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

National Flood Insurance Program

# FLOOD INSURANCE PREFERRED RISK POLICY APPLICATION

IMPORTANT – PLEASE PRINT OR TYPE

| □NFW    | CURRENT POLICY NUMBER |
|---------|-----------------------|
| RENEWAL | FL                    |
|         | IF NEW, LEAVE BLANK   |

| 0                      | PRIANI - PLEASE PRINI OR IT  |  |                                 |   |  | L  | _  |  |
|------------------------|--|--|---------------------------------|---|--|--|--|--|
|                        | DIRECT BILL INSTRUCTIONS:  |  |                                 | POLICY PERIOD IS FROM TO  |  |  |  |  |
| POLICY                 | □ BILL □ BILL □ BILL □ BILL □ BILL INSURED FIRST SECOND LOSS OTHER MORTGAGEE MORTGAGEE PAYEE   |  |                                 | WAITING PERIOD: ☐ STANDARD 30-DAY ☐ LOAN TRANSACTION – NO WAITING  12:01 A.M. LOCAL TIME AT THE INSURED PROPERTY LOCATION |  |  |  |  |
| NO                     | NAME, ADDRESS, TELEPHONE NO., AND FAX NO. OF LICENSED PROPERTY OR CASUALTY INSURANCE AGENT OR BROKER:  |  |                                 | S<br>RESS   | , , , , , , , , , , , , , , , , , , ,                        | NE NUMBER, AND MAILING ADDRESS   | S OF INSURED:                              |  |
| AGENT<br>INFORMATION   | AGENCY NO.:  | FAX NO.:   |                                 | INSURED'S<br>MAILING ADDRESS  |  |  |  |  |
| DISASTER<br>ASSISTANCE | CASE FILE NUMBER:  NAME, TELEPHONE NO., FAX NO., AND ADDRESS OF FIRST MORTGAGEE INCLUDING LOAN NUMBER:  LOAN NUMBER:  IS INSURED LOCATION SAME AS INSURED MAILING ADDRESS?  YES NO   |  |                                 | MORTGAGEE/OTHER   | FOLLOWING MUS<br>FAX NO., AND AI                             | AGEE DISASTER AGENCY, SPECI  | AME, TELEPHONE NO., FY                     |  |
| FIRST<br>MORTGAGEE     |  |  |                                 | SECOND  | PHONE NO.:<br>NAME OF COUNTY/                                | FAX NO.:<br>PARISH:<br>ER AND SUFFIX FOR LOCATION OF PROPERT   |  |  |
| PROPERTY<br>LOCATION   |  |  |                                 | FLOOD INSURANCE RATE MAP ZONE   |  |  |  |  |
| BUILDING               | SINGLE FAMILY 2.4 FAMILY DOTHER RESIDENTIAL NON-RESIDENTIAL (INCL. HOTEL/MOTEL) TR   | GLE FAMILY FAMILY ER RESIDENTIAL L-RESIDENTIAL L-HOTEL/MOTEL)  BUILDING TYPE (INCLUDING BASEMENT/ENCLOSURE):  (BASEME (BASEME THREE OR MORE FLOORS THREE OR MORE FLOORS TRAILER ON FOUNDATION  CROWN  BUILDING TYPE (INCLUDING BASEMENT/ENCLOSURE):  (BASEMENT LOWEST GROUND |                                 |   | IN:<br>Y<br>Y NOT ELIGIBLE)<br>OSURE AND ABOVE<br>ONLY ABOVE | BASEMENT, ENCLOSURE, CRAWLSPACE NONE FINISHED BASEMENT/ ENCLOSURE UNFINISHED BASEMENT/ ENCLOSURE   |  |  |
| BUIL                   | ☐ BUILDING PERMIT DATE ☐ DATE OF CONSTRUCTION ☐ SUBSTANTIAL IMPR. DATE   | OO FORM OF OWNERSHIP?  | LEVEL AND  ABOVE GRO ONE FULL F | HIGH<br>OUND<br>FLOOR   | LEVEL MORE THAN  | ☐ AGRICULTURAL BUILDING ☐ WARCHOUSE ☐ POOLHOUSE, CLUBHOUSE, REC. BLDG. ☐ TOOL/STORAGE SHED ☐ OTHER: ☐ ORBITE HOME PARK OR SURDIVISION FACILITIES | ENCLOSURE  CRAWLSPACE  SUBGRADE CRAWLSPACE |  |
|                        |  | TRAVEL TRAILERS LOCATED OUTSIDE A MOBILE HOME  |                                 |   |  |  | <u> </u>                                   |  |
|                        | A) IS THE BUILDING LOCATED IN<br>OR ON A FLOOD INSURANCE I   | HOULD BE USED TO DETERMINE A BUILDING'<br>I A SPECIAL FLOOD HAZARD AREA ON A FLOO<br>RATE MAP ZONE A, AE, A1-A30, AO, AH, A99,   | D HAZARD BO                     | OUND  | DARY MAP,  | ENTER SELECTED OPTION FROM THE PRE IN THE FLOOD INSURANCE MANUAL BUILDING AND CONTENTS COVERAGE COM  |  |  |
| E                      | V1-V30, AR, AR DUAL ZONES AR/AE, AR/AH, AR/AO, AR/A1-A30, AR/A? ☐ YE  B) DO ANY OF THESE CONDITIONS, ARISING FROM ONE OR MORE OCCURENCES, EXIST?  TWO (2) LOSS PAYMENTS, EACH MORE THAN \$1,000 ☐ YE   |  |                                 |   | J NO                     | BUILDING: \$ CONTENTS: \$  |  |  |
| NOTICE                 | THREE (3) OR MORE LOSS PA  | YMENTS, REGARDLESS OF AMOUNT   | ☐ YES                           | _   | DNE ON □   | PREMIUM: \$  |  |  |
|                        | ` '  | RELIEF PAYMENTS, EACH MORE THAN \$1,000  |                                 |   | □ NO   | CONTENTS COVERAGE ONLY   |  |  |
|                        | THREE (3) FEDERAL DISASTER RELIEF PAYMENTS, REGARDLESS OF AMOUNT YE.  ONE (1) FLOOD INSURANCE CLAIM PAYMENT AND ONE (1) FLOOD DISASTER RELIEF PAYMENT (INCLUDING LOANS AND GRANTS), EACH MORE THAN \$1,000 YE.  INSURANCE IS AVAILABLE UNDER THIS APPLICATION ONLY IF THE ANSWERS TO THESE QUESTIONS A |  |                                 | s [   | □NO  | AMOUNT: \$ PREMIUM: \$   |  |  |
|                        |  |  | •                               |   |  | DEDMITTED)   |  |  |
| SIGNATURE              |  | (ONE BUILDING PER F<br>ABOVE STATEMENTS ARE CORRECT TO THE<br>IT ANY FALSE STATEMENTS MAY BE PUNIS   | E BEST OF M                     | IY KN   | NOWLEDGE. THE PI   | ROPERTY OWNER AND I UNDERSTAN  | D  |  |
| SIG                    | SIGNATURE OF INSURANCE AGENT/  | /BROKER  |                                 |   |  | DATE(MM/DI   | D/YYYY)                                    |  |
|                        |  |  |                                 |   |  |  |  |  |

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

National Flood Insurance Program

## FLOOD INSURANCE PREFERRED RISK POLICY APPLICATION

| □NFW    | CURRENT POLICY NUMBER |
|---------|-----------------------|
| RENEWAL | FL                    |
|         | IF NEW, LEAVE BLANK   |

| MPO                    | PRTANT – PLEASE PRINT OR TYPE  |                         |  |  |          |   |                                     | _      |
|------------------------|--|-------------------------|--|--|----------|---|-------------------------------------|--------|
|                        | DIRECT BILL INSTRUCTIONS:  |                         |  | LICY PERIO   | D IS FR  | OM TO   |                                     |        |
| POLICY                 | □ BILL □ BILL □ BILL □ BILL  |                         |  | WAITING PERIOD: ☐ STANDARD 30-DAY ☐ LOAN TRANSACTION – NO WAITING  |          |   |                                     |        |
| 쥖벁                     | INSURED FIRST SECOND LOSS OTHER<br>MORTGAGEE MORTGAGEE PAYEE   |                         |  | WAITING PERIOD: LISTANDARD 30-DAY LI LOAN TRANSACTION - NO WAITING  12:01 A.M. LOCAL TIME AT THE INSURED PROPERTY LOCATION |          |   |                                     |        |
|                        |  |                         |  |  |          |   |                                     |        |
|                        | NAME, ADDRESS, TELEPHONE NO., AND FAX NO. OF LICENSED PROPERTY OR CASUALTY INSURANCE AGENT OR BROKER:  |                         |  | <i>'</i>   | LEPHO    | NE NUMBER, AND MAILING ADDRESS  | S OF INSURED:                       |        |
| NO<br>O                |  |                         | INSURED'S<br>MAILING ADDRESS   |  |          |   |                                     |        |
| MAT                    |  |                         | ADD<br>ADD   |  |          |   |                                     |        |
| AGENT<br>INFORMATION   | PHONE NO.: FAX NO.:  |                         | NSU.   |  |          |   |                                     |        |
| Z                      | AGENCY NO.:  |                         |  |  |          |   |                                     |        |
|                        | AGENT'S TAX ID:  |                         |  |  |          |   |                                     |        |
|                        | IS INSURANCE REQUIRED FOR DISASTER ASSISTANCE? YES NO  |                         | 盗  |  |          | TGAGEE, LOSS PAYEE OR OTHER IS TO<br>ST BE COMPLETED, INCLUDING THE N |                                     |        |
| NCE                    | IF YES, CHECK THE GOVERNMENT AGENCY:  ☐ SBA ☐ FHA  |                         | MORTGAGEE/OTHER  | FAX NO.,   |          |   |                                     |        |
| DISASTER<br>ASSISTANCE | ☐ FEMA ☐ OTHER (SPECIFY)   |                         | GEE,   | ☐ 2ND M<br>☐ LOSS I  |          | GEE DISASTER AGENCY, SPECI OTHER (SPECIFY)                            | FY                                  |        |
| ASS                    | CASE FILE NUMBER:  |                         | тбА  |  |          |   |                                     |        |
|                        | GASE FILE NOWIDEN.   |                         |  |  |          |   |                                     |        |
| ш                      | NAME, TELEPHONE NO., FAX NO., AND ADDRESS OF FIRST MORTGAGEE INCLUDING LOAN NUMBER:  |                         | SECOND   | LOAN NO  |          |   |                                     |        |
| AGE                    |  |                         | SEC  |  |          | FAX NO.:  |                                     | A      |
| FIRST<br>MORTGAGEE     | F  |                         |  | NAME OF C  | OUNTY/F  | PARISH:   |                                     | G      |
| Ĕ                      |  | _                       |  |  |          | ER AND SUFFIX FOR LOCATION OF PROPERT                                 |                                     | E      |
|                        | LOAN NUMBER:   |                         |  | FLOOD INSURANCE RATE MAP ZONE INFORMATION SOURCE:  |          |   |                                     |        |
| RT<br>ON<br>ON         | IS INSURED LOCATION SAME AS INSURED MAILING ADDRESS? YES NO IF NO, ENTER PROPERTY ADDRESS. IF RURAL, DESCRIBE PROPERTY LOCATION. (DO NOT USE P.O. BOX)   |                         |  | ☐ COMMUNITY OFFICIAL ☐ FLOOD MAP ☐ MORTGAGEE ☐ OTHER (SPECIFY):  |          |   |                                     | N<br>T |
| PROPERTY<br>LOCATION   |  |                         |  | FLOOD INSURANCE RATE MAP ZONE  |          |   |                                     |        |
| E2                     |  |                         |  | IS BUILDING  | G LOCATE | ED ON FEDERAL LAND? YES NO  |                                     |        |
|                        | BUILDING OCCUPANCY: INSURED'S PRINCIPAL RESIDENCE? ☐ YES ☐ NO CONTENTS LC  |                         |  |  |          | ESTIMATED REPLACEMENT COST AMOUNT \$                                  | BASEMENT, ENCLOSURE,<br>CRAWLSPACE  | C      |
|                        | ☐ 2-4 FAMILY ☐ OTHER RESIDENTIAL ☐ NON-RESIDENTIAL |                         | URE ONLY ENT ONLY NOT ELIGIBLE) ENT/ENCLOSURE AND ABOVE FLOOR ONLY ABOVE |  |          | BUILDING USE:   | □NONE                               | 0      |
| ى<br>ق                 |  |                         |  |  | BOVE     | ☐ DETACHED GUEST HOUSE  | ☐ FINISHED BASEMENT/<br>ENCLOSURE   | P      |
| BUILDING               | TRAILER ON FOUNDATION  | GROUND L  ☐ LOWEST FL   |  | ABOVE GROUND   | )        | ☐ DETACHED GARAGE ☐ AGRICULTURAL BUILDING                             | ☐ UNFINISHED BASEMENT/<br>ENCLOSURE |        |
| 3                      | / CONDO FORM OF OWNERSHIP? ☐ YES ☐ NO ☐ BUILDING PERMIT DATE COVERAGE FOR CONDO UNIT? ☐ YES ☐ NO   | LEVEL AND               |  |  | HAN      | ☐ WAREHOUSE ☐ POOLHOUSE, CLUBHOUSE, REC. BLDG. ☐ TOOL/STORAGE SHED    | ☐ CRAWLSPACE ☐ SUBGRADE CRAWLSPACE  | Y      |
|                        | ☐ DATE OF CONSTRUCTION ☐ SUBSTANTIAL IMPR. DATE  TOWNHOUSE/ROWHOUSE CONDO UNIT? ☐ YES ☐ NO   |                         | ABOVE GROUND LEVEL MORE THAN<br>ONE FULL FLOOR                           |  |          | OTHER:  |                                     |        |
|                        | ☐ MANUFACTURED (MOBILE) HOMES/TRAVEL TRAILERS LOCATED IN A MOBILE HOME PARK O☐ MANUFACTURED (MOBILE) HOMES/TRAVEL TRAILERS LOCATED OUTSIDE A MOBILE HOME F   |                         |  |  |          |   |                                     |        |
|                        | THE FOLLOWING CONDITIONS SHOULD BE USED TO DETERMINE A BUILDING'S  |                         |  |  |          | ENTER SELECTED OPTION FROM THE PRE                                    | MIUM TABLES                         |        |
|                        | A) IS THE BUILDING LOCATED IN A SPECIAL FLOOD HAZARD AREA ON A FLOOD OR ON A FLOOD INSURANCE RATE MAP ZONE A. AE. A1-A30. AO. AH. A99. V   |                         | DUND   | OARY MAP,  |          | IN THE FLOOD INSURANCE MANUAL   |                                     |        |
|                        | V1-V30, AR, AR DUAL ZONES AR/AE, AR/AH, AR/AO, AR/A1-A30, AR/A?  | ,, <b>v</b> L,<br>□ yes | s [  | □no  | 1        | BUILDING AND CONTENTS COVERAGE COMI                                   | BINATION                            |        |
|                        | B) DO ANY OF THESE CONDITIONS, ARISING FROM ONE OR MORE OCCURENCE  | _                       | _  | _  | 5        | BUILDING: \$  CONTENTS: \$  |                                     |        |
| NOTICE                 | TWO (2) LOSS PAYMENTS, EACH MORE THAN \$1,000  | ∐ YES                   | _  | □ NO   | PREMIUM  | PREMIUM: \$   |                                     |        |
| 8                      | THREE (3) OR MORE LOSS PAYMENTS, REGARDLESS OF AMOUNT TWO (2) FEDERAL DISASTER RELIEF PAYMENTS, EACH MORE THAN \$1,000   | ☐ YES                   | _  | □ NO<br>□ NO   |          |   |                                     |        |
|                        | THREE (3) FEDERAL DISASTER RELIEF PAYMENTS, REGARDLESS OF AMOUN  | _                       |  | □NO<br>□NO   |          | CONTENTS COVERAGE ONLY  |                                     |        |
|                        | ONE (1) FLOOD INSURANCE CLAIM PAYMENT AND ONE (1) FLOOD DISASTER   |                         |  | _  | -        | AMOUNT: \$ PREMIUM: \$  |                                     |        |
|                        | RELIEF PAYMENT (INCLUDING LOANS AND GRANTS), EACH MORE THAN \$1,000  YE INSURANCE IS AVAILABLE UNDER THIS APPLICATION ONLY IF THE ANSWERS TO THESE QUESTIONS A   |                         |  | ⊔ NO   | l        | FREINIONI. Ø  |                                     |        |
|                        |  | •                       |  |  | E NOT 5  | DEDMITTED)  |                                     |        |
| URE                    | (ONE BUILDING PER POLICY – BLANKET COVERAGE NOT PERMITTED)  THE ABOVE STATEMENTS ARE CORRECT TO THE BEST OF MY KNOWLEDGE. THE PROPERTY OWNER AND I UNDERSTAND  |                         |  |  |          |   |                                     |        |
| SIGNATURE              | THAT ANY FALSE STATEMENTS MAY BE PUNISH  | HABLE BY F              | INE (  | OR IMPRISO   | NMENT    | UNDER APPLICABLE FEDERAL LAW.   |                                     |        |
| Sic                    | SIGNATURE OF INSURANCE AGENT/BROKER  |                         |  | DATE<br>(MM/DD/YYYY)   |          |   |                                     |        |
|                        |  |                         |  |  |          |   |                                     |        |

FEMA Form 086-0-5, AUG 09

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

National Flood Insurance Program

# FLOOD INSURANCE PREFERRED RISK POLICY APPLICATION

IMPORTANT - PLEASE PRINT OR TYPE

| □NFW    | CURRENT POLICY NUMBER |
|---------|-----------------------|
| RENEWAL | FL                    |
|         | IF NEW, LEAVE BLANK   |

|   | RIANI - PLEASE PRINI  |  |                              | _  |   |   | _   |  |  |
|---|---|--|------------------------------|--|---|---|---|--|--|
|   | DIRECT BILL INSTRUCTIONS:  ☐ BILL ☐ BILL ☐ BILL ☐ BILL  INSURED FIRST SECOND LOSS OTHER  MORTGAGEE MORTGAGEE PAYEE  |  |                              | POLICY PERIOD IS FROM  |   |   |   |  |  |
| POLICY  |   |  |                              |  |   |   |   |  |  |
| NO  | NAME, ADDRESS, TELEPHONE NO., AND FAX NO. OF LICENSED PROPERTY OR CASUALTY INSURANCE AGENT OR BROKER:   |  |                              | S<br>RESS  | , , , , , , , , , , , , , , , , , , ,   | NE NUMBER, AND MAILING ADDRESS  | S OF INSURED:   |  |  |
| AGENT<br>INFORMATION                                | PHONE NO.: FAX NO.:<br>AGENCY NO.:<br>AGENT'S TAX ID:   |  | INSURED'S<br>MAILING ADDRESS |  |   |   |   |  |  |
| DISASTER<br>ASSISTANCE                              | IS INSURANCE REQUIRED FOR DISASTER ASSISTANCE? YES NO IF YES, CHECK THE GOVERNMENT AGENCY: SBA FHA FEMA OTHER (SPECIFY) CASE FILE NUMBER:   |  |                              | IF SECOND MORTGAGEE, LOSS PAYEE OR OTHER IS TO BE BILLED, THE FOLLOWING MUST BE COMPLETED, INCLUDING THE NAME, TELEPHONE NO., FAX NO., AND ADDRESS.   Description of the complete of the compl |   |   |   |  |  |
| FIRST<br>MORTGAGEE                                  | NAME, TELEPHONE NO., FA)<br>LOAN NUMBER:  | X NO., AND ADDRESS OF FIRST MORTGAGEE INCLUDIN   | G                            | SECOND M   | PHONE NO.:<br>NAME OF COUNTY/   | FAX NO.:<br>PARISH:<br>ER AND SUFFIX FOR LOCATION OF PROPERT  | Y INSURED:  |  |  |
| _   | LOAN NUMBER:  |  |                              | ≥  |   | FLOOD INSURANCE RATE MAP ZONE   |   |  |  |
| PROPERTY<br>LOCATION                                | IS INSURED LOCATION SAME AS INSURED MAILING ADDRESS? ☐ YES ☐ NO IF NO, ENTER PROPERTY ADDRESS. IF RURAL, DESCRIBE PROPERTY LOCATION. (DO NOT USE P.O. BOX)  |  |                              | COMMUNITY  | INFORMATION SOURCE:  COMMUNITY OFFICIAL  FLOOD MAP  MORTGAGEE  OTHER (SPECIFY): |   |   |  |  |
| 23  |   |  |                              | IS BUILDING LOCATED ON FEDERAL LAND? ☐ YES ☐ NO  |   |   |   |  |  |
| SNIG  | ☐ ONE FLOOR ☐ SPLIT LEVEL ☐ DNO-RESIDENTIAL ☐ ONE FLOOR ☐ THREE OR MORE FLOORS ☐ THREE OR MORE FLOORS ☐ LOWEST FOR THREE OR MORE FLOORS ☐ LOWEST FOR THREE OR MORE FLOORS ☐ LOWEST FOR THE FLOOR OR THE |  |                              | RE ONL<br>T ONL<br>T/ENCL<br>LOOR O<br>EVEL  | Y<br>Y not eligible)<br>.osure and above<br>only above                          | ESTIMATED REPLACEMENT COST AMOUNT \$  BUILDING USE:  MAIN HOUSE/BUILDING  DETACHED GUEST HOUSE  DETACHED GARAGE | BASEMENT, ENCLOSURE, CRAWLSPACE  NONE FINISHED BASEMENT/ ENCLOSURE Unfinished BASEMENT/ |  |  |
| BUILDING  | CONSTRUCTION DATE/ BUILDING PERMIT DATE DATE OF CONSTRUCTION SUBSTANTIAL IMPR. DATE   | CONDO FORM OF OWNERSHIP?   | LEVEL AND  ABOVE GROONE FULL | LOWEST FLOOR ABOVE GROUND<br>LEVEL AND HIGHER FLOORS<br>ABOVE GROUND LEVEL MORE THAN<br>DNE FULL FLOOR   |   | ☐ AGRICULTURAL BUILDING ☐ WAREHOUSE ☐ POOLHOUSE, CLUBHOUSE, REC. BLDG. ☐ TOOL/STORAGE SHED ☐ OTHER:             | ENCLOSURE  ☐ CRAWLSPACE  ☐ SUBGRADE CRAWLSPACE  |  |  |
|   |   | IOMES/TRAVEL TRAILERS LOCATED IN A MOBILE HOME PARK<br>IOMES/TRAVEL TRAILERS LOCATED OUTSIDE A MOBILE HOMI                                   |                              |  |   |   | •   |  |  |
|   | A) IS THE BUILDING LOCAT  | ONS SHOULD BE USED TO DETERMINE A BUILDING<br>TED IN A SPECIAL FLOOD HAZARD AREA ON A FLOC<br>ANCE RATE MAP ZONE A, AE, A1-A3O, AO, AH, A99, | DD HAZARD B                  |  |   | ENTER SELECTED OPTION FROM THE PRE IN THE FLOOD INSURANCE MANUAL  |   |  |  |
|   |   | ONES AR/AE, AR/AH, AR/AO, AR/A1-A30, AR/A?   | .,,<br>□ YE                  | s [  | □no   | BUILDING AND CONTENTS COVERAGE COM  | BINATION  |  |  |
|   | B) DO ANY OF THESE CON  | DITIONS, ARISING FROM ONE OR MORE OCCUREN  | ,                            |  | 5   | BUILDING: \$  CONTENTS: \$  |   |  |  |
| NOTICE  | • •   | TS, EACH MORE THAN \$1,000   | ☐ YE                         | _  | DNE ON □  | PREMIUM: \$   |   |  |  |
| Q   | • •   | SS PAYMENTS, REGARDLESS OF AMOUNT  | ☐ YE                         | _  | □ NO □ NO   | FREINIONI. \$   |   |  |  |
|   | ` ´   | STER RELIEF PAYMENTS, EACH MORE THAN \$1,00  | _                            |  | □ NO  | CONTENTS COVERAGE ONLY  |   |  |  |
|   |   | SASTER RELIEF PAYMENTS, REGARDLESS OF AMOU<br>NCE CLAIM PAYMENT AND ONE (1) FLOOD DISASTE  |                              | o L  | □NO   | AMOUNT: \$  |   |  |  |
|   | RELIEF PAYMENT (INCLUDING LOANS AND GRANTS), EACH MORE THAN \$1,000   |  |                              | s [  | □ №   | PREMIUM: \$   |   |  |  |
|   | INSURANCE IS AVAILABLE UN   | DER THIS APPLICATION ONLY IF THE ANSWERS TO THESI  | E QUESTIONS A                | RE NO  |   |   |   |  |  |
| SIGNATURE   |   | (ONE BUILDING PER<br>THE ABOVE STATEMENTS ARE CORRECT TO TH<br>THAT ANY FALSE STATEMENTS MAY BE PUNIS  | E BEST OF N                  | 1Y KN  | NOWLEDGE. THE PI  | ROPERTY OWNER AND I UNDERSTAN   | D   |  |  |
| SIGNATURE OF INSURANCE AGENT/BROKER DATE (MM/DD/YYY |   |  |                              |  | D/YYYY)   |   |   |  |  |

FEMA Form 086-0-5, AUG 09

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National Flood Insurance Program

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IMPORTANT – PLEASE PRINT OR TYPE

| □NFW      | CURRENT POLICY NUMBER |
|-----------|-----------------------|
| ☐ RENEWAL | FL                    |
|           | IF NEW, LEAVE BLANK   |

| 0         | DRIANT - PLEASE PRINT OR TIPE   |  |               |   |   |                           |  |   |             |  |
|-----------|---|--|---------------|---|---|---------------------------|--|---|-------------|--|
| ≻_        | DIRECT BILL INSTRUCTIONS:    BILL   |  |               | POLICY PERIOD IS FROM TO  |   |                           |  |   | -           |  |
| TERS      |   |  |               | WAITING PERIOD: ☐ STANDARD 30-DAY ☐ LOAN TRANSACTION – NO WAITING  12:01 A.M. LOCAL TIME AT THE INSURED PROPERTY LOCATION                           |   |                           |  |   |             |  |
|           | NAME, ADDRESS, TELEPHONE NO., AND FAX NO. OF LICENSED PROPERTY OR CASUALTY INSURANCE AGENT OR BROKER:   |  |               | NAME, TELEPHONE NUMBER, AND MAILING ADDRESS OF INSURED:   |   |                           |  |   | _           |  |
| NOIF      |   |  |               | D'S<br>DRES   |   |                           |  |   | _ M         |  |
| AGEN      |   |  |               | INSURED'S<br>ILING ADDRESS  |   |                           |  |   | _ 0         |  |
| Ā         | PHONE NO.: FAX NO.:<br>AGENCY NO.:  |  |               | MAILIN  |   |                           |  |   |             |  |
|           | AGENT'S TAX ID:   |  |               |   |   |                           |  |   | _ <u>T</u>  |  |
| ш         | IS INSURANCE REQUIRED FOR DISASTER ASSISTANCE? IF YES, CHECK THE GOVERNMENT AGENCY:   | ☐ YES ☐ N  | 0             | IF SECOND MORTGAGEE, LOSS PAYEE OR OTHER IS TO BE BILLED, THE FOLLOWING MUST BE COMPLETED, INCLUDING THE NAME, TELEPHONE NO., FAX NO., AND ADDRESS. |   |                           |  |   | G           |  |
| TANC      | □ SBA □ FHA   |  |               | E/01  | ☐ 2ND M   | ORTGA                     | GEE DISASTER AGENCY, SPECI   | FY                                      | _ A         |  |
| ASSIS     | ☐ FEMA ☐ OTHER (SPECIFY)  |  |               | GAGE  | □ LOSS P  | PAYEE                     | OTHER (SPECIFY)  |   | G           |  |
|           | CASE FILE NUMBER:   |  |               | MORTGAGEE/OTHER   |   |                           |  |   | _ <b>[</b>  |  |
| щ         | NAME, TELEPHONE NO., FAX NO., AND ADDRESS OF FIRST MOF<br>LOAN NUMBER:  | RTGAGEE INCLUDING  | G             | SECOND  | LOAN NO ·   |                           |  |   | _ E         |  |
| GAGE      |   |  |               | SEC   |   |                           | FAX NO.:   |   |             |  |
| MORT      |   |  |               |   | NAME OF CO  | ,                         | Parish:<br>Er and suffix for location of propert   | Y INSURED:                              | C           |  |
|           | LOAN NUMBER:  |  |               | Δ   | FLOOD INSURANCE RATE MAP ZONE                                     |                           |  | E                                       |             |  |
| È8        | IS INSURED LOCATION SAME AS INSURED MAILING ADDRESS? ☐ YES ☐ NO IF NO, ENTER PROPERTY ADDRESS. IF RURAL, DESCRIBE PROPERTY LOCATION.  |  |               | COMMUNITY   | INFORMATION SOURCE:  □ COMMUNITY OFFICIAL □ FLOOD MAP □ MORTGAGEE |                           |  |   |             |  |
| CAT       | (DO NOT USE P.O. BOX)   |  |               | 8   | OTHER (SPECIFY):  |                           |  |   |             |  |
| 22        |   |  |               | IS BUILDING LOCATED ON FEDERAL LAND? ☐ YES ☐ NO   |   |                           |  |   | _ '         |  |
|           | □ SINGLE FAMILY □ 2-4 FAMILY □ OTHER RESIDENTIAL □ ONE FLOOR □ SPLIT LEVEL □ NON-RESIDENTIAL □ (INCL. HOTEL/MOTEL) □ MANUFACTURED (MOBILE) HOME/TRAVEL □ TRAILER ON FOUNDATION □ SPLORS □ THREE OR MORE FLOORS □ LOWES GROU |  | CONTENTS LO   | E ONLY  |   | AMOUNT \$ CRA             |  | BASEMENT, ENCLOSURE,<br>CRAWLSPACE      | F           |  |
|           |   |  | BASEMENT      |   |   |                           | MAIN 11003E/ BUILDING  |   | 1           |  |
| BUILDING  |   |  | GROUND L      |   |   |                           | ☐ DETACHED GUEST HOUSE ☐ DETACHED GARAGE ☐ AGRICULTURAL BUILDING                               | ENCLOSURE  UNFINISHED BASEMEN ENCLOSURE | T/ <b>C</b> |  |
| BOIL      | / CONDO FORM OF OWNERSHIP?  | / CONDO FORM OF OWNERSHIP?   |               | T FLOOR ABOVE GROUND<br>AND HIGHER FLOORS<br>GROUND LEVEL MORE THA  |   |                           | □ WAREHOUSE □ POOLHOUSE, CLUBHOUSE, REC. BLDG. □ CRAWLSPACE □ CLUBHOUSE, CLUBHOUSE, REC. BLDG. |   |             |  |
|           | ☐ DATE OF CONSTRUCTION ☐ SUBSTANTIAL IMPR. DATE  TOWNHOUSE/ROWHOUSE CONDO UN  |  | ONE FULL I    |   | ☐ OTHER:  |                           |  | T                                       |             |  |
|           | ☐ MANUFACTURED (MOBILE) HOMES/TRAVEL TRAILERS LOCATED IN A MOBILE HOME PARK OR SUBDIVISION ☐ MANUFACTURED (MOBILE) HOMES/TRAVEL TRAILERS LOCATED OUTSIDE A MOBILE HOME PARK OR SUBDI  |  |               |   |   |                           |  |   | _ [ ]       |  |
|           | THE FOLLOWING CONDITIONS SHOULD BE USED TO DETER  A) IS THE BUILDING LOCATED IN A SPECIAL FLOOD HAZARD  | THE FOLLOWING CONDITIONS SHOULD BE USED TO DETERMINE A BUILDING'S ELIGIBILITY  |               |   |   |                           | ENTER SELECTED OPTION FROM THE PRE   | MIUM TABLES                             | 0           |  |
|           | OR ON A FLOOD INSURANCE RATE MAP ZONE A, AE, A1-A30, AO, AH, A99, V, VE,  |  |               | _   | BUILDING AND CONTENTS COVERAGE COMBINATION                        |                           |  | BINATION                                | N           |  |
|           |   | V1-V30, AR, AR DUAL ZONES AR/AE, AR/AH, AR/AO, AR/A1-A30, AR/A?  L) YE  B) DO ANY OF THESE CONDITIONS, ARISING FROM ONE OR MORE OCCURENCES, EXIST? |               |   |   |                           | BUILDING: \$   |   |             |  |
| NOTICE    | TWO (2) LOSS PAYMENTS, EACH MORE THAN \$1,000   |  |               |   | ONO CONTENTS: \$  NO PREMIUM: \$                                  |                           |  | C                                       |             |  |
| 2         | THREE (3) OR MORE LOSS PAYMENTS, REGARDLESS OF AMOUNT ☐ YES  TWO (2) FEDERAL DISASTER RELIEF PAYMENTS, EACH MORE THAN \$1,000 ☐ YES   |  |               |   | ] no<br>] no  | IO CONTENTS COVERAGE ONLY |  |   | 0           |  |
|           | THREE (3) FEDERAL DISASTER RELIEF PAYMENTS, REGARDLESS OF AMOUNT YES  |  |               |   | ONTENTS COVERAGE ONLY  AMOUNT: \$                                 |                           |  | P                                       |             |  |
|           | ONE (1) FLOOD INSURANCE CLAIM PAYMENT AND ONE (1) FLOOD DISASTER RELIEF PAYMENT (INCLUDING LOANS AND GRANTS), EACH MORE THAN \$1,000 ☐ YES  |  |               | s $\square$   | □ NO PREMIUM: \$  |                           |  |   | Y           |  |
|           | INSURANCE IS AVAILABLE UNDER THIS APPLICATION ONLY IF THE   | ANSWERS TO THESE   | E QUESTIONS A | RE NO   |   |                           |  |   |             |  |
| JRE       | · ·   | BUILDING PER I   |               |   |   |                           | PERMITTED)<br>ROPERTY OWNER AND I UNDERSTANI   | D                                       |             |  |
| SIGNATURE |   |  |               |   |   |                           | UNDER APPLICABLE FEDERAL LAW.  | -                                       |             |  |
| SIG       | SIGNATURE OF INSURANCE AGENT/BROKER   |  |               |   |   |                           | DATE(MM/DI   | D/YYYY)                                 |             |  |
|           |   |  |               |   |   |                           |  |   |             |  |

# FLOOD INSURANCE PREFERRED RISK POLICY APPLICATION FEMA FORM 086-0-5

#### **NONDISCRIMINATION**

No person or organization shall be excluded from participation in, denied the benefits of, or subjected to discrimination under the Program authorized by the Act, on the grounds of race, color, creed, sex, age or national origin.

#### PRIVACY ACT

The information requested is necessary to process your Flood Insurance Application for a flood insurance policy. The authority to collect the information is Title 42, U.S. Code, Sections 4001 to 4028. Disclosures of this information may be made: to federal, state, tribal, and local government agencies, fiscal agents, your agent, mortgage servicing companies, insurance or other companies, lending institutions, and contractors working for us, for the purpose of carrying out the National Flood Insurance Program; to current Severe Repetitive Loss property owners and Preferred Risk Policy owners for the purpose of property loss history evaluation; to the American Red Cross for verification of nonduplication of benefits following a flooding event or disaster; to law enforcement agencies or professional organizations when there may be a violation or potential violation of law; to a federal, state or local agency when we request information relevant to an agency decision concerning issuance of a grant or other benefit, or in certain circumstances when a federal agency requests such information for a similar purpose from us; to a Congressional office in response to an inquiry made at the request of an individual; to the Office of Management and Budget (OMB) in relation to private relief legislation under OMB Circular A-19; and to the National Archives and Records Administration in records management inspections. Providing the information is voluntary, but failure to do so may delay or prevent issuance of the flood insurance policy.

### **GENERAL**

This information is provided pursuant to Public Law 96-511 (Paperwork Reduction Act of 1980, as amended), dated December 11, 1980, to allow the public to participate more fully and meaningfully in the Federal paperwork review process.

#### **AUTHORITY**

Public Law 96-511, amended, 44 U.S.C. 3507; and 5 CFR 1320.

### PAPERWORK BURDEN DISCLOSURE NOTICE

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