

FEMA Form 086-0-1, FLOOD INSURANCE APPLICATION

LOCATION	CURRENT TEXT	REVISED TEXT
FLOOD INSURANCE APPLICATION, PART 1 (OF 2)		
TITLE, Page 1	<ul style="list-style-type: none"> • Currently black and white. • Currently in color. • Part 1 (OF 2) 	<ul style="list-style-type: none"> • Changed color of the line FLOOD INSURANCE APPLICATION to match the color of the banners on the form. • Changed color of the line IMPORTANT – PLEASE PRINT OR TYPE to black. Added ENTER DATES AS MM/DD/YYYY and bolded text. • Moved text from before to after FLOOD INSURANCE APPLICATION and bolded text.
CURRENT POLICY NUMBER, Page 1	<ul style="list-style-type: none"> • CURRENT POLICY NUMBER • New and Renewal checkboxes. 	<ul style="list-style-type: none"> • Removed: CURRENT POLICY NUMBER • Change: Horizontally aligned the checkboxes. • Added: TRANSFER (NFIP ONLY) checkbox. • Added: PRIOR POLICY #: _____
BILLING, Page 1	<ul style="list-style-type: none"> • DIRECT BILL INSTRUCTIONS • BILL INSURED • BILL FIRST MORTGAGEE • BILL SECOND MORTGAGEE • BILL LOSS PAYEE • BILL OTHER 	<ul style="list-style-type: none"> • Added BILLING BOX. • Changed to: FOR RENEWAL, BILL: • Changed to: INSURED • Changed to: FIRST MORTGAGEE • Changed to: SECOND MORTGAGEE • Changed to: LOSS PAYEE • Changed to: OTHER (AS SPECIFIED IN THE 2ND MORTGAGEE/OTHER BOX BELOW
POLICY PERIOD, Page 1	<ul style="list-style-type: none"> • POLICY TERM • POLICY PERIOD IS FROM _____ TO _____ • LOAN TRANSACTION—NO WAITING • MAP REVISION (ZONE CHANGE FROM NON-SFHA TO SFHA) —ONE DAY • LENDER REQUIRED—NO WAITING (SFHA ONLY) 	<ul style="list-style-type: none"> • Changed to: POLICY PERIOD • Changed the date format to: POLICY PERIOD IS FROM ___/___/___ TO ___/___/___ • Changed to: REQUIRED FOR LOAN TRANSACTION—NO WAITING PERIOD • Changed to: MAP REVISION (ZONE CHANGE FROM NON-SFHA TO SFHA) — 1 DAY • Changed to: TRANSFER (NFIP ONLY)—NO WAITING PERIOD <p>Added a new subsection: PROPERTY PURCHASED ON OR AFTER 07/06/2012 <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, INDICATE THE PROPERTY PURCHASE DATE: ___/___/___</p>
AGENT/PRODUCER INFORMATION, Page 1	<ul style="list-style-type: none"> • AGENT INFORMATION • NAME, ADDRESS OF LICENSED PROPERTY OR CASUALTY INSURANCE AGENT OR BROKER: 	<ul style="list-style-type: none"> • Changed to: AGENT/PRODUCER INFORMATION • Changed to: NAME AND MAILING ADDRESS OF AGENT/PRODUCER • Added: E-MAIL ADDRESS
INSURED INFORMATION, Page 1	<ul style="list-style-type: none"> • INSURED MAILING ADDRESS 	<ul style="list-style-type: none"> • Changed to: INSURED INFORMATION

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	<ul style="list-style-type: none"> NAME, ADDRESS, AND PHONE NO. OF INSURED: 	<ul style="list-style-type: none"> Changed to NAME AND MAILING ADDRESS OF INSURED:
PROPERTY LOCATION, Page 1	<ul style="list-style-type: none"> PROPERTY LOCATION 	<ul style="list-style-type: none"> Moved the PROPERTY LOCATION box from the right side of the form to the left side.
	<ul style="list-style-type: none"> <input type="checkbox"/> YES <input type="checkbox"/> NO IF NO, ENTER PROPERTY ADDRESS. IF RURAL, DESCRIBE PROPERTY LOCATION (DO NOT USE P.O. BOX). 	<ul style="list-style-type: none"> Added NOTE: ONE BUILDING PER POLICY-BLANKET COVERAGE NOT PERMITTED in Bold. Changed to: <input type="checkbox"/> YES <input type="checkbox"/> 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	<ul style="list-style-type: none"> MORTGAGEE PHONE NO. _____ FAX NO. _____ 	<ul style="list-style-type: none"> Changed to 1ST MORTGAGEE Removed: PHONE NO. _____ FAX NO. _____
DISASTER ASSISTANCE, Page 1	<ul style="list-style-type: none"> ENTER CASE FILE NO.: 	<ul style="list-style-type: none"> Moved the DISASTER ASSISTANCE box underneath the PROPERTY LOCATION box. Changed to CASE FILE NO.: _____
2ND MORTGAGEE/OTHER, Page 1	<ul style="list-style-type: none"> IF SECOND MORTGAGEE, LOSS PAYEE OR OTHER IS TO BE BILLED, COMPLETE THE FOLLOWING, INCLUDING THE NAME AND ADDRESS: <input type="checkbox"/> 2ND MORTGAGEE <input type="checkbox"/> DISASTER AGENCY <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> IF OTHER, PLEASE SPECIFY: PHONE NO. _____ FAX NO. _____ 	<ul style="list-style-type: none"> Changed to: NAME AND MAILING ADDRESS OF: <input type="checkbox"/> 2ND MORTGAGEE <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> OTHER <input type="checkbox"/> IF OTHER, SPECIFY: Removed: PHONE NO. _____ FAX NO. _____
COMMUNITY, Page 1	<ul style="list-style-type: none"> PRIOR POLICY NO.: 	<ul style="list-style-type: none"> Added the GRANDFATHERING INFORMATION subhead (in Bold). Removed: PRIOR POLICY NO.: Added: (PROVIDE PRIOR POLICY NUMBER IN BOX ABOVE)
BUILDING, Page 1	<ul style="list-style-type: none"> IS INSURED BUILDING OWNED BY STATE GOVERNMENT? <input type="checkbox"/> YES <input type="checkbox"/> NO 	<ul style="list-style-type: none"> Removed: IS INSURED BUILDING OWNED BY STATE GOVERNMENT? <input type="checkbox"/> YES <input type="checkbox"/> NO

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<p>BUILDING, Page 1</p>		<ul style="list-style-type: none"> • Added: BUILDING PURPOSE SUBSECTION • 100% RESIDENTIAL • 100% NON-RESIDENTIAL
		<ul style="list-style-type: none"> • MIXED USE –SPECIFY PERCENTAGE OF RESIDENTIAL USE: _____% • IS BUILDING A BUSINESS PROPERTY? <input type="checkbox"/> YES <input type="checkbox"/> NO
	<ul style="list-style-type: none"> • NUMBER OF FLOORS IN ENTIRE BUILDING 	<ul style="list-style-type: none"> • Changed to: NUMBER OF FLOORS IN BUILDING
	<ul style="list-style-type: none"> • IF NOT A SINGLE-FAMILY DWELLING, NUMBER OF OCCUPANCIES (UNITS) IS: • CONDO FORM OF OWNERSHIP? <input type="checkbox"/> YES <input type="checkbox"/> NO • CONDO COVERAGE IS FOR: <input type="checkbox"/> UNIT <input type="checkbox"/> ENTIRE BUILDING • RESIDENTIAL CONDOMINIUM BUILDING ASSOCIATION POLICY ONLY: TOTAL NUMBER OF UNITS: _____ (INCLUDE NON-RES.) <input type="checkbox"/> HIGH-RISE <input type="checkbox"/> LOW-RISE 	<ul style="list-style-type: none"> • Removed: IF NOT A SINGLE-FAMILY DWELLING, NUMBER OF OCCUPANCIES (UNITS) IS: _____ • Changed to: IS BUILDING IN A CONDOMINIUM FORM OF OWNERSHIP? <input type="checkbox"/> YES <input type="checkbox"/> NO • Changed to: IS COVERAGE FOR A CONDO UNIT? <input type="checkbox"/> YES <input type="checkbox"/> NO • Changed to: TOTAL NUMBER OF UNITS <input type="checkbox"/> HIGH-RISE <input type="checkbox"/> LOW-RISE
	<ul style="list-style-type: none"> • IS BUILDING LOCATED ON FEDERAL LAND? <input type="checkbox"/> YES <input type="checkbox"/> NO 	<ul style="list-style-type: none"> • Moved: IS BUILDING LOCATED ON FEDERAL LAND? <input type="checkbox"/> YES <input type="checkbox"/> NO into the Building subsection.
		<ul style="list-style-type: none"> • Changed: The following 3 questions were combined in one sub-box in the BUILDING box: • IS BUILDING WALLED AND ROOFED? <input type="checkbox"/> YES <input type="checkbox"/> NO • IS BUILDING IN THE COURSE OF CONSTRUCTION? <input type="checkbox"/> YES <input type="checkbox"/> NO • IS BUILDING OVER WATER? <input type="checkbox"/> NO <input type="checkbox"/> PARTIALLY <input type="checkbox"/> ENTIRELY
	<ul style="list-style-type: none"> • IS BUILDING INSURED’S PRINCIPAL RESIDENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO 	<ul style="list-style-type: none"> • Changed to: IS BUILDING INSURED’S PRINCIPAL/PRIMARY RESIDENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO Added: • IS BUILDING A RENTAL PROPERTY? • IS THE INSURED A TENANT? • IF YES, IS THE TENANT REQUESTING BUILDING COVERAGE? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, SEE NOTICE BELOW. • Added IS THE BUILDING A SEVERE REPETITIVE LOSS PROPERTY? <input type="checkbox"/> YES <input type="checkbox"/> NO
		<ul style="list-style-type: none"> • Added: DOES THE BUILDING HAVE ANY ADDITIONS OR EXTENSIONS? <input type="checkbox"/> YES <input type="checkbox"/> NO • Added: (Additions and Extensions May Be Separately Insured.)

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		<ul style="list-style-type: none"> Removed: IF ELEVATED, COMPLETE PART 2 OF APPLICATION in the section with the question IS BUILDING ELEVATED?
		<ul style="list-style-type: none"> Removed: FOR MANUFACTURED (MOBILE) HOMES/TRAVEL TRAILERS, COMPLETE PART 2, SECTION III. Moved: ESTIMATED REPLACEMENT COST: \$ _____ to COVERAGE AND RATINGS subsection.
CONTENTS, Page 1	<ul style="list-style-type: none"> CONTENTS LOCATED IN: IF SINGLE FAMILY, CONTENTS ARE RATED THROUGHOUT THE BUILDING. 	<ul style="list-style-type: none"> Added an asterisk (*) at the end, to reference the statement about the single family contents. Moved it to the bottom portion of CONTENTS section with an asterisk (*).
CONSTRUCTION INFORMATION, Page 1	<ul style="list-style-type: none"> CONSTRUCTION DATA DATE ALL BUILDINGS: (CHECK ONE OF THE FIVE BLOCKS AND RECORD CORRESPONDING DATE IN THE DATE BOX) BUILDING PERMIT DATE DATE OF CONSTRUCTION SUBSTANTIAL IMPROVEMENT DATE MANUFACTURED (MOBILE) HOMES/TRAVEL TRAILERS LOCATED IN A MOBILE HOME PARK OR SUBDIVISION: CONSTRUCTION DATE OF MOBILE HOME PARK OR SUBDIVISION FACILITIES 	<ul style="list-style-type: none"> Renamed: CONSTRUCTION INFORMATION box, and moved over to the right side of the form. Changed to: CONSTRUCTION DATE. Renamed: CHECK ONE OF THE FOLLOWING in Bold: Changed to: BUILDING PERMIT Changed to: CONSTRUCTION Changed to: SUBSTANTIAL IMPROVEMENT 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	<ul style="list-style-type: none"> 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. (SEE <i>NFIP FLOOD INSURANCE MANUAL</i> FOR CERTIFICATION FORM.) 	<ul style="list-style-type: none"> Added new section: ELEVATION DATA. 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.) Changed to: (SEE THE <i>NFIP FLOOD INSURANCE MANUAL</i> FOR CERTIFICATION FORM.)
COVERAGE AND RATING, Page 1		<ul style="list-style-type: none"> Added a subheading: ESTIMATED BUILDING REPLACEMENT COST (Including Foundation) \$ _____ Added a subheading: DEDUCTIBLE.
COVERAGE AND RATING, Page 1	<ul style="list-style-type: none"> Coverage 	<ul style="list-style-type: none"> Changed to: Insurance Coverage Moved: TOTAL AMOUNT OF INSURANCE from right side of grid to left.
	<ul style="list-style-type: none"> RATE TYPE 	<ul style="list-style-type: none"> Changed to: RATE CATEGORY

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	<ul style="list-style-type: none"> • SUBMIT FOR RATING 	<ul style="list-style-type: none"> • Removed from rate categories: <ul style="list-style-type: none"> o V-ZONE RISK FACTOR o ALTERNATIVE o LEASED FEDERAL PROPERTY o MORTGAGE PORTFOLIO PROTECTION PROGRAM • Changed to: SUBMIT FOR RATE
	<ul style="list-style-type: none"> • PAYMENT OPTION 	<ul style="list-style-type: none"> • Changed to: PAYMENT METHOD • Added: <input type="checkbox"/> CHECK • Added: Reserve Fund ____% to TOTAL PREMIUM column. • Added: Subtotal • Changed to TOTAL AMOUNT DUE
<p>SIGNATURE BOX, Page 1</p>	<ul style="list-style-type: none"> • TOTAL PREPAID AMOUNT • 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 	<ul style="list-style-type: none"> • 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 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)
<p>FOOTER, Page 1</p>	<ul style="list-style-type: none"> • 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. 	<ul style="list-style-type: none"> • 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.
<p>FLOOD INSURANCE APPLICATION, PART 2 (OF 2)</p>		
<p>CURRENT POLICY NUMBER,</p>	<ul style="list-style-type: none"> • CURRENT POLICY NUMBER 	<ul style="list-style-type: none"> • Removed: CURRENT POLICY NUMBER

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LOCATION	CURRENT TEXT	REVISED TEXT
Page 2	<ul style="list-style-type: none"> New and Renewal checkboxes. 	<ul style="list-style-type: none"> Changed: Horizontally aligned the checkboxes. Added: TRANSFER (NFIP ONLY) checkbox. Added: PRIOR POLICY #: _____
	<ul style="list-style-type: none"> 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. 	<ul style="list-style-type: none"> 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		<ul style="list-style-type: none"> 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 1 to Part 2 (Section 1). Added 4. Additions and Extensions (if Applicable) Coverage is for: <ul style="list-style-type: none"> <input type="checkbox"/> Building <i>including</i> addition(s) and extension(s) <input type="checkbox"/> Building <i>excluding</i> additions(s) and extensions(s) Provide policy number for addition or extension: _____ <input type="checkbox"/> Addition or extension only (include description in the Property Location box in Part 1.) Provide policy number for building <i>excluding</i> addition(s) or extension(s): _____
SECTION II - ELEVATED BUILDINGS, Page 2	<ul style="list-style-type: none"> Subsections 8-10 8. Elevating foundation of the building: <ul style="list-style-type: none"> Solid foundation walls 9. Does the area below the elevated floor contain machinery or equipment? <ul style="list-style-type: none"> If yes, check the appropriate items: <ul style="list-style-type: none"> Hot water heater Other equipment or machinery servicing the building 	<ul style="list-style-type: none"> Changed: Re-numbered the subsections 8-10 to 1-3. Changed to: 1. Elevating Foundation Type (in bold) Changed: Solid perimeter walls 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? <input type="checkbox"/> YES <input type="checkbox"/> NO Changed: If yes, check the applicable items: Changed: Water heater Changed to: Other equipment and/or equipment servicing the building (describe): _____
SECTION II - ELEVATED BUILDINGS, Page 2	<ul style="list-style-type: none"> 10. Area below the elevated floor: <ul style="list-style-type: none"> If 10a is NO, do not answer 10b through 10f. 	<ul style="list-style-type: none"> Changed to 3. Area below the elevated floor (in bold) Added: 3b) Does the area below the elevated floor contain elevators? <input type="checkbox"/> YES <input type="checkbox"/> 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:

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	<ul style="list-style-type: none"> • Breakaway Walls • Solid Wood Frame Walls • Masonry Walls 	<p>Changed to:</p> <ul style="list-style-type: none"> • 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): _____
		<ul style="list-style-type: none"> • Added new question: 3d) If enclosed with a material other than insect screening or light wood lattice, provide size of enclosed area: _____ square feet.
<p>SECTION II - ELEVATED BUILDINGS, Page 2</p>	<ul style="list-style-type: none"> • 10b) through 10d) • 10f) Does the enclosed area/crawlspace have more than 20 linear feet of finished wall, paneling, etc.? <input type="checkbox"/> YES <input type="checkbox"/> NO 	<ul style="list-style-type: none"> • Changed to 3c) 3d) 3e) • Changed to: 3f) Does the enclosed area have more than 20 linear feet of finished wall, paneling, etc.? <input type="checkbox"/> YES <input type="checkbox"/> NO
	<ul style="list-style-type: none"> • Questions 10d) and 10e) 	<ul style="list-style-type: none"> • Added a subsection: 4. Flood Openings (bold) • Moved to section 4. Flood Openings (bold) and changed to Questions 4a) and 4b)
<p>SECTION III-MANUFACTURED (MOBILE) HOMES/TRAVEL TRAILERS, Page 2</p>	<ul style="list-style-type: none"> • Questions 11 – 13 • Question 14 -15 	<ul style="list-style-type: none"> • Added (Wheels must be removed for travel trailer to be insurable.) under the Section III heading. • Changed to Question 1 • Changed to subsection 2 and 3: Anchoring and Installation • Removed: Question 16.
<p>SIGNATURE BOX, Page 2</p>	<ul style="list-style-type: none"> • 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 	<ul style="list-style-type: none"> • 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)