

**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)																																																																																																																																				
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 IF YES, THE INSURED MUST SIGN THIS FORM																																																																																																																																				
	PHONE NO: _____ FAX NO: _____	INSURED MAIL ADDRESS NAME, MAILING ADDRESS, AND TELEPHONE NO. OF INSURED:																																																																																																																																				
DISASTER ASSISTANCE	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 .																																																																																																																																				
	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: _____																																																																																																																																				
FIRST MORTGAGEE	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 _____																																																																																																																																				
	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	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																																																																																																																																				
	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	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																																																																																																																																				
COMMUNITY	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																																																																																																																																				
CONTENTS	ESTIMATED REPLACEMENT COST AMOUNT \$ _____	IF ELEVATED, COMPLETE PART 2 OF THE FLOOD INSURANCE APPLICATION.																																																																																																																																				
	IS BUILDING INSURED'S PRINCIPAL RESIDENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO																																																																																																																																					
CONSTRUCTION DATA	CONTENTS LOCATED IN: <input type="checkbox"/> BASEMENT/ENCLOSURE <input type="checkbox"/> BASEMENT/ENCLOSURE AND ABOVE <input type="checkbox"/> LOWEST FLOOR ONLY ABOVE GROUND LEVEL	<input type="checkbox"/> LOWEST FLOOR ABOVE GROUND LEVEL AND HIGHER <input type="checkbox"/> ABOVE GROUND LEVEL MORE THAN ONE FULL FLOOR (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: _____																																																																																																																																					
CONSTRUCTION DATA	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 OR SUBDIVISION: CONSTRUCTION DATE OF MOBILE HOME PARK OR SUBDIVISION FACILITIES <input type="checkbox"/> DATE OF CONSTRUCTION <input type="checkbox"/> MANUFACTURED (MOBILE) HOMES/TRAVEL TRAILERS LOCATED OUTSIDE A MOBILE HOME PARK OR SUBDIVISION: DATE OF PERMANENT PLACEMENT <input type="checkbox"/> SUBSTANTIAL IMPROVEMENT DATE	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.																																																																																																																																					
CONSTRUCTION DATA	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																																																																																																																																					
COVERAGE AND RATING	TO INCREASE/DECREASE COVERAGE, COMPLETE SECTIONS A & B. FOR RATE CHANGE, COMPLETE SECTION A ONLY.																																																																																																																																					
	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2">INSURANCE COVERAGE</th> <th colspan="3">SECTION A CURRENT COVERAGE</th> <th colspan="3">SECTION B</th> <th rowspan="2">NEW PREMIUM</th> </tr> <tr> <th>AMOUNT</th> <th>RATE</th> <th>PREMIUM</th> <th>AMOUNT</th> <th>RATE</th> <th>PREMIUM</th> </tr> </thead> <tbody> <tr> <td>BUILDING BASIC</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>BUILDING ADDITIONAL</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>CONTENTS BASIC</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>CONTENTS ADDITIONAL</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="4">IF CHANGING AMOUNT OF INSURANCE, ENTER NEW TOTAL AMOUNT BELOW</td> <td rowspan="2">PAYMENT OPTION: <input type="checkbox"/> CREDIT CARD <input type="checkbox"/> OTHER: _____</td> <td colspan="2">SUBTOTAL</td> <td></td> </tr> <tr> <td colspan="4"></td> <td colspan="2">DEDUCT. DISCOUNT/SURCHARGE</td> <td></td> </tr> <tr> <td colspan="2">BUILDING COVERAGE</td> <td colspan="2">CONTENTS COVERAGE</td> <td colspan="2">SUBTOTAL</td> <td></td> <td></td> </tr> <tr> <td>BASIC</td> <td>ADDITIONAL</td> <td>TOTAL</td> <td>BASIC</td> <td>ADDITIONAL</td> <td>TOTAL</td> <td colspan="2">ICC PREMIUM</td> </tr> <tr> <td colspan="6"></td> <td colspan="2">SUBTOTAL</td> </tr> <tr> <td colspan="6"></td> <td colspan="2">CRS PREMIUM DISCOUNT _____ %</td> </tr> <tr> <td colspan="6"></td> <td colspan="2">SUBTOTAL</td> </tr> <tr> <td colspan="6"></td> <td colspan="2">PREMIUM PREVIOUSLY PAID (Excludes Probation Surcharge/ Federal Policy Fee)</td> </tr> <tr> <td colspan="6"></td> <td colspan="2">DIFFERENCE _____ (+/-)</td> </tr> <tr> <td colspan="6"></td> <td colspan="2">PRO RATA FACTOR</td> </tr> <tr> <td colspan="6"></td> <td colspan="2">TOTAL _____ (+/-)</td> </tr> </tbody> </table>		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				PAYMENT OPTION: <input type="checkbox"/> CREDIT CARD <input type="checkbox"/> OTHER: _____	SUBTOTAL							DEDUCT. DISCOUNT/SURCHARGE			BUILDING COVERAGE		CONTENTS COVERAGE		SUBTOTAL				BASIC	ADDITIONAL	TOTAL	BASIC	ADDITIONAL	TOTAL	ICC PREMIUM								SUBTOTAL								CRS PREMIUM DISCOUNT _____ %								SUBTOTAL								PREMIUM PREVIOUSLY PAID (Excludes Probation Surcharge/ Federal Policy Fee)								DIFFERENCE _____ (+/-)								PRO RATA FACTOR								TOTAL _____ (+/-)
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				PAYMENT OPTION: <input type="checkbox"/> CREDIT CARD <input type="checkbox"/> OTHER: _____	SUBTOTAL																																																																																																																																	
					DEDUCT. DISCOUNT/SURCHARGE																																																																																																																																	
BUILDING COVERAGE		CONTENTS COVERAGE		SUBTOTAL																																																																																																																																		
BASIC	ADDITIONAL	TOTAL	BASIC	ADDITIONAL	TOTAL	ICC PREMIUM																																																																																																																																
						SUBTOTAL																																																																																																																																
						CRS PREMIUM DISCOUNT _____ %																																																																																																																																
						SUBTOTAL																																																																																																																																
						PREMIUM PREVIOUSLY PAID (Excludes Probation Surcharge/ Federal Policy Fee)																																																																																																																																
						DIFFERENCE _____ (+/-)																																																																																																																																
						PRO RATA FACTOR																																																																																																																																
						TOTAL _____ (+/-)																																																																																																																																
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) _____																																																																																																																																				

N F I P C O P Y

**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)		
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			
	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				
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"/> DATE OF CONSTRUCTION <input type="checkbox"/> SUBSTANTIAL IMPROVEMENT DATE	<input type="checkbox"/> MANUFACTURED (MOBILE) HOMES/TRAVEL TRAILERS LOCATED IN A MOBILE HOME PARK OR SUBDIVISION: CONSTRUCTION DATE OF MOBILE HOME PARK OR SUBDIVISION FACILITIES <input type="checkbox"/> MANUFACTURED (MOBILE) HOMES/TRAVEL TRAILERS LOCATED OUTSIDE A MOBILE HOME PARK OR SUBDIVISION: DATE OF PERMANENT PLACEMENT	DATE ____/____/____ (MM/DD/YYYY)	
CONTENTS	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.			
	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			
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.			
CONSTRUCTION DATA	IF CHANGING AMOUNT OF INSURANCE, ENTER NEW TOTAL AMOUNT BELOW			
	BUILDING COVERAGE BASIC ADDITIONAL TOTAL	CONTENTS COVERAGE BASIC ADDITIONAL TOTAL	PAYMENT OPTION: <input type="checkbox"/> CREDIT CARD <input type="checkbox"/> OTHER: _____	
CONSTRUCTION DATA	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) _____	SUBTOTAL DEDUCT. DISCOUNT/SURCHARGE SUBTOTAL ICC PREMIUM SUBTOTAL CRS PREMIUM DISCOUNT _____ % SUBTOTAL PREMIUM PREVIOUSLY PAID (Excludes Probation Surcharge/ Federal Policy Fee) DIFFERENCE _____ (+/-) PRO RATA FACTOR TOTAL _____ (+/-)	

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)																																																
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 .																																																
FIRST MORTGAGEE	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 _____																																																
BUILDING	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) 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	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 ESTIMATED REPLACEMENT COST AMOUNT \$ _____ IS BUILDING INSURED'S PRINCIPAL RESIDENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO	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.																																													
	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: _____																																															
CONSTRUCTION DATA	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.		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																																															
COVERAGE AND RATING	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.																																															
	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2">INSURANCE COVERAGE</th> <th colspan="3">SECTION A CURRENT COVERAGE</th> <th colspan="3">SECTION B</th> <th rowspan="2">NEW PREMIUM</th> </tr> <tr> <th>AMOUNT</th> <th>RATE</th> <th>PREMIUM</th> <th>AMOUNT</th> <th>RATE</th> <th>PREMIUM</th> </tr> </thead> <tbody> <tr> <td>BUILDING BASIC</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>BUILDING ADDITIONAL</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>CONTENTS BASIC</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>CONTENTS ADDITIONAL</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>		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 BASIC ADDITIONAL TOTAL BASIC ADDITIONAL TOTAL PAYMENT OPTION: <input type="checkbox"/> CREDIT CARD <input type="checkbox"/> OTHER: _____	
INSURANCE COVERAGE	SECTION A CURRENT COVERAGE			SECTION B			NEW PREMIUM																																											
	AMOUNT	RATE	PREMIUM	AMOUNT	RATE	PREMIUM																																												
BUILDING BASIC																																																		
BUILDING ADDITIONAL																																																		
CONTENTS BASIC																																																		
CONTENTS ADDITIONAL																																																		
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.		SUBTOTAL DEDUCT. DISCOUNT/SURCHARGE SUBTOTAL ICC PREMIUM SUBTOTAL CRS PREMIUM DISCOUNT _____ % SUBTOTAL PREMIUM PREVIOUSLY PAID (Excludes Probation Surcharge/ Federal Policy Fee) DIFFERENCE _____ (+/-) PRO RATA FACTOR TOTAL _____ (+/-)																																															
	SIGNATURE OF INSURED AND DATE _____ SIGNATURE OF INSURANCE AGENT/BROKER _____ DATE (MM/DD/YYYY) _____																																																	

INSURED COPY

PLEASE ATTACH TO NFIP COPY OF ENDORSEMENT THE CHECK OR MONEY ORDER FOR THE TOTAL ADDITIONAL PREMIUM MADE PAYABLE TO THE NATIONAL FLOOD INSURANCE PROGRAM. ATTACH CHECK TO ORIGINAL, AND SEND TO NFIP. KEEP SECOND COPY FOR YOUR RECORDS. GIVE THIRD COPY TO INSURED, AND FOURTH COPY TO MORTGAGEE.

**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)																																																																																																																																			
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></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: _____ 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.																																																																																																																												
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.																																																																																																																																		
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.																																																																																																																																				
	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2">INSURANCE COVERAGE</th> <th colspan="3">SECTION A CURRENT COVERAGE</th> <th colspan="3">SECTION B</th> <th rowspan="2">NEW PREMIUM</th> </tr> <tr> <th>AMOUNT</th> <th>RATE</th> <th>PREMIUM</th> <th>AMOUNT</th> <th>RATE</th> <th>PREMIUM</th> </tr> </thead> <tbody> <tr> <td>BUILDING BASIC</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>BUILDING ADDITIONAL</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>CONTENTS BASIC</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>CONTENTS ADDITIONAL</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="4">IF CHANGING AMOUNT OF INSURANCE, ENTER NEW TOTAL AMOUNT BELOW</td> <td rowspan="2"> PAYMENT OPTION: <input type="checkbox"/> CREDIT CARD <input type="checkbox"/> OTHER: _____ </td> <td colspan="2">SUBTOTAL</td> <td></td> </tr> <tr> <td colspan="4"> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2">BUILDING COVERAGE</td> <td colspan="2">CONTENTS COVERAGE</td> </tr> <tr> <td>BASIC</td> <td>ADDITIONAL</td> <td>TOTAL</td> <td>TOTAL</td> </tr> </table> </td> <td colspan="2">DEDUCT. DISCOUNT/SURCHARGE</td> <td></td> </tr> <tr> <td colspan="4"></td> <td colspan="2">SUBTOTAL</td> <td></td> </tr> <tr> <td colspan="4"></td> <td colspan="2">ICC PREMIUM</td> <td></td> </tr> <tr> <td colspan="4"></td> <td colspan="2">SUBTOTAL</td> <td></td> </tr> <tr> <td colspan="4"></td> <td colspan="2">CRS PREMIUM DISCOUNT _____ %</td> <td></td> </tr> <tr> <td colspan="4"></td> <td colspan="2">SUBTOTAL</td> <td></td> </tr> <tr> <td colspan="4"></td> <td colspan="2">PREMIUM PREVIOUSLY PAID (Excludes Probation Surcharge/ Federal Policy Fee)</td> <td></td> </tr> <tr> <td colspan="4"></td> <td colspan="2">DIFFERENCE _____ (+/-)</td> <td></td> </tr> <tr> <td colspan="4"></td> <td colspan="2">PRO RATA FACTOR</td> <td></td> </tr> <tr> <td colspan="4"></td> <td colspan="2">TOTAL _____ (+/-)</td> <td></td> </tr> </tbody> </table>	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				PAYMENT OPTION: <input type="checkbox"/> CREDIT CARD <input type="checkbox"/> OTHER: _____	SUBTOTAL			<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2">BUILDING COVERAGE</td> <td colspan="2">CONTENTS COVERAGE</td> </tr> <tr> <td>BASIC</td> <td>ADDITIONAL</td> <td>TOTAL</td> <td>TOTAL</td> </tr> </table>				BUILDING COVERAGE		CONTENTS COVERAGE		BASIC	ADDITIONAL	TOTAL	TOTAL	DEDUCT. DISCOUNT/SURCHARGE							SUBTOTAL							ICC PREMIUM							SUBTOTAL							CRS PREMIUM DISCOUNT _____ %							SUBTOTAL							PREMIUM PREVIOUSLY PAID (Excludes Probation Surcharge/ Federal Policy Fee)							DIFFERENCE _____ (+/-)							PRO RATA FACTOR							TOTAL _____ (+/-)		
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				PAYMENT OPTION: <input type="checkbox"/> CREDIT CARD <input type="checkbox"/> OTHER: _____	SUBTOTAL																																																																																																																																
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2">BUILDING COVERAGE</td> <td colspan="2">CONTENTS COVERAGE</td> </tr> <tr> <td>BASIC</td> <td>ADDITIONAL</td> <td>TOTAL</td> <td>TOTAL</td> </tr> </table>					BUILDING COVERAGE		CONTENTS COVERAGE		BASIC	ADDITIONAL	TOTAL	TOTAL	DEDUCT. DISCOUNT/SURCHARGE																																																																																																																								
BUILDING COVERAGE		CONTENTS COVERAGE																																																																																																																																			
BASIC	ADDITIONAL	TOTAL	TOTAL																																																																																																																																		
				SUBTOTAL																																																																																																																																	
				ICC PREMIUM																																																																																																																																	
				SUBTOTAL																																																																																																																																	
				CRS PREMIUM DISCOUNT _____ %																																																																																																																																	
				SUBTOTAL																																																																																																																																	
				PREMIUM PREVIOUSLY PAID (Excludes Probation Surcharge/ Federal Policy Fee)																																																																																																																																	
				DIFFERENCE _____ (+/-)																																																																																																																																	
				PRO RATA FACTOR																																																																																																																																	
				TOTAL _____ (+/-)																																																																																																																																	
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.																																																																																																																																				
	SIGNATURE OF INSURED AND DATE _____	SIGNATURE OF INSURANCE AGENT/BROKER _____ DATE (MM/DD/YYYY) _____																																																																																																																																			

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.

PAPERWORK BURDEN DISCLOSURE NOTICE

Public reporting burden for this data collection is estimated to average 9 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).

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