

National Flood Insurance Program  
FLOOD INSURANCE GENERAL CHANGE ENDORSEMENT, PART 1 (OF 2)

POLICY #: \_\_\_\_\_

IMPORTANT—PLEASE PRINT OR TYPE; ENTER DATES AS MM/DD/YYYY.

<b>CHANGE</b>	<b>REASON FOR CHANGE (CHECK ALL THAT APPLY)</b> <input type="checkbox"/> MORTGAGEE <input type="checkbox"/> MAILING ADDRESS <input type="checkbox"/> INCREASE COVERAGE <input type="checkbox"/> BILLING <input type="checkbox"/> BUILDING INFORMATION <input type="checkbox"/> AGENT/PRODUCER <input type="checkbox"/> INSURED INFORMATION <input type="checkbox"/> OTHER (SPECIFY): _____	<b>ASSIGNMENT</b>	<b>REASON FOR ASSIGNMENT:</b> <input type="checkbox"/> NEW PURCHASE DATE OF PURCHASE: _____ / _____ / _____  <input type="checkbox"/> OTHER (SPECIFY): _____	<b>BILLING</b>	FOR RENEWAL, BILL: <input type="checkbox"/> INSURED <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> FIRST MORTGAGEE <input type="checkbox"/> OTHER (AS SPECIFIED IN THE *2ND MORTGAGEE/OTHER* BOX BELOW) <input type="checkbox"/> SECOND MORTGAGEE																																																														
<b>POLICY PERIOD</b>	POLICY PERIOD IS FROM _____ / _____ / _____ TO _____ / _____ / _____ 12:01 A.M. LOCAL TIME AT THE INSURED PROPERTY LOCATION. ENDORSEMENT EFFECTIVE DATE: _____ / _____ / _____ FOR ADDED COVERAGE, INDICATE THE APPLICABLE WAITING PERIOD: <input type="checkbox"/> STANDARD 30-DAY <input type="checkbox"/> REQUIRED FOR LOAN TRANSACTION – NO WAITING <input type="checkbox"/> MAP REVISION (ZONE CHANGE FROM NON-SFHA TO SFHA) – 1 DAY			<b>INSURED INFORMATION</b>	NAME AND MAILING ADDRESS OF INSURED:   PHONE NO.: _____																																																														
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<b>CONTENTS</b>	<b>CONTENTS LOCATED IN*:</b> <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 1 FULL FLOOR		IS PERSONAL PROPERTY HOUSEHOLD CONTENTS? <input type="checkbox"/> YES <input type="checkbox"/> NO IF NO, DESCRIBE: _____  *IF SINGLE FAMILY, CONTENTS ARE RATED THROUGHOUT THE BUILDING.		<b>CONSTRUCTION INFORMATION</b> CONSTRUCTION DATE: _____ / _____ / _____ CHECK ONE OF THE FOLLOWING: <input type="checkbox"/> BUILDING PERMIT <input type="checkbox"/> SUBSTANTIAL IMPROVEMENT <input type="checkbox"/> CONSTRUCTION <input type="checkbox"/> FOR 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"/> FOR MANUFACTURED (MOBILE) HOMES/TRAVEL TRAILERS LOCATED OUTSIDE A MOBILE HOME PARK OR SUBDIVISION: DATE OF PERMANENT PLACEMENT																																																														
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<b>NOTICE:</b> BUILDING COVERAGE BENEFITS – EXCEPT FOR A RESIDENTIAL CONDOMINIUM BUILDING – ARE NOT AVAILABLE IF OTHER NFIP BUILDING COVERAGE HAS BEEN PURCHASED BY THE APPLICANT OR ANY OTHER PARTY FOR THE SAME BUILDING. THE ABOVE STATEMENTS ARE CORRECT TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT ANY FALSE STATEMENTS MAY BE PUNISHABLE BY FINE AND/OR IMPRISONMENT UNDER APPLICABLE FEDERAL LAW. SEE REVERSE SIDE OF COPIES 2, 3, AND 4.																																																																			
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NFIP COPY

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AGENT COPY

National Flood Insurance Program  
FLOOD INSURANCE GENERAL CHANGE ENDORSEMENT, PART 1 (OF 2)

POLICY #: \_\_\_\_\_

IMPORTANT—PLEASE PRINT OR TYPE; ENTER DATES AS MM/DD/YYYY.

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INSURED COPY

National Flood Insurance Program  
FLOOD INSURANCE GENERAL CHANGE ENDORSEMENT, PART 1 (OF 2)

POLICY #: \_\_\_\_\_

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MORTGAGEE CERTIFICATION COPY



National Flood Insurance Program

FLOOD INSURANCE GENERAL CHANGE  
ENDORSEMENT, PART 2 (OF 2)

ALL DATA PROVIDED BY THE INSURED OR OBTAINED FROM THE ELEVATION CERTIFICATE SHOULD BE REVIEWED AND TRANSCRIBED BELOW. THIS PART OF THE APPLICATION MUST BE COMPLETED FOR ALL BUILDINGS.

POLICY #: \_\_\_\_\_

SECTION I - ALL BUILDING TYPES

1. Building Use:

- Main house/building       Detached guest house       Detached garage
- Agricultural building       Warehouse       Tool/storage shed
- Poolhouse, clubhouse, recreation building
- Other: \_\_\_\_\_

2. Garage

- a) Is there a garage attached to or part of the building?  
 YES     NO

If the answer to 2a is YES, answer 2b through 2f.

- b) Total area of the garage: [ ][ ][ ][ ][ ] square feet.
- c) Are there any openings (excluding doors) that are designed to allow the passage of floodwaters through the garage?  YES     NO

If yes, number of permanent flood openings within 1 foot above the adjacent grade: \_\_\_\_\_. Total area of all permanent openings: [ ][ ][ ][ ][ ] square inches.

- d) Is the garage used solely for parking of vehicles, building access, and/or storage?  YES     NO
- e) Does the garage contain machinery and/or equipment?  YES     NO  
If yes, check the applicable items:  
 Furnace       Heat pump       Air conditioner  
 Water heater     Fuel tank       Cistern  
 Elevator equipment     Washer & dryer     Food freezer  
 Other machinery and/or equipment servicing the building (describe): \_\_\_\_\_

- f) Does the garage have more than 20 linear feet of finished interior wall, paneling, etc.?  YES     NO

3. Basement/Subgrade Crawlpace

- a) Is the basement/subgrade crawlpace floor below grade on all sides?  
 YES     NO
- b) If yes, does the basement/subgrade crawlpace contain machinery and/or equipment?  YES     NO  
If yes, check the applicable items:  
 Furnace       Heat pump       Air conditioner  
 Water heater     Fuel tank       Cistern  
 Elevator equipment     Washer & dryer     Food freezer  
 Other machinery and/or equipment servicing the building (describe): \_\_\_\_\_

4. Additions and Extensions (if Applicable)

- Coverage is for:  
 Building including addition(s) and extension(s)  
 Building excluding addition(s) and extension(s)  
Provide policy number for addition or extension: \_\_\_\_\_  
 Addition or extension only (include description in the Property Location box in Part 1)  
Provide policy number for building excluding addition(s) or extension(s): \_\_\_\_\_

SECTION II - ELEVATED BUILDINGS

(Including Manufactured [Mobile] Homes/Travel Trailers)

1. Elevating Foundation Type

- Piers, posts, or piles
- Reinforced masonry piers or concrete piers or columns
- Reinforced concrete shear walls
- Solid foundation walls (Note: Not approved for elevating in Zones V1-V30, VE, or V.)

- Solid wood frame walls (non-breakaway)
- Masonry walls (if breakaway, submit certification documentation)
- Masonry walls (non-breakaway)
- Other (describe): \_\_\_\_\_

2. Machinery and Equipment Below the Elevated Floor

- Does the area below the elevated floor contain machinery and/or equipment?  YES     NO  
If yes, check the applicable items:  
 Furnace       Heat pump       Air conditioner  
 Water heater     Fuel tank       Cistern  
 Elevator equipment     Washer & dryer     Food freezer  
 Other machinery and/or equipment servicing the building (describe): \_\_\_\_\_

- d) If enclosed with a material other than insect screening or light wood lattice, provide size of enclosed area: [ ][ ][ ][ ][ ] square feet.
- e) Is the enclosed area used for any purpose other than solely for parking of vehicles, building access, and/or storage?  YES     NO  
If yes, describe: \_\_\_\_\_

3. Area Below the Elevated Floor

- a) Is the area below the elevated floor enclosed?  YES     NO  
If yes, check one of the following:  Fully     Partially
- b) Does the area below the elevated floor contain elevators?  
 YES     NO    If yes, how many? \_\_\_\_\_
- If the answer to 3a or 3b is YES, answer 3c through 4b.
- c) Indicate material used for enclosure:  
 Insect screening  
 Light wood lattice  
 Solid wood frame walls (if breakaway, submit certification documentation)

- f) Does the enclosed area have more than 20 linear feet of finished interior wall, paneling, etc.?  YES     NO

4. Flood Openings

- a) Is the enclosed area/crawlpace constructed with openings (excluding doors) to allow the passage of floodwaters through the enclosed area?  YES     NO  
If yes, indicate number of permanent flood openings within 1 foot above adjacent grade: \_\_\_\_\_.  
Total area of all permanent flood openings: [ ][ ][ ][ ][ ] square inches.
- b) Are flood openings engineered?  
 YES     NO    If yes, submit certification.

SECTION III - MANUFACTURED (MOBILE) HOMES/TRAVEL TRAILERS

(Wheels must be removed for travel trailer to be insurable.)

1. Manufactured (Mobile) Home/Travel Trailer Data

- Year of manufacture: [ ][ ][ ][ ]
- Make: [ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ]
- Model number: [ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ]
- Serial number: [ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ]
- Dimensions: [ ][ ][ ] x [ ][ ][ ] feet
- Are there any permanent additions and/or extensions?  YES     NO  
If yes, the dimensions are: [ ][ ][ ] x [ ][ ][ ] feet

2. Anchoring

- The manufactured (mobile) home/travel trailer anchoring system utilizes: (Check all that apply.)  
 Over-the-top ties       Ground anchors  
 Frame ties              Slab anchors  
 Frame connectors       Other (describe): \_\_\_\_\_

3. Installation

- The manufactured (mobile) home/travel trailer was installed in accordance with: (Check all that apply.)  
 Manufacturer's specifications  
 Local floodplain management standards  
 State and/or local building standards

THE ABOVE STATEMENTS ARE CORRECT TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT ANY FALSE STATEMENTS MAY BE PUNISHABLE BY FINE AND/OR IMPRISONMENT UNDER APPLICABLE FEDERAL LAW.

\_\_\_\_\_  
SIGNATURE OF INSURANCE AGENT/PRODUCER

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
DATE (MM/DD/YYYY)

\_\_\_\_\_  
SIGNATURE OF INSURED (OPTIONAL)

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
DATE (MM/DD/YYYY)

**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 form 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 the form. This collection of information is required to obtain or retain benefits. You are not required to respond to this collection of information unless a valid OMB control number is displayed in the upper right corner of 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, 1800 South Bell Street, Arlington VA 20598-3005, Paperwork Reduction Project (1660-0033). **NOTE: Do not send your completed form to this address.**