACHED GARAGE ☐ AGRICULTURAL BUILDING	
BUILDING	(INCLUDING HOTEL/MOTEL)			BUILDING ASSOCIATION POLICY		0	☐ WAREHOUSE			LURHOUSE	
ij	BASEMENT/ENCLOSURE/ (RCBAP LOWRISE ONLY) CRAWLSPACE MANUFACTURED (MOBILE)		ONLY: TOTAL NUN			ARTIALLY		RECRE	RECREATION BUILDING		
<u>—</u>	NONE	HOME/TRA	AVELTRAILER ON	(INCLUDE	IS BUILDING EL			☐ TOOL/STORAGE SHEE			
	SUBGRADE CRAWLSPACE THE NUMBER		TON	☐ HIGH-RISE ☐	LOW-F			NO			
			GLE FAMILY DWELLING, R OF OCCUPANCIES		1ENT COST IF YES, AREA BI		OPETRI ICTION			, ,	
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	(UNITS) ARE IS BUILDING II RESIDENCE:							OMPLETE PART 2 OF ISURANCE APPLICATIO			ISURANCE
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DNT	BASEMENT/ENCLOSURE AND ABO LOWEST FLOOR ONLY ABOVE GR			(IF SING	GLE FAMIL	ly, contents ar	E RATED	THROUGHOUT THE BI	JILDING)		
Ö	IS PERSONAL PROPERTY HOUSEHOLD	_	YES NO IF NO), PLEASE DESCRIBE:							
	ALL BUILDINGS: (CHECK ONE OF THE	FIVE BLOCKS A									
<	☐ BUILDING PERMIT DATE ☐ MANUFACTURED (MOBILE) HOMES/TRAVEL TRAILERS LOCATED IN A OR SUBDIVISION: CONSTRUCTION DATE OF MOBILE HOME PARK (DATE
DAT	SUBSTANTIAL IMPROVEMENT DAT	E						JTSIDE A MOBILE HOM		<u> </u>	
NO.				IVISION: DATE OF PER	RMANENT	PLACEMENT				(1	M/DD/YYYY)
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STR								ICATION DATE			
NO2	LOWEST FLOOR ELEVATION	_ (-) BASE FLO	OOD ELEVATION	(=) DIFFEREN	ICE TO NI	EAREST FOOT		(+ OR -)		M	OOD INSURANCE ANUAL FOR
	IN ZONES V AND VI-V30 ONLY DOES B	ASE FLOOD ELE	EVATION INCLUDE EFF	ECTS OF WAVE ACTIC	N? ∐YE	S NO IS E	BUILDING	G FLOODPROOFED?	YES NO	CERTI	FICATION FORM
			CONTENTS \$			TIBLE BUYBACK?					
	To	O INCREASE/DEG	CREASE COVERAGE, CO		& B.	FOR RATE CHA	ANGE, CO	OMPLETE SECTION A O	NLY.		
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D N	BUILDING BASIC	AMO	DUNT R	ATE PRI	MIUM	MOUI	NI	RATE	PREMIUM	1	
ATI	BUILDING ADDITIONAL										
₽	CONTENTS BASIC CONTENTS ADDITIONAL										
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Ö	BASIC ADDITIONAL TOTAL BASIC AD		ADDITIONAL	TOTAL OTHER:		OTHER: SUBTOTAL CRS PREMIUM DIS		COUNT %			
								SUBTOTAL		70	
H)	IF RETURN PREMIUM, MAIL REFUND TO	: INSURED	☐ AGENT ☐ PAYO	OR. THE ABOVE STATE	MENTS A	RE CORRECT TO	THE	PREMIUM PREVIOU			
SIGNATURE	BEST OF MY KNOWLEDGE. I UNDERST. UNDER APPLICABLE FEDERAL LAW.	AND THAT ANY	FALSE STATEMENTS M.	ay be punishable by	FINE OR	IMPRISONMENT		(Excludes Probation S Federal Policy Fee)	urcnarge/		
GNA								DIFFERENCE		(+/-)	
SI	SIGNATURE OF INSURED AND DATE SIGNATURE OF INSURANCE AGENT/BROKER DATE (MM/DD/YYYY)							PRO RATA FACTOI	₹	(+/-)	

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IMPO	RTANT - PLEASE PRINT OR T	YPE		•						
	REASON FOR CHANGE: (ATTACH MEMO IF ADDITIONAL SPACE IS									
POLICY TERM	DIRECT BILL INSTRUCTIONS: BILL INSURED BILL FIRST MORTGAGEE BILL SECOND BILL LOSS PAYEE MORTGAGEE BILL OTHER POLICY PERIOD IS FROM TO 12:01 A.M. LOCAL TIME AT THE INSURED PROPERTY LOCATION WAITING PERIOD: STANDARD 30-DAY WAITING PERIOD: 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: AGENTS TAX ID #: NEW AGENT YES NO PHONE NO: FAX NO: IF YES, THE INSURED MUST SIGNTHIS FORM ADDRESS CHANGE YES NO AGENCY NO: FYES, THE INSURED MUST SIGNTHIS FORM ADDRESS CHANGE YES NO AGENCY NO: IF YES, THE INSURED MUST SIGNTHIS FORM									
						INSURED PROPERTY	LOCATION SAME A	S INSURED'S M	All INC	ADDRESS?
DISASTER ASSISTANCE	IS INSURANCE REQUIRED FOR DISASTER ASSISTANCE? YES NO IF YES, CHECK THE GOVERNMENT AGENCY: SBA FEMA FHA OTHER (SPECIFY): ENTER CASE FILE NUMBER THE LOCATION OF INSURED PROPERTY CANNOT BE CHANGED BY ENDORSEM A NEW APPLICATION IS REQUIRED.							L,		
FIRST MORTGAGEE	NAME AND ADDRESS OF FIRST MORTGAGEE IF SECOND MORTGAGEE, LOSS PAYEE OR OTHER IS TO BE BILLED, COMPLET							·		
MO	LOAN NO.:				W I	OANI NIO :				
	PHONE NO.:	FA	X NO.:		N PI	OAN NO.: HONE NO.:	FA>	(NO.:		
COMMUNITY	RATING MAP INFORMATION NAME OF COUNTY/ PARISH COMMUNITY NO. / PANEL NO. AND FIRM ZONE		_		GR CU	RANDFATHERED? Y CONTINUOUS CON PRENT COMMUNITY	TES NO IF YI /ERAGE? PRIOR I NO./PANEL NO. ANI	ES, D BUILT IN POLICY NO D SUFFIX	I COM	PLIANCE?
8	COMMUNITY PROGRAM TYPE IS: SINSURED BUILDING OWNED BY			7 NO : 15 DU 111 DU	•	PRENT FIRM ZONE		RENT BFE		
	BUILDING OCCUPANCY	NUMBER OF F	LOORS IN ENTIRE	CONDO FORM OF C) I	THE COURSE OF	BUILDING U	SE:	
g	SINGLE FAMILY 2-4 FAMILY OTHER RESIDENTIAL (INCLUDING HOTELMOTEL) BASEMENT/ENCLOSED AREA, IF ANY) OR BUILDING TYPE I 2 NON-RESIDENTIAL (INCLUDING HOTELMOTEL) BASEMENT/ENCLOSURE/ CRAWLSPACE NONE BUILDING (INCLUDE BASEMENT/ENCLOSED AREA, IF ANY) OR BUILDING HOTEL 3 OR MORE SPLIT LEVEL RESIDENTIAL (RCBAP LOWRISE ONLY) ONL MANUFACTURED (MOBILE) HOME/TRAVEL TRAILER ON			YES NO CONDO COVERAG UNIT ENT	ΓIRE BUILDIN	CONSTRUCTIO	ON? YES NO ALLED AND ROOFED?	□ DETACH □ DETACH □ AGRICU	MAIN HOUSE/BUILDING DETACHED GUEST HOUSE DETACHED GARAGE AGRICULTURAL BUILDING	
BUILDING				BUILDING ASSOCIATION POLICY ONLY: TOTAL NUMBER OF UNITS (INCLUDE NON-RES.)		PARTIALLY ENTIRELY	PARTIALLY ENTIRELY IS BUILDING ELEVATED?		□ WAREHOUSE □ POOLHOUSE, CLUBHOUSI RECREATION BUILDING □ TOOL/STORAGE SHED □ OTHER:	
	FOUNDATION UNFINISHED BASEMENT/ENCLOSURE FOUNDATION		HIGH-RISE	LOW-RIS		NO				
	CRAWLSPACE SUBGRADE CRAWLSPACE	IF NOT A SINGLE FAMILY DWELLING, THE NUMBER OF OCCUPANCIES		AMOUNT \$		FREE OF C	DBSTRUCTION STRUCTION OMPLETE PART 2 OF	HOMES / TR COMPLETE OF THE FLO	FOR MANUFACTURED (MOBIL HOMES / TRAVEL TRAILERS, COMPLETE PART 2, SECTION II OF THE FLOOD INSURANCE	
	CONTENTS LOCATED IN:			RESIDENCE?	YES L	NO THE FLOOD IN	ISURANCE APPLICATIO	N. APPLICATIO	DN.	
NTS	BASEMENT/ENCLOSURE					ABOVE GROUND LEVEL				
CONTENTS	BASEMENT/ENCLOSURE AND ABO	VE				LEVEL MORE THAN ONE CONTENTS ARE RATED		JILDING)		
8	LOWEST FLOOR ONLY ABOVE GRO	_		*	OLE 17 11 11E1,			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
	IS PERSONAL PROPERTY HOUSEHOLD ALL BUILDINGS: (CHECK ONE OF THE			_	HE DATE BO)X)		•••		
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CONSTRUCTION DATA	OR SUBDIVISION: DATE OF PERMANENT PLACEMENT IS BUILDING POST-FIRM CONSTRUCTION YES 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.									
CONS	BUILDING DIAGRAM NUMBER LOWEST FLOOR ELEVATION IN ZONES V AND VI -V30 ONLY DOES B.	(-) BASE FLC	LOWEST ADJACENT (DOD ELEVATION EVATION INCLUDE EFF	(=) DIFFERE	NCE TO NEA	AREST FOOT	(+ OR -)		MA	OD INSURANCE ANUAL FOR CICATION FORM
	DEDUCTIBLE: BUILDING \$		CONTENTS \$		DEDUCTI	BLE BUYBACK? YES	NO	_		
	т	O INCREASE/DEC	Crease Coverage, Co	MPLETE SECTIONS A	& B.	FOR RATE CHANGE, CO	OMPLETE SECTION A O	NLY.		
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MIL	BUILDING ADDITIONAL									
DR	CONTENTS BASIC CONTENTS ADDITIONAL					+				
AN	IF CHANGING AMOUNT OF INSURANCE, ENTER NEW TOTAL AMOUNT BELOW					PAYMENT	SUBTOTAL			
COVERAGE AND RATING	if changing amount of insurance, enter new total amount below					OPTION: CREDIT CARD	DEDUCT. DISCOUNT	NT/SURCHARG	iΕ	
OVE	BUILDING COVERAGE		CON	TENTS COVERAGE			ICC PREMIUM			
ပ	BASIC ADDITIONAL TOTAL BASIC AD			ADDITIONAL	TOTAL OTHER:		SUBTOTAL CRS PREMIUM DISCOUNT %			
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SIGNATURE	IF RETURN PREMIUM, MAIL REFUND TO BEST OF MY KNOWLEDGE. I UNDERSTA UNDER APPLICABLE FEDERAL LAW.						PREMIUM PREVIOU (Excludes Probation St Federal Policy Fee) DIFFERENCE	urcharge/	(+/-)	
S	SIGNATURE OF INSURED AND DA	TE	SIGNATURE OF INSUR	ANCE AGENT/BROKE	ĒR	DATE (MM/DD/YYYY)	PRO RATA FACTOR	\	(+/-)	

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MAP REV. (ZONE CHANGE FROM NON-SPHA TO SHAJONE DAY FROM SEMENT EFFECTIVE DATE: MORE SEMENT SHE FROM SONE SHAJONE DAY FROM SHAJONE DAY FR							
DIRECT BILL INSTRUCTIONS: DIRECT BILL INSTRUCTIONS: TO	APPROPRIATE WAITING PERIOD)						
INSURANCE AGENT OR BROKER: AGENCY NO: AGENTS TAX ID #: NEW A	PHONE NO. OF INSURED:						
S INSURANCE REQUIRED FOR DISASTER ASSISTANCE? YES NO IF YES, CHECK THE GOVERNMENT AGENCY: SBA FEMA FHA YES NO IF NO, ENTER PROPEI DESCRIBE PROPERTY LOCATION (DO N IF YES, CHECK THE GOVERNMENT AGENCY: SBA FEMA FHA YES NO IF NO, ENTER PROPEI DESCRIBE PROPERTY LOCATION (DO N A NEW APPLICATION OF INSURED PROPERTY LOCATION (DO N A NEW APPLICATION OF INSURED PROPERTY LOCATION (DO N A NEW APPLICATION OF INSURED PROPERTY LOCATION (DO N A NEW APPLICATION OF INSURED PROPERTY LOCATION (DO N A NEW APPLICATION OF INSURED PROPERTY LOCATION (DO N A NEW APPLICATION OF INSURED PROPERTY LOCATION (DO N A NEW APPLICATION OF INSURED PROPERTY LOCATION (DO N A NEW APPLICATION OF INSURED PROPERTY LOCATION (DO N A NEW APPLICATION OF INSURED PROPERTY LOCATION (DO N A NEW APPLICATION OF INSURED PROPERTY LOCATION (DO N A NEW APPLICATION OF INSURED PROPERTY LOCATION (DO N A NEW APPLICATION OF INSURED PROPERTY LOCATION (DO N A NEW APPLICATION OF INSURED PROPERTY LOCATION (DO N A NEW APPLICATION OF INSURED PROPERTY LOCATION (DO N A NEW APPLICATION OF INSURED PROPERTY LOCATION (DO N A NEW APPLICATION OF INSURED PROPERTY LOCATION (DO N A NEW APPLICATION OF INSURED PROPERTY LOCATION (DO N A NEW APPLICATION OF INSURED PROPERTY LOCATION (DO N A NEW APPLICATION OF INSURED PROPERTY LOCATION (DO N A NEW APPLICATION) IF YES, CHECK THE GOVERNMENT ASSISTANCE? SECOND MORTIGATION OF INSURED PROPERTY LOCATION (DO N A NEW APPLICATION) IF YES, CHECK THE GOVERNMENT ASSISTANCE? SECOND MORTIGATION OF INSURED PROPERTY LOCATION (DO N A NEW APPLICATION) IF YES, CHECK THE GOVERNMENT ASSISTANCE? SECOND MORTIGATION OF INSURED PROPERTY LOCATION (DO N AND APPLICATION) IF YES, CHECK THE GOVERNMENT ASSISTANCE? SECOND MORTIGATION OF INSURED PROPERTY LOCATION OF I							
NAME AND ADDRESS OF FIRST MORTGAGEE IF SECOND MORTGAGEE, LOSS PAYEE OR THE FOLLOWING, INCLUDING THE NAME	RTY ADDRESS. IF RURAL, IOT USE P.O. BOX).						
RATING MAP INFORMATION NAME OF COUNTY/ PARISH COMMUNITY NO. / PANEL NO. AND SUFFIX COMMUNITY PROGRAM TYPE IS: REGULAR EMERGENCY IS INSURED BUILDING OWNED BY STATE GOVERNMENT? SINGLE FAMILY SINGLE FAMILY OTHER RESIDENTIAL (INCLUDING HOTELMOTEL) BASEMENT/ENCLOSED AREA, IF ANY) OTHER RESIDENTIAL (INCLUDING HOTELMOTEL) BASEMENT/ENCLOSED AREA (IF ANY) OTHER RESIDENTIAL (INCLUDING HOTELMOTEL) BASEMENT/ENCLOSURE/ CRAWLSPACE NONE RESIDENTIAL (INCLUDE NON-RESIDENTIAL (INCLUDING HOTELMOTEL) BASEMENT/ENCLOSURE/ CRAWLSPACE NONE RESIDENTIAL (INCLUDE NON-RESIDENTIAL (INCLUDE NON-RESIDENTIAL) (INCLUDE NON-RESI	e and address ency □loss payee						
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IS INSURED BUILDING OWNED BY STATE GOVERNMENT?	'es,						
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OTHER RESIDENTIAL NON-RESIDENTIAL (INCLUDING HOTEL/MOTEL) BASEMENT/ENCLOSURE/ CRAWLSPACE NONE OTHER RESIDENTIAL I 2 3 OR MORE SPLIT LEVEL TOWNHOUSE/ROWHOUSE BASEMENT/ENCLOSURE/ CRAWLSPACE (RCBAP LOWRISE ONLY) MANUFACTURED (MOBILE) HOME/TRAVEL TRAILER ON ONLY: TOTAL NUMBER OF UNITS PARTIALLY ONLY: TOTAL NUMBER OF UNITS (INCLUDE NON-RES.) IS BUILDING OVER WATER? ONLY: TOTAL NUMBER OF UNITS ENTIRELY IS BUILDING ELEVATED?	BUILDING USE: MAIN HOUSE/BUILDING DETACHED GUEST HOUSE						
FOUNDATION HIGH-RISE LOW-RISE YES NO	□ DETACHED GARAGE □ AGRICULTURAL BUILDING □ WAREHOUSE □ POOLHOUSE, CLUBHOUSE, RECREATION BUILDING □ TOOL/STORAGE SHED □ OTHER:						
UNFINISHED BASEMENT/ENCLOSURE CRAWLSPACE SUBGRADE CRAWLSPACE IF NOT A SINGLE FAMILY DWELLING, THE NUMBER OF OCCUPANCIES (UNITS) ARE IF NOT A SINGLE FAMILY DWELLING, THE NUMBER OF OCCUPANCIES (UNITS) ARE IS BUILDING INSURED'S PRINCIPAL RESIDENCE? YES NO THE FLOOD INSURANCE APPLICATION	FOR MANUFACTURED (MOBILE) HOMES / TRAVEL TRAILERS, COMPLETE PART 2, SECTION III OF THE FLOOD INSURANCE DN. APPLICATION.						
CONTENTS LOCATED IN: CONTENTS LOCATED IN: BASEMENT/ENCLOSURE BASEMENT/ENCLOSURE AND ABOVE LOWEST FLOOR ABOVE GROUND LEVEL AND HIGHER ABOVE GROUND LEVEL MORE THAN ONE FULL FLOOR (IF SINGLE FAMILY, CONTENTS ARE RATED THROUGHOUT THE BUTTON ONLY ABOVE GROUND LEVEL IS PERSONAL PROPERTY HOUSEHOLD CONTENTS? YES NO IF NO, PLEASE DESCRIBE:	74 I DO ATON.						
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 DATE OF MOBILE HOME PARK OR SUBDIVISION FAC OR SUBDIVISION: CONSTRUCTION DATE OF MOBILE HOME PARK OR SUBDIVISION FAC OR SUBDIVISION: DATE OF PERMANENT PLACEMENT IS BUILDING POST-FIRM CONSTRUCTION YES 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 BUILDING DIAGRAM NUMBER LOWEST ADJACENT GRADE (LAG) ELEVATION CERTIFICATION DATE LOWEST FLOOR ELEVATION (+ OR -)	ILITIES						
IF POST-FIRM CONSTRUCTION IN ZONES A, A 1-A30, AE, AO, AH, V.V.1-V30, VE, OR IF PRE-FIRM CONSTRUCTION IS ELEVATION RATED, ATTACH CERTIFICATION 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 VI-V30 ONLY DOES BASE FLOOD ELEVATION INCLUDE EFFECTS OF WAVE ACTION? YES NO IS BUILDING FLOODPROOFED? [SEE FLOOD INSURANCE MANUAL FOR						
DEDUCTIBLE: BUILDING \$ CONTENTS \$ DEDUCTIBLE BUYBACK? YES NO							
TO INCREASE/DECREASE COVERAGE, COMPLETE SECTIONS A & B. FOR RATE CHANGE, COMPLETE SECTION A C	 DNLY.						
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INSURANCE COVERAGE AMOUNT RATE PREMIUM AMOUNT RATE	PREMIUM NEW PREMIUM						
BUILDING BASIC BUILDING ADDITIONAL CONTENTS BASIC							
IF CHANGING AMOUNT OF INSURANCE, ENTER NEW TOTAL AMOUNT BELOW PAYMENT SUBTOTAL OPTION							
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BASIC ADDITIONAL TOTAL BASIC ADDITIONAL TOTAL CRS PREMIUM DIS	COUNT %						
SUBTOTAL 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 (Excludes Probation Surcharge) UNDER APPLICABLE FEDERAL LAW. SIGNATURE OF INSURED AND DATE SIGNATURE OF INSURANCE AGENT/BROKER DATE (MM/DD/YYYY) PRO RATA FACTOR							

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IMPC	REASON FOR CHANGE:	IFE								
POLICY TERM	CATTACH MEMO IF ADDITIONAL SPACE IS NEEDED). DIRECT BILL INSTRUCTIONS:									
AGENT INFORMATION										
DISASTER ASSISTANCE	IS INSURANCE REQUIRED FOR DISA IF YES, CHECK THE GOVERNMEN OTHER (SPECIFY): ENTER CASE FILE NUMBER	NT AGENCY: SBA		DESCRIBE PROPERTY LOCATION (DO NOT USE P.O. BOX). THE LOCATION OF INSURED PROPERTY CANNOT BE CHANGED BY ENDORSEMENT						
FIRST MORTGAGEE	A NEW APPLICATION IS REQUIRED . NAME AND ADDRESS OF FIRST MORTGAGEE NAME AND ADDRESS OF FIRST MORTGAGEE NAME AND ADDRESS OF FIRST MORTGAGEE 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: LOAN NO: PHONE NO: FAX NO: PHONE NO: FAX NO:									
	LOAN NO.: PHONE NO.:	FAX NO.:	 	PHO	NE NO.:	FAX	(NO.:			
COMMUNITY	RATING MAP INFORMATION NAME OF COUNTY/ PARISH COMMUNITY NO. / PANEL NO. AND FIRM ZONE COMMUNITY PROGRAM TYPE IS:	O SUFFIX		GRAN	NDFATHERED? YE YE CONTINUOUS COVENT COMMUNITY	ES NO IF Y /ERAGE? PRIOR NO./PANEL NO. AN CUR	ES, D BUILT IN COPOLICY NO	OMPLIANCE?		
Ö	IS INSURED BUILDING OWNED BY			•			TENT DI L			
BUILDING	BUILDING OCCUPANCY SINGLE FAMILY 2-4 FAMILY OTHER RESIDENTIAL NON-RESIDENTIAL (INCLUDING HOTEL/MOTEL) BASEMENT/ENCLOSURE/ CRAWLSPACE	CONDO FORM OF OV YES NO CONDO COVERAGE I UNIT ENTIF RESIDENTIAL CONDO BUILDÍNG ASSOCIAT ONLY: TOTAL NUMI	CONDO FORM OF OWNERSHIP? YES NO CONDO COVERAGE IS FOR: UNIT ENTIRE BUILDING RESIDENTIAL CONDOMINIUM BUILDING ASSOCIATION POLICY ONLY: TOTAL NUMBER OF UNITS (INCLUDE NON-RES.) IS BUILDING IN CONSTRUCTION IS BUILDING IN BUILDING ON IS BUILDING IN CONSTRUCTION YES NO YES NO YES NO CONSTRUCTION YES NO YES NO YES NO CONSTRUCTION YES NO			BUILDING USE: MAIN HOUS DETACHED (DETACHED (WAREHOUS POOLHOUS RECREATION TOOL/STOR.	GUEST HOUSE GARAGE AAL BUILDING E, CLUBHOUSE, I BUILDING			
	NONE HOME/TRAVEL TRAILER ON FINISHED BASEMENT/ENCLOSURE FOUNDATION		HIGH-RISE	☐ HIGH-RISE ☐ LOW-RISE		EVATED?	OTHER :			
	UNFINISHED BASEMENT/ENCLOSURE CRAWLSPACE IF NOT A SINGLE FAMILY DWELLING, THE NUMBER OF OCCUPANCIES		ESTIMATED REPLACEM	ESTIMATED REPLACEMENT COST AMOUNT \$ IF YES, AREA B FREE OF WITH OB						
			residence?							
CONTENTS	CONTENTS LOCATED IN: BASEMENT/ENCLOSURE BASEMENT/ENCLOSURE AND ABOVE CIFE SINGLE FAMILY, CONTENTS ARE RATED THROUGHOUT THE BUILDING)									
00	LOWEST FLOOR ONLY ABOVE GR		•	LE PAPILI, CC	DIVIENTS ARE RATED	THROUGHOUT THE BO	DILDING)	-		
	IS PERSONAL PROPERTY HOUSEHOLD			F DATE BOX)						
N DATA	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 DATE DATE OF CONSTRUCTION OR SUBDIVISION: CONSTRUCTION DATE OF MOBILE HOME PARK OR SUBDIVISION FACILITIES SUBSTANTIAL IMPROVEMENT DATE MANUFACTURED (MOBILE) HOMES/TRAVEL TRAILERS LOCATED OUTSIDE A MOBILE HOME PARK (MM/DD/YYY)							DATE		
CONSTRUCTION DATA	OR SUBDIVISION: DATE OF PERMANENT PLACEMENT IS BUILDING POST-FIRM CONSTRUCTION YES 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.									
CONS	BUILDING DIAGRAM NUMBER LOWEST FLOOR ELEVATION IN ZONES V AND VI-V30 ONLY DOES B	_ (-) BASE FLOOD ELEVATION	ENT GRADE (LAG)(=) DIFFERENCE E EFFECTS OF WAVE ACTION	CE TO NEARES	ST FOOT	(+ OR -)		FLOOD INSURANCE MANUAL FOR RTIFICATION FORM		
	DEDUCTIBLE: BUILDING \$	CONTENTS \$								
	Т	O INCREASE/DECREASE COVERAGE		B. FO	or rate change, co	OMPLETE SECTION A O	NLY.			
<u>9</u>	INSURANCE COVERAGE BUILDING BASIC	SECTION A ENT COVERAGE RATE PREI	COVERAGE		SECTION B RATE	PREMIUM	NEW PREMIUM			
ATI	BUILDING ADDITIONAL									
D R	CONTENTS BASIC CONTENTS ADDITIONAL									
E AN		NT OF INSURANCE, ENTER NEW TO	DTAL AMOUNT BELOW		PAYMENT OPTION:	SUBTOTAL	IT/CLID CLIA S CS			
COVERAGE AND RATING	BUILDING COVERAGE	CONTENTS COVERAGE		CREDIT CARD	DEDUCT. DISCOUI SUBTOTAL ICC PREMIUM					
8	BASIC ADDITIONAL TOTAL BASIC ADDITION/			OTAL	OTHER:	SUBTOTAL CRS PREMIUM DISCOUNT %		%		
						SUBTOTAL				
SIGNATURE	IF RETURN PREMIUM, MAIL REFUND TO BEST OF MY KNOWLEDGE, I UNDERST. UNDER APPLICABLE FEDERAL LAW.	D: INSURED AGENT A	PAYOR. THE ABOVE STATENTS MAY BE PUNISHABLE BY	MENTS ARE CO FINE OR IMPF	ORRECT TO THE RISONMENT	PREMIUM PREVIOU (Excludes Probation S Federal Policy Fee) DIFFERENCE				
SIG	SIGNATURE OF INSURED AND DA	TE SIGNATURE OF IN	NSURANCE AGENT/BROKER	D#	ATE (MM/DD/YYYY)	PRO RATA FACTOR				

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 contractorsworking 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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