FLOOD INSURANCE GENERAL CHANGE ENDORSEMENT

POLICY NUMBER

IMPC	RTANT - PLEASE PRINT OR T	YPE													
	REASON FOR CHANGE:														
(ATTACH MEMO IF ADDITIONAL SPACE IS NEEDED). DIRECT BILL INSTRUCTIONS: POLICY PERIOD IS FROM TO															
POLICY		TGAGEE	12:01 A.M. LOC	AL TIME AT THE	INSURED PROPERTY LO	ROPERTY LOCATION									
2 -	BILL SECOND BILL LOSS PAYER MORTGAGEE		WAITING PERI		STANDARD 30-DAY MAP REV. (ZONE CHAN)	30-DAY LOAN TRANSACTION-NO WAITING									
	BILL OTHER		ENDORSEMENT	EFFECTIVE DAT		(FOR ADDED COVERAGE , DETERMINE THE APPROPRIATE WAITING PERIOD)									
Z	NAME, ADDRESS OF LICENSED PROPE INSURANCE AGENT OR BROKER :	RTY OR CASUAL	TY ADD	RESS CHANGE	YES NO		NG ADDRESS, AND TELEPHONE NO. OF INSURED:								
GENT RMATION	INSURANCE AGENT OR BROKER:			NCY NO:		MAII									
AGENT ORMA1			AGE	NTS TAX ID # :		Bie Bie									
P R			NEW		s 🗆 NO	INSURED MAIL ADDRESS									
L	PHONE NO: FAX I	NO:			MUST SIGN THIS FORM										
					IS	IS INSURED PROPERTY LOCATION SAME AS INSURED'S MAILING ADDRESS?									
щ	IS INSURANCE REQUIRED FOR DISA	STER ASSISTANC	CE? L YES		~ -	YES NO IF NO. ENTER PROPERTY ADDRESS. IF RURAL.									
DISASTER	IF YES, CHECK THE GOVERNMEN	NT AGENCY:	SBA	FEMA	FHA E	DESCRIBE PROPERTY LOCATION (DO NOT USE P.O. BOX).									
SIS					PROP 0 C P	8 Q									
AS D	ENTER CASE FILE NUMBER														
						THE LOCATION OF INSURED PROPERTY CANNOT BE CHANGED BY ENDORSEMENT A NEW APPLICATION IS <b>REQUIRED</b> .									
							-								
m	NAME AND ADDRESS OF FIRST MC	ORTGAGEE				HE FOLLOWING, INC	,		BILLED, COMPLETE						
						2ND MORTGAGEE	DISASTER AG	ENCY LOSS	PAYEE						
FIRST					GAG	IF OTHER, PLEASE	SPECIFY:								
FIR MORT					ORT										
2	LOAN NO.: PHONE NO.:		K NO.:		HER CLARENCE	DAN NO.: IONE NO.:	· · · · · · · · · · · · · · · · · · ·								
≻	RATING MAP INFORMATION	FA/													
COMMUNITY	NAME OF COUNTY/ PARISH				:	ANDFATHERED?		ES, 🗌 BUILT IN POLICY NO							
PW	COMMUNITY NO. / PANEL NO. AND	O SUFFIX			CUI	RRENT COMMUNITY	NO./PANEL NO. AN	d Suffix							
MO	FIRM ZONE COMMUNITY PROGRAM TYPE IS:			NCV		RRENT FIRM ZONE	CUR	RENT BEE							
O	IS INSURED BUILDING OWNED BY														
	BUILDING OCCUPANCY	NUMBER OF FLO	oors in entir	E CONDO	O FORM OF OWNERSHIP?		ITHE COURSE OF	BUILDING USE	:						
	SINGLE FAMILY	BUILDING (INCL BASEMENT/ENC							JSE/BUILDING						
		OR BUILDING T	YPE	COND	O COVERAGE IS FOR: IT 🗌 ENTIRE BUILDIN	JG	ALLED AND ROOFED?								
	OTHER RESIDENTIAL	I   3 OR MORE		-1					URAL BUILDING						
<b>N</b>	(INCLUDING HOTEL/MOTEL)	_	JSE/ROWHOUSE	RESIDE			VER WATER?								
BUILDING	BASEMENT/ENCLOSURE/	(RCBAP LO	WRISE ONLY)		NG ASSOCIATION POLIC				JSE, CLUBHOUSE,						
I ng	CRAWLSPACE		URED (MOBILE)												
		FOUNDATIC	/ELTRAILER ON			IS BUILDING EL									
	FINISHED BASEMENT/ENCLOSURE	100100/010	511		GH-RISE LOW-RISI										
		IF NOT A SINGL			TED REPLACEMENT COST	IF YES, AREA B	elovy is: Obstruction								
	SUBGRADE CRAWLSPACE	THE NUMBER C		AIIOOI	NT \$			HOMES / TRA COMPLETE P/	ART 2, SECTION III						
		(UNITS) ARE		IS DOILL			OMPLETE PART 2 OF								
	CONTENTS LOCATED IN:			RESIDE			ISURANCE APPLICATIC	ON. APPLICATION	<u>۱.                                    </u>						
TS					_	BOVE GROUND LEVEL									
Ē	BASEMENT/ENCLOSURE AND ABO	VE				LEVEL MORE THAN ONI									
CONTENTS	LOWEST FLOOR ONLY ABOVE GR	OUND LEVEL			(IF SINGLE FAMILY,	CONTENTS ARE RATED	THROUGHOUT THE B	UILDING)							
	IS PERSONAL PROPERTY HOUSEHOLD	CONTENTS?	) yes 🗌 no	IF NO, PLEASE	DESCRIBE:										
	ALL BUILDINGS: (CHECK ONE OF THE	FIVE BLOCKS AN				,									
A				`	,	IMES/TRAVEL TRAILERS LOCATED IN A MOBILE HOME PARK DATE TION DATE OF MOBILE HOME PARK OR SUBDIVISION FACILITIES									
DAT	DATE OF CONSTRUCTION     SUBSTANTIAL IMPROVEMENT DAT	F				TRAVEL TRAILERS LOCATED OUTSIDE A MOBILE HOME PARK									
CONSTRUCTION DATA		-			DATE OF PERMANENT P				(MM/DD/YYYY)						
Ĕ	IS BUILDING POST-FIRM CONSTRUCTION	ON 🗌 YES 🗌 N	0					:							
Ň	IF POST-FIRM CONSTRUCTION IN ZON			0,VE, OR IF PRE-	FIRM CONSTRUCTION I		TTACH CERTIFICATION	l.							
NST	BUILDING DIAGRAM NUMBER				.AG)	ELEVATION CERTIF		SE	EE FLOOD INSURANCE						
8	LOWEST FLOOR ELEVATION	(-) BASE FLOO					(+ OR -)		MANUAL FOR CERTIFICATION FORM						
	DEDUCTIBLE: BUILDING \$		ONTENTS \$		DEDUCTIE										
	η 	O INCREASE/DECF	REASE COVERAG		ections a & B.	FOR RATE CHANGE, CO	OMPLETE SECTION A O	NLY.							
	INSURANCE COVERAGE			SECTION A	GE		SECTION B		NEW PREMIUM						
U		AMO		RATE	PREMIUM	AMOUNT	RATE	PREMIUM							
Ž	BUILDING BASIC BUILDING ADDITIONAL														
RA	CONTENTS BASIC														
Ð	CONTENTS ADDITIONAL														
E A	IF CHANGING AMOUN	IT OF INSURANCI	E, ENTER NEW 1	TOTAL AMOUNT	BELOW	PAYMENT OPTION:	SUBTOTAL DEDUCT. DISCOU								
<b>S</b>							SUBTOTAL								
2				CONTENTS C	OVERAGE		ICC PREMIUM								
VER/	BUILDING COVERAGE						SUBTOTAL								
COVERAGE AND RATING	BUILDING COVERAGE	TOTAL	BASIC	ADDITION	NAL TOTAL		CDC DD FL (III III		0/						
COVER	ļ		BASIC	ADDITION	JAL TOTAL		CRS PREMIUM DIS		%						
	BASIC ADDITIONAL	TOTAL					CRS PREMIUM DIS SUBTOTAL PREMIUM PREVIOU		%						
	BASIC ADDITIONAL			] payor. The A	ABOVE STATEMENTS ARE	CORRECT TO THE	SUBTOTAL PREMIUM PREVIOU (Excludes Probation S	JSLY PAID	%						
	BASIC ADDITIONAL			] payor. The A	ABOVE STATEMENTS ARE	CORRECT TO THE	SUBTOTAL PREMIUM PREVIOU (Excludes Probation S Federal Policy Fee)	JSLY PAID urcharge/							
	BASIC ADDITIONAL	TOTAL	□ agent □ =alse statemen	PAYOR. THE A	ABOVE STATEMENTS ARE NISHABLE BY FINE OR IN	1PRISONMENT	SUBTOTAL PREMIUM PREVIOL (Excludes Probation S Federal Policy Fee) DIFFERENCE	JSLY PAID urcharge/	%						
SIGNATURE COVER/	BASIC ADDITIONAL	TOTAL	□ agent □ =alse statemen	] payor. The A	ABOVE STATEMENTS ARE NISHABLE BY FINE OR IN	CORRECT TO THE IPRISONMENT	SUBTOTAL PREMIUM PREVIOU (Excludes Probation S Federal Policy Fee)	JSLY PAID urcharge/							

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.

FLOOD INSURANCE GENERAL CHANGE ENDORSEMENT

POLICY NUMBER

IMPC	RTANT - PLEAS	SE PRINT OR T	YPE						L								
	REASON FOR CHANGE:																
POLICY TERM	(ATTACH MEMO IF ADDITIONAL SPACE IS NEEDED).         DIRECT BILL INSTRUCTIONS:       POLICY PERIOD IS FROMTO																
					VENT EFFEC								PERIOD)				
0N	INISI IDANICE ACENIT OR PROVED						Yes 🗌 no			g address, and teli	EPHONE NO. OF I	NSURED:					
TA TA						X ID # :		-									
AGENT FORMATION			NEW AGEN				INSURED MAIL ADDRESS										
IN	PHONE NO:	FAX N	NO:				LI NO UST SIGN THIS FO		Z								
								IS INSURED PROPERTY LOCATION SAME AS INSURED'S MAILING ADDRESS?									
щЩ	IS INSURANCE RE	Equired for DISA	STER ASSISTAN	CE? LY	ES 🗌 N	0	~ ~	YES NO IF NO, ENTER PROPERTY ADDRESS. IF RURAL,									
<b>ASTE</b>		THE GOVERNMEN		_		1A 🗌 F	HA BE	DESCRIBE PROPERTY LOCATION (DO NOT USE P.O. BOX).									
DISASTER		(SPECIFY):			_		LOC PRO										
- A	ENTER CASE FIL	E NUMBER						THE LOCATION OF INSURED PROPERTY CANNOT BE CHANGED BY ENDORSEMENT									
									A NEW APPLICATION IS <b>REQUIRED</b> .								
	NAME AND ADE	DRESS OF FIRST MC	RTGAGEE				HER			EE, LOSS PAYEE OR LUDING THE NAM			ED, COMPLETE				
FIRST MORTGAGEE							ZND MORTGAGEE/OTHER		· · · · · · · · ·				E				
FIRST RTGA(							IGAG		F OTHER, PLEASE S	SPECIFY:							
L R	LOAN NO.:						MORI										
	PHONE NO.:		FA	X NO.: _			2ND	LOAN	N NO.: NE NO.:	FA	X NO.:						
È	RATING MAP INF							GRAN	idfathered?	es 🗌 no 🛛 IF Y	'es, 🗌 built	IN CON					
JUN	NAME OF COUN	TY/ PARISH ). / PANEL NO. ANE	) SUFFIX							ERAGE? PRIOR NO./PANEL NO. AN	POLICY NO						
COMMUNITY	FIRM ZONE	OGRAM TYPE IS:		_					ENT FIRM ZONE		RENT BFE						
Ŭ		DING OWNED BY				NO : IS I	•		N FEDERAL LAND								
	BUILDING OCCUPA		NUMBER OF FI BUILDING (INC		NTIRE			IP?			BUILDING	G USE:					
	SINGLE FAMILY		BASEMENT/EN OR BUILDING	CLOSED AR	EA, IF ANY)		OVERAGE IS FOR:										
		NTIAL		2			ENTIRE BUIL	DING		LLED AND ROOFED?							
ğ	(INCLUDING HO		3 OR MOR				AL CONDOMINIU	М		IS BUILDING OVER WATER?			L BOILDING				
BUILDING	BASEMENT/ENC	ose/rown	BUILDING ASSOCIATION				Dertially										
BUI	CRAWLSPACE			,	10BILE) (INCLUDE NON												
		1ENT/ENCLOSURE	FOUNDAT					RISE					T				
		SEMENT/ENCLOSURE							IF YES, AREA BE	FOR MAN	FOR MANUFACTURED (MOBILE)						
	CRAWLSPACE	WLSPACE	IF NOT A SING			AMOUNT		551	FREE OF C		HOMES /	TRAVELT	RAILERS,				
				THE NUMBER OF OCCUPANCIES (UNITS) ARE						OMPLETE PART 2 OF			e, section III ISURANCE				
								_ NO	THE FLOOD IN	SURANCE APPLICATIO	ON. APPLICAT	APPLICATION.					
VTS	CONTENTS LOCATED IN:																
CONTENTS	BASEMENT/ENCLOSURE AND ABOVE																
8		LOWEST FLOOR ONLY ABOVE GROUND LEVEL															
		PERTY HOUSEHOLD						BOX)					<u> </u>				
		MIT DATE			MANUFAC	TURED (MC	BILE) HOMES/TRA	MES/TRAVEL TRAILERS LOCATED IN A MOBILE HOME PARK DATE									
ATA		ISTRUCTION	-					ON DATE OF MOBILE HOME PARK OR SUBDIVISION FACILITIES									
CONSTRUCTION DATA			E.				TE OF PERMANEN				12 17 0 0 0	۲) (۲	IM/DD/YYYY)				
Ē																	
TRL					O,AH,V,VI-V30,VE, OR IF PRE-FIRM CONSTRUCTION IS ELEVATION RATED, ATTACH CERTIFICATION.												
NO		M NUMBER EVATION															
	IN ZONES V AND V	I-V30 ONLY DOES B	ASE FLOOD ELE	VATION IN	CLUDE EFFE	CTS OF WA	VE ACTION?	es 🗌	NO IS BUILDING	FLOODPROOFED?	YES NO	CERT	FICATION FORM				
	DEDUCTIBLE: BUIL	DING \$	C	ONTENTS	\$		DEDUC	CTIBLE	BUYBACK? YES [	NO							
		ТС	D INCREASE/DEC	CREASE COV			fions a & B.	FC	DR RATE CHANGE, CO	IMPLETE SECTION A C	DNLY.						
	INSURAN	CE COVERAGE			SECTION CURRENT (	COVERAGE			SECTION B				NEW PREMIUM				
ğ	BUILDING BASIC		AMC	DUNT	RA	ΤE	PREMIUM		AMOUNT	RATE	PREMIUN	Ч					
ATI	BUILDING ADDIT																
Q 2	CONTENTS BASIC																
EAN	IF	CHANGING AMOUN	IT OF INSURANC	CE, ENTER N	EW TOTAL A	MOUNT BE	LOW		PAYMENT OPTION:	SUBTOTAL							
COVERAGE AND RATING	IF CHANGING AMOUNT OF INSURANCE, ENTER NEW TOTAL AMOUNT BELOW									DEDUCT. DISCOU SUBTOTAL		GE					
OVE	BUILDING COVERAGE				CONT	fents cov	ERAGE		OTHER:	ICC PREMIUM							
0	BASIC ADDITIONAL		TOTAL	TOTAL BASIC ADE			DDITIONAL TOTAL			SUBTOTAL CRS PREMIUM DISCOUNT %							
				1						SUBTOTAL							
RE	IF RETURN PREMIU	M, MAIL REFUND TO VLEDGE. I UNDERST/								PREMIUM PREVIOU (Excludes Probation S							
ATU	UNDER APPLICABL			I ALSE STAT	LITENTS PIP	U DE LONIS		A ILLER		Federal Policy Fee)	U						
SIGNATURE										DIFFERENCE PRO RATA FACTO	 R	_ (+/-)					
-w	SIGNATURE O	F INSURED AND DA	TE	SIGNATURI	OF INSURA	ANCE AGEN	IT/BROKER	DA	TE (MM/DD/YYYY)	TOTAL		(+/-)					
FFM	EMA Form 086-0-3, AUG 09 Previously FEMA Form 81-18 F-051 (8/09																

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FLOOD INSURANCE GENERAL CHANGE ENDORSEMENT

POLICY NUMBER

IMPC	RTANT - PLEASE PRINT OR 1	ГҮРЕ												
	REASON FOR CHANGE:													
POLICY TERM	(ATTACH MEMO IF ADDITIONAL SPACE IS NEEDED).         DIRECT BILL INSTRUCTIONS:       POLICY PERIOD IS FROMTO													
AGENT INFORMATION	NAME, ADDRESS OF LICENSED PROF INSURANCE AGENT OR BROKER :	DDRESS C GENCY NG GENTS TA IEW AGEN	HANGE O: X ID # : T ] YES	E DATE:										
	PHONE NO: FAX	NO:	IF	YES, THE I	NSURED M	UST SIGN THIS F	N THIS FORM							
DISASTER ASSISTANCE	IS INSURANCE REQUIRED FOR DIS IF YES, CHECK THE GOVERNME OTHER (SPECIFY): ENTER CASE FILE NUMBER	NT AGENCY:	SBA	FEM		PROPERTY LOCATION	DESC	ES NO IF	NO, ENTER PROPEI I LOCATION (DO N	s insured's Mailin RTY ADDRESS. IF RUR OT USE P.O. BOX). IOT BE CHANGED BY E	AL,			
FIRST MORTGAGEE	A NEW APPLICATION IS REQUIRED.         NAME AND ADDRESS OF FIRST MORTGAGEE         UDAN NO::													
	PHONE NO.:	FA	X NO.:			SND	PHONE	NO.: E NO.:	FA	X NO.:				
<b>VTINUMMOC</b>									tes 🗌 no 🛛 IF y	es, 🗌 built in coi Policy no.				
ō	FIRM ZONE COMMUNITY PROGRAM TYPE IS:	REGULAR		GENCY			CURREN	IT FIRM ZONE	CUR	RENT BFE	_			
	IS INSURED BUILDING OWNED B	Y STATE GOVER	NMENT?	YES			_	FEDERAL LAND	)? 🗌 YES 🗌 NO	-				
	SINGLE FAMILY	BASEMENT/ENCL									SE/BUILDING GUEST HOUSE			
	OTHER RESIDENTIAL     NON-RESIDENTIAL						LUING	YES N	10					
BUILDING	(INCLUDING HOTEL/MOTEL) BASEMENT/ENCLOSURE/ CRAWLSPACE		RESIDENTIAL CONDOMINIUM RESIDENTIAL CONDOMINIUM BUILDING ASSOCIATION POLI ONLY - TOTAL NUMBER OF U			OLICY F UNITS	IS BUILDING O		CLUBHOUSE, BUILDING					
		R ON (INCLUDE NON-RES.)			RES.)		GE SHED							
						-RISE 🗌 LOV	V-RISE	🗌 YES 🗌						
	UNFINISHED BASEMENT/ENCLOSURI CRAWLSPACE SUBGRADE CRAWLSPACE	IF NOT A SING THE NUMBER (	GLE FAMILY DWELLING, OF OCCUPANCIES		s				DBSTRUCTION STRUCTION	FOR MANUFACT HOMES / TRAVEL COMPLETE PART	TRAILERS, 2, SECTION III			
		(UNITS) ARE _	RE IS BUILDING INSURI RESIDENCE?						OMPLETE PART 2 OF ISURANCE APPLICATIC	OF THE FLOOD II DN. APPLICATION.	NSURANCE			
Ņ														
CONTENTS	BASEMENT/ENCLOSURE	OVE				ABOVE GROU	ND LEVEL	MORE THAN ONI	E FULL FLOOR		0			
EN O						(IF SINGLE FAI	MILY, CON	TENTS ARE RATED	THROUGHOUT THE B	UILDING)	Р			
0	IS PERSONAL PROPERTY HOUSEHOL	d contents?	YES 🗆 N	IO IF NO,	PLEASE DES	SCRIBE:					<b>v</b>			
ATA	ALL BUILDINGS: (CHECK ONE OF TH BUILDING PERMIT DATE	E FIVE BLOCKS AN	ים ים	manufac <sup>-</sup> or subdiv	tured (MC (Ision: Co	BILE) HOMES/TR	AVEL TRAI ATE OF MO	OBILE HOME PARK	i a mobile home pari Cor subdivision fac	ILITIES	DATE			
CONSTRUCTION DATA	SUBSTANTIAL IMPROVEMENT DA	TE				DBILE) HOMES/TR TE OF PERMANEI			JTSIDE A MOBILE HOM		// MM/DD/YYYY)			
<b>P</b> E	IS BUILDING POST-FIRM CONSTRUCT									i	ŧ			
IRU	IF POST-FIRM CONSTRUCTION IN ZC													
ISNO	BUILDING DIAGRAM NUMBER LOWEST FLOOR ELEVATION							LEVATION CERTIF			OOD INSURANCE			
ğ	IN ZONES V AND VI-V30 ONLY DOES										ANUAL FOR			
	 DEDUCTIBLE: BUILDING \$	C	ONTENTS \$					JYBACK? YES						
		TO INCREASE/DEC	REASE COVE						OMPLETE SECTION A C	DNLY.				
				SECTION					SECTION B					
	INSURANCE COVERAGE	AMC	1	CURRENT C	COVERAGE	PREMIUM		AMOUNT	RATE	PREMIUM	NEW PREMIUM			
<b>BNI</b>	BUILDING BASIC													
RAT	BUILDING ADDITIONAL CONTENTS BASIC													
Q	CONTENTS ADDITIONAL													
GE	IF CHANGING AMOU	MOUNT BE	LOW		(MENT TION:	SUBTOTAL DEDUCT. DISCOU	NT/SURCHARGE							
COVERAGE AND RATING	BUILDING COVERAGE CONTENTS COVERAGE							CREDIT CARD	SUBTOTAL					
COV								OTHER:	ICC PREMIUM SUBTOTAL					
	BASIC ADDITIONAL	TOTAL	TOTAL BASIC			ADDITIONAL TOTAL			CRS PREMIUM DIS SUBTOTAL					
JRE	IF RETURN 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       PREMIUM PREVIOUSLY PAID													
SIGNATURE	UNDER APPLICABLE FEDERAL LAW.		-						Federal Policy Fee) DIFFERENCE	(+/-)	<b>↓↓</b>			
SIGN	SIGNATURE OF INSURED AND D	ATE	SIGNATURE				DATE		PRO RATA FACTO					
	JIGINALURE OF INSUKED AND D		JIGINALUKE	OF INSUKA	NINCE AGEN		DAIE	(MM/DD/YYYY)	TOTAL	(+/-)				
FFM	A Form 086-0-3, AUG 09				Pr	eviously Fl		orm 81-18			F-051 (8/09			

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FLOOD INSURANCE GENERAL CHANGE ENDORSEMENT

POLICY NUMBER

IMPO	RIANI - PLEASE PRIN	OKTIP	-													
	REASON FOR CHANGE:	AL SPACE IS N														
POLICY TERM	(ATTACH MEMO IF ADDITIONAL SPACE IS NEEDED).         DIRECT BILL INSTRUCTIONS:       POLICY PERIOD IS FROMTO															
ZO	NAME, ADDRESS OF LICENS INSURANCE AGENT OR BRC		Y OR CASUALTY													
GENT RMATION																
AGENT ORMA1				AGENTS TA	X ID # :		DARED DORES									
Ă Ō				NEW AGEN	IT YES											
Ħ	PHONE NO:	FAX NO		IFYES, THE	INSURED M	UST SIGN THIS FORM										
DISASTER	IS INSURANCE REQUIRED					È 5 □	IS INSURED PROPERTY LOCATION SAME AS INSURED'S MAILING ADDRESS?									
SAS		۲ı				CAT										
DI ASS						2 3										
	ENTER CASE FILE NUMB	ER					THE LOCATION OF INSURED PROPERTY CANNOT BE CHANGED BY ENDORSEMENT									
							NEW APPLICATION IS I	-								
	NAME AND ADDRESS OF	FIRST MORT	GAGEE			E IF S	SECOND MORTGAG E FOLLOWING, INC				.ED, COMPLETE					
lst gagee							2ND MORTGAGEE									
							IF OTHER, PLEASE									
FIF MORT						ORTG					F					
Σ						H D MORTGAGEE/OTHER	AN NO.:									
	PHONE NO.:		FAX NC	.:			AN NO.: ONE NO.:	FA	X NO.:							
COMMUNITY	RATING MAP INFORMATIC NAME OF COUNTY/ PARIS															
MU	NAME OF COUNTY/ PARIS COMMUNITY NO. / PANEL	NO. AND SI	JFFIX			CUF	CONTINUOUS COV RENT COMMUNITY	VERAGE ? PRIOR NO./PANEL NO. AN	POLICY NO ID SUFFIX		A					
WO	FIRM ZONE COMMUNITY PROGRAM 1					i	RENT FIRM ZONE	<b>_</b>	PENT REE		— (					
U	IS INSURED BUILDING OV						ON FEDERAL LAND									
	BUILDING OCCUPANCY	N	UMBER OF FLOORS		CONDO F	ORM OF OWNERSHIP?		THE COURSE OF	BUILDING US	E:	E					
	SINGLE FAMILY		JILDING (INCLUDE ASEMENT/ENCLOSE		YES					DUSE/E						
	2-4 FAMILY	0		. ,	_	OVERAGE IS FOR:	IS BUILDING W	ALLED AND ROOFED?			JEST HOUSE					
	OTHER RESIDENTIAL     NON-RESIDENTIAL							10								
<b>N</b>			3 OR MORE			AL CONDOMINIUM		VER WATER?								
BUILDING	BASEMENT/ENCLOSURE		(RCBAP LOWRISE			ASSOCIATION POLIC OTAL NUMBER OF UNI										
E S	CRAWLSPACE					(INCLUDE NON-RES.)										
-			HOME/TRAVELTR FOUNDATION	AILER ON			IS BUILDING EL									
	FINISHED BASEMENT/ENCL		TOONDATION		L HIGH	-RISE LOW-RISE				1						
			NOT A SINGLE FAM			REPLACEMENT COST	IF YES, AREA BE		FOR MANUFACTURED (MOBILE)							
	SUBGRADE CRAWLSPACE		HE NUMBER OF OC		AMOUNT	\$										
		(L	JNITS) ARE			G INSURED'S PRINCIPA	L IF ELEVATED, CO	OF THE FLO	OF THE FLOOD INSURANCE							
					RESIDENC	CE? LYES LN		ISURANCE APPLICATIO	ON. APPLICATION.							
ST	CONTENTS LOCATED IN:															
TEN	BASEMENT/ENCLOSURE AND ABOVE															
CONTENTS		ABOVE GROU	ND LEVEL			(IF SINGLE FAMILY, O	CONTENTS ARE RATED	THROUGHOUT THE E	BUILDING)							
Ŭ	IS PERSONAL PROPERTY HO	USEHOLD CO			, PLEASE DES	SCRIBE:										
	ALL BUILDINGS: (CHECK ON		e blocks and re				,		ľ	•••••						
A						· ·	YES/TRAVEL TRAILERS LOCATED IN A MOBILE HOME PARK DATE									
DAT							IN DATE OF MOBILE HOME PARK OR SUBDIVISION PACILITIES									
CONSTRUCTION DATA						TE OF PERMANENT PL				۹)						
Ĕ	IS BUILDING POST-FIRM CON	ISTRUCTION	🗌 yes 🗌 no						:.	•••••						
Ĩ.	IF POST-FIRM CONSTRUCTIO	n in zones	A, A I - A30, AE, AO, A	H, V, VI - V30, VE, O	R IF PRE-FIR	M CONSTRUCTION IS	ELEVATION RATED, A	TTACH CERTIFICATION	N.							
ISN	BUILDING DIAGRAM NUMBE					5)	ELEVATION CERTIF		[	SEE FL						
8	LOWEST FLOOR ELEVATION IN ZONES V AND VI-V30 ONI		-) BASE FLOOD EL	EVATION	(=) =CTS OF WA	DIFFERENCE TO NEAF		(+ OR -) 3 FLOODPROOFED? [								
	DEDUCTIBLE: BUILDING \$ _						LE BUYBACK?				<b>`</b>					
	r	101	NCREASE/DECREASE			IIUINS A & B.	FOR RATE CHANGE, CO	UNFLETE SECTION A C	JINLI.		, 🗖					
	INSURANCE COVE	RAGE			COVERAGE			SECTION B	1		NEW PREMIUM					
U			AMOUNT	R/	ATE .	PREMIUM	AMOUNT	RATE	PREMIUM		<b>├</b> ────┤ <b> </b>					
É	BUILDING BASIC BUILDING ADDITIONAL										├───┤┣					
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AND	CONTENTS ADDITIONAL		1				PAYMENIT	SUBTOTAL			┟────┤┣┛					
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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.

## 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

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.**