| **LOCATION** | **CURRENT TEXT** | **REVISED TEXT** |
| --- | --- | --- |
| **FLOOD INSURANCE APPLICATION, PART 1 (OF 2)** | | |
| **TITLE, Page 1** | * Currently black and white. | * Changed color of the line FLOOD INSURANCE APPLICATION to match the color of the banners on the form. |
| * Currently in color. | * Changed color of the line IMPORTANT – PLEASE PRINT OR TYPE to black. Added ENTER DATES AS MM/DD/YYYY and bolded text. |
| * Part 1 (OF 2) | * Moved text from before to after FLOOD INSURANCE APPLICATION and bolded text. |
| **CURRENT POLICY NUMBER, Page 1** | * CURRENT POLICY NUMBER | * Removed: CURRENT POLICY NUMBER |
| * New and Renewal checkboxes. | * Change: Horizontally aligned the checkboxes. |
|  | Added: TRANSFER (NFIP ONLY) checkbox. |
|  | Added: PRIOR POLICY #:\_\_\_\_\_\_\_\_\_\_\_ |
| **BILLING, Page 1** | * DIRECT BILL INSTRUCTIONS | * Added BILLING BOX. * Changed to: FOR RENEWAL, BILL: |
| * BILL INSURED | * Changed to: INSURED |
| * BILL FIRST MORTGAGEE | * Changed to: FIRST MORTGAGEE |
| * BILL SECOND MORTGAGEE | * Changed to: SECOND MORTGAGEE |
| * BILL LOSS PAYEE | * Changed to: LOSS PAYEE |
| * BILL OTHER | * Changed to: OTHER (AS SPECIFIED IN THE 2ND MORTGAGEE/OTHER BOX BELOW |
| **POLICY PERIOD, Page 1** | * POLICY TERM | * Changed to: POLICY PERIOD |
| * POLICY PERIOD IS FROM \_\_\_\_\_\_\_\_\_\_\_\_TO\_\_\_\_\_\_\_\_ | * Changed the date format to: POLICY PERIOD IS FROM \_\_\_/\_\_\_/\_\_\_ TO \_\_\_/\_\_\_/\_\_\_ |
| * LOAN TRANSACTION—NO WAITING * MAP REVISION (ZONE CHANGE FROM NON-SFHA TO SFHA) —ONE DAY | * Changed to: REQUIRED FOR LOAN TRANSACTION—NO WAITING PERIOD * Changed to: MAP REVISION (ZONE CHANGE FROM NON-SFHA TO SFHA) — 1 DAY |
| * LENDER REQUIRED—NO WAITING (SFHA ONLY) | * Changed to: TRANSFER (NFIP ONLY)—NO WAITING PERIOD |
|  | Added a new subsection: PROPERTY PURCHASED ON OR AFTER 07/06/2012 |
|  | ◘ YES ◘ NO IF YES, INDICATE THE PROPERTY PURCHASE DATE: \_\_\_/\_\_\_/\_\_\_ |
| **AGENT/PRODUCER INFORMATION, Page 1** | * AGENT INFORMATION | * Changed to: AGENT/PRODUCER INFORMATION |
| * NAME, ADDRESS OF LICENSED PROPERTY OR CASUALTY INSURANCE AGENT OR BROKER: | * Changed to: NAME AND MAILING ADDRESS OF AGENT/PRODUCER |
|  | * Added: E-MAIL ADDRESS |
| **INSURED INFORMATION, Page 1** | * INSURED MAILING ADDRESS | * Changed to: INSURED INFORMATION |
| * NAME, ADDRESS, AND PHONE NO. OF INSURED: | * Changed to NAME AND MAILING ADDRESS OF INSURED: |
| **PROPERTY LOCATION, Page 1** | * PROPERTY LOCATION | * Moved the PROPERTY LOCATION box from the right side of the form to the left side. |
| * ◘YES ◘ NO IF NO, ENTER PROPERTY ADDRESS. IF RURAL, DESCRIBE PROPERTY LOCATION (DO NOT USE P.O. BOX). | * Added NOTE: ONE BUILDING PER POLICY-BLANKET COVERAGE NOT PERMITTED in Bold. * Changed to: ◘YES ◘ NO IF NO, ENTER PROPERTY ADDRESS. IF RURAL, ENTER LEGAL DESCRIPTION, OR GEOGRAPHIC LOCATION OF PROPERTY (DO NOT USE P.O. BOX). * Added: FOR AN ADDRESS WITH MULTIPLE BUILDINGS AND/OR FOR A BUILDING WITH ADDITIONS OR EXTENSIONS, DESCRIBE THE INSURED BUILDING:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **1ST MORTGAGEE, Page 1** | * MORTGAGEE | * Changed to 1st MORTGAGEE |
|  | * PHONE NO.\_\_\_\_\_FAX NO.\_\_\_\_ | * Removed: PHONE NO.\_\_\_\_\_FAX NO.\_\_\_\_ |
| **DISASTER ASSISTANCE, Page 1** |  | * Moved the DISASTER ASSISTANCE box underneath the PROPERTY LOCATION box. |
| * ENTER CASE FILE NO.: | * Changed to CASE FILE NO.:\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **2ND MORTGAGEE/OTHER,  Page 1** | * IF SECOND MORTGAGEE, LOSS PAYEE OR OTHER IS TO BE BILLED, COMPLETE THE FOLLOWING, INCLUDING THE NAME AND ADDRESS: ◘ 2ND MORTGAGEE ◘ DISASTER AGENCY ◘ LOSS PAYEE ◘ IF OTHER, PLEASE SPECIFY: | * Changed to: NAME AND MAILING ADDRESS OF: ◘ 2ND MORTGAGEE ◘ LOSS PAYEE ◘ OTHER ◘ IF OTHER, SPECIFY: |
|  | * PHONE NO.\_\_\_\_\_FAX NO.\_\_\_\_ | * Removed: PHONE NO.\_\_\_\_\_FAX NO.\_\_\_\_ |
| **COMMUNITY, Page 1** |  | * Added the GRANDFATHERING INFORMATION subhead (in Bold). |
| * PRIOR POLICY NO.: | * Removed: PRIOR POLICY NO.: |
|  | * Added: (PROVIDE PRIOR POLICY NUMBER IN BOX ABOVE) |
| **BUILDING, Page 1**      **BUILDING, Page 1** | * IS INSURED BUILDING OWNED BY STATE GOVERNMENT? ◘ YES ◘ NO | * Removed: IS INSURED BUILDING OWNED BY STATE GOVERNMENT? ◘ YES ◘ NO |
|  | * Added: BUILDING PURPOSE SUBSECTION * 100% RESIDENTIAL * 100% NON-RESIDENTIAL |
|  | * MIXED USE –SPECIFY PERCENTAGE OF RESIDENTIAL USE: \_\_\_\_\_\_\_% |
|  | * IS BUILDING A BUSINESS PROPERTY? ◘ YES ◘ NO |
| * NUMBER OF FLOORS IN ENTIRE BUILDING | * Changed to: NUMBER OF FLOORS IN BUILDING |
| * IF NOT A SINGLE-FAMILY DWELLING, NUMBER OF OCCUPANCIES (UNITS) IS: * CONDO FORM OF OWNERSHIP? ◘ YES ◘ NO * CONDO COVERAGE IS FOR: ◘UNIT ◘ ENTIRE BUILDING * RESIDENTIAL CONDOMINIUM BUILDING ASSOCIATION POLICY ONLY: TOTAL NUMBER OF UNITS:\_\_\_\_\_\_\_ (INCLUDE NON-RES.) ◘ HIGH-RISE ◘ LOW-RISE | * Removed: IF NOT A SINGLE-FAMILY DWELLING, NUMBER OF OCCUPANCIES (UNITS) IS: \_\_\_\_\_\_\_\_\_\_ * Changed to: IS BUILDING IN A CONDOMINIUM FORM OF OWNERSHIP? ◘ YES ◘ NO * Changed to: IS COVERAGE FOR A CONDO UNIT? ◘ YES ◘ NO * Changed to: TOTAL NUMBER OF UNITS ◘ HIGH-RISE ◘ LOW-RISE |
| * IS BUILDING LOCATED ON FEDERAL LAND? ◘ YES ◘ NO | * Moved: IS BUILDING LOCATED ON FEDERAL LAND? ◘ YES ◘ NO into the Building subsection. |
|  | * Changed***:***  The following 3 questions were combined in one sub-box in the BUILDING box: |
|  | * IS BUILDING WALLED AND ROOFED? ◘ YES ◘ NO |
|  | * IS BUILDING IN THE COURSE OF CONSTRUCTION? ◘ YES ◘ NO |
|  | * IS BUILDING OVER WATER? ◘ NO ◘ PARTIALLY ◘ENTIRELY |
| * IS BUILDING INSURED’S PRINCIPAL RESIDENCE? ◘ YES ◘ NO | * Changed to: IS BUILDING INSURED’S PRINCIPAL/PRIMARY RESIDENCE? ◘ YES ◘ NO |
|  | Added: |
|  | * IS BUILDING A RENTAL PROPERTY? |
|  | * IS THE INSURED A TENANT? |
|  | * IF YES, IS THE TENANT REQUESTING BUILDING COVERAGE? ◘ YES ◘ NO IF YES, SEE NOTICE BELOW. |
|  | * Added IS THE BUILDING A SEVERE REPETITIVE LOSS PROPERTY? ◘ YES ◘ NO |
|  | * Added: DOES THE BUILDING HAVE ANY ADDITIONS OR EXTENSIONS? ◘ YES ◘ NO * Added: (Additions and Extensions May Be Separately Insured.) |
|  | * Removed: IF ELEVATED, COMPLETE PART 2 OF APPLICATION in the section with the question IS BUILDING ELEVATED? |
|  | * Removed: FOR MANUFACTURED (MOBILE) HOMES/TRAVEL TRAILERS, COMPLETE PART 2, SECTION III. * Moved: ESTIMATED REPLACEMENT COST: $\_\_\_\_\_\_\_ to COVERAGE AND RATINGS subsection. |
| **CONTENTS, Page 1** | * CONTENTS LOCATED IN: | * Added an asterisk (\*) at the end, to reference the statement about the single family contents. |
|  | * IF SINGLE FAMILY, CONTENTS ARE RATED THROUGHOUT THE BUILDING. | * Moved it to the bottom portion of CONTENTS section with an asterisk (\*). |
| **CONSTRUCTION INFORMATION, Page 1** | * CONSTRUCTION DATA | * Renamed***:*** CONSTRUCTION INFORMATION box, and moved over to the right side of the form. |
| * DATE | * Changed to: CONSTRUCTION DATE. |
| * ALL BUILDINGS: (CHECK ONE OF THE FIVE BLOCKS AND RECORD CORRESPONDING DATE IN THE DATE BOX) | * Renamed: CHECK ONE OF THE FOLLOWING in Bold: |
| * BUILDING PERMIT DATE | * Changed to: BUILDING PERMIT |
| * DATE OF CONSTRUCTION | * Changed to: CONSTRUCTION |
| * SUBSTANTIAL IMPROVEMENT DATE | * Changed to: SUBSTANTIAL IMPROVEMENT |
| * MANUFACTURED (MOBILE) HOMES/TRAVEL TRAILERS LOCATED IN A MOBILE HOME PARK OR SUBDIVISION: CONSTRUCTION DATE OF MOBILE HOME PARK OR SUBDIVISION FACILITIES | * Changed to: FOR MANUFACTURED (MOBILE) HOMES/TRAVEL TRAILERS LOCATED IN A MOBILE HOME PARK OR SUBDIVISION: CONSTRUCTION DATE OF MOBILE HOME PARK OR SUBDIVISION FACILITIES |
| **ELEVATION DATA, Page 1** |  | * Added new section: ELEVATION DATA. |
| * 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 ELEVATION CERTIFICATION. | * Changed to: (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 ELEVATION CERTIFICATE.) |
|  | * (SEE *NFIP FLOOD INSURANCE MANUAL* FOR CERTIFICATION FORM.) | * Changed to: (SEE THE *NFIP FLOOD INSURANCE MANUAL* FOR CERTIFICATION FORM.) |
| **COVERAGE AND RATING, Page 1** |  | * Added a subheading: ESTIMATED BUILDING REPLACEMENT COST (Including Foundation) $ \_\_\_\_\_ * Added a subheading: DEDUCTIBLE. |
| **COVERAGE AND RATING, Page 1** | * Coverage | * Changed to: Insurance Coverage * Moved: TOTAL AMOUNT OF INSURANCE from right side of grid to left. |
| * RATE TYPE | * Changed to: RATE CATEGORY * Removed from rate categories: * V-ZONE RISK FACTOR * ALTERNATIVE * LEASED FEDERAL PROPERTY * MORTGAGE PORTFOLIO PROTECTION PROGRAM * Changed to: SUBMIT FOR RATE |
|  |
|  |
|  |
|  |
|  |
| * SUBMIT FOR RATING |
| * PAYMENT OPTION | * Changed to: PAYMENT METHOD * Added: ◘ CHECK |
|  | * Added: Reserve Fund \_\_\_\_% to TOTAL PREMIUM column. * Added: Subtotal |
|  | * TOTAL PREPAID AMOUNT | * Changed to TOTAL AMOUNT DUE |
| **SIGNATURE BOX, Page 1** |  | * Added the following statement: NOTICE: 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 OR IMPRISONMENT UNDER APPLICABLE FEDERAL LAW. SEE REVERSE SIDES OF COPIES 2, 3 & 4. * SIGNATURE OF AGENT/BROKER | * 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 SIDES OF COPIES 2, 3 & 4. * Changed to SIGNATURE OF AGENT/PRODUCER |
|  |  | * Added: SIGNATURE OF INSURED (OPTIONAL)\_\_\_\_\_\_\_\_ DATE (MM/DD/YYYY) |
| **FOOTER, Page 1** | * PLEASE ATTACH TO NFIP COPY OF APPLICATION THE CHECK OR MONEY ORDER FOR THE TOTAL PREPAID PREMIUM MADE PAYABLE TO THE NATIONAL FLOOD INSURANCE PROGRAM. | * Change to: PLEASE SUBMIT TOTAL AMOUNT DUE WITH THE NFIP COPY OF THIS APPLICATION. IF PAYING BY CHECK OR MONEY ORDER, MAKE PAYABLE TO THE NATIONAL FLOOD INSURANCE PROGRAM. |
| **FLOOD INSURANCE APPLICATION, PART 2 (OF 2)** | | |
| **CURRENT POLICY NUMBER, Page 2** | * CURRENT POLICY NUMBER | * Removed: CURRENT POLICY NUMBER |
| * New and Renewal checkboxes. | * Changed: Horizontally aligned the checkboxes. |
|  | * Added: TRANSFER (NFIP ONLY) checkbox. |
|  | * Added: PRIOR POLICY #:\_\_\_\_\_\_\_\_\_\_\_ |
| * ALL APPROPRIATE 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. | * Changed to: 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. |
| **SECTION I - ALL BUILDING TYPES, Page 2** |  | * Removed Questions 1 – 5. * Re-numbered Basement/Subgrade Crawlspace from 6 to 3. * Re-numbered Garage from 7 to 2. * Added in bold: If the answer to 1a is YES, answer 1b through 1f. * Moved Building Use subsection from Part 1to Part 2 (Section 1). * Added 4. Additions and Extensions (if Applicable)   Coverage is for:  ◘ Building *including* addition(s) and extension(s)  ◘ Building *excluding* additions(s) and extensions(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, Page 2**  **SECTION II - ELEVATED BUILDINGS, Page 2** | * Subsections 8-10 | * Changed: Re-numbered the subsections 8-10 to 1-3. |
| * 8. Elevating foundation of the building: | * Changed to: 1. Elevating Foundation Type (in bold) |
| * Solid foundation walls | * Changed: Solid perimeter walls |
| * 9. Does the area below the elevated floor contain machinery or equipment? * If yes, check the appropriate items: * Hot water heater * Other equipment or machinery servicing the building | * Changed to: 2. Machinery and Equipment Below the Elevated Floor (in bold) * Added: Does the area below the elevated floor contain machinery and/or equipment? ◘ YES ◘ NO * Changed: If yes, check the applicable items: * Changed: Water heater * Changed to: Other equipment and/or equipment servicing the building (describe): \_\_\_\_\_\_\_\_\_\_ |
| * 10. Area below the elevated floor: * If 10a is NO, do not answer 10b through 10f. | * Changed to 3. Area below the elevated floor (in bold) * Added: 3b) Does the area below the elevated floor contain elevators? ◘ YES ◘ NO If yes, how many? \_\_\_\_\_\_\_\_\_\_ * Changed to: If the answer to 3a or 3b is YES, answer 3c through 4b |
|  | * Removed: 10b) If enclosed , provide size of enclosed area/crawlspace: |
| * Breakaway Walls * Solid Wood Frame Walls * Masonry Walls | Changed to:   * Insect screening * Light wood lattice * Solid wood frame walls (if breakaway, submit certification documentation) * Solid wood frame walls (non-breakaway) * Masonry walls (if breakaway, submit certification documentation) * Masonry walls (non-breakaway) * Other (describe): \_\_\_\_\_\_\_\_\_\_ |
|  | * Added new question: 3d) If enclosed with a material other than insect screening or light wood lattice, provide size of enclosed area: \_\_\_\_\_\_\_\_\_\_ square feet. |
| **SECTION II - ELEVATED BUILDINGS, Page 2** | * 10b) through 10d) | * Changed to 3c) 3d) 3e) |
| * 10f) Does the enclosed area/crawlspace have more than 20 linear feet of finished wall, paneling, etc.? ◘YES ◘NO | * Changed to: 3f) Does the enclosed area have more than 20 linear feet of finished wall, paneling, etc.?   ◘ YES ◘NO |
|  | * Added a subsection: 4. Flood Openings (bold) |
| * Questions 10d) and 10e) | * Moved to section 4. Flood Openings (bold) and changed to Questions 4a) and 4b) |
| **SECTION III-MANUFACTURED (MOBILE) HOMES/TRAVEL TRAILERS, Page 2** |  | * Added (Wheels must be removed for travel trailer to be insurable.) under the Section III heading. |
| * Questions 11 – 13 * Question 14 -15 | * Changed to Question 1 * Changed to subsection 2 and 3: Anchoring and Installation |
|  | * Removed: Question 16. |
| **SIGNATURE BOX, Page 2** | * 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 INSURANCE AGENT/BROKER | * Changed to: 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. * Changed to SIGNATURE OF INSURANCE AGENT/PRODUCER |
|  |  | * Added SIGNATURE OF INSURED (OPTIONAL) |