| **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)
 |