| **LOCATION** | **CURRENT TEXT** | **REVISED TEXT** |
| --- | --- | --- |
| **PART 1, Page 1** |  |  |
| **POLICY PERIOD, Page 1** | POLICY TERM | ***Renamed:*** POLICY PERIOD |
|  |  | ***Added:*** |
|  |  | o   Forward slashes for month, day, and year to the lines for the Policy Period beginning and end dates |
|  |  | o   Forward slashes for the month, day, and year to the Endorsement Effective Date line |
|  |  | o   The “Lender Required – No Waiting Period (SFHA Only)” checkbox |
|  |  | ***Changed:*** |
|  |  | o   2 new boxes created out of the POLICY TERM box: the POLICY PERIOD box and the BILLING box |
|  |  | o   The statement that reads “For Added Coverage, Indicate the Applicable Waiting Period” |
|  |  | o   The verbiage for the “Required for Loan Transaction – No Waiting” checkbox |
|  |  | o   The POLICY PERIOD box moved under the newly created CHANGE box |
| **ASSIGNMENT, Page 1** |  | Added REASON FOR ASSIGNMENT section. |
|  |  | Added ◘ NEW PURCHASE DATE OF PURCHASE: \_\_\_/\_\_\_/\_\_\_ |
|  |  | ◘ OTHER (SPECIFY): \_\_\_\_\_\_ |
|  |  |  |
| **CHANGE, Page 1** |  |  |
|  |  | ***Deleted: (Attach memo if additional space is needed)*** |
|  |  | Added Checkboxes for the following Reasons for Change: |
|  |  | Mortgagee |
|  |  | Mailing Address |
|  |  | Increase Coverage |
|  |  | Billing |
|  |  | Insured Information |
|  |  | Other (Specify):\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **BILLING, Page 1** |  | Added BILLING BOX. |
|  |  | Added: FOR RENEWAL, BILL: |
|  |  | Added: INSURED |
|  |  | Added: FIRST MORTGAGEE |
|  |  | Added: SECOND MORTGAGEE |
|  |  | Added: LOSS PAYEE |
|  |  | Added OTHER (AS SPECIFIED IN THE 2ND MORTGAGEE/OTHER BOX BELOW |
|  |  |  |
| **AGENT/PRODUCER INFORMATION, Page 1** | AGENT INFORMATION | ***Renamed:*** AGENT/PRODUCER INFORMATION |
|  | NAME, ADDRESS OF FIRST MORTGAGEE: | Changed to: NAME AND MAILING ADDRESS OF AGENT/PRODUCER |
|  |  | ·     Added: E-MAIL ADDRESS |
|  |  |  |
|  | Name, Address of Licensed Property or Casualty Insurance Agent or Broker | Changed to: “Name and Mailing Address of Agent/Producer |
|  |  | Moved AGENT'S TAX ID NO.: after AGENCY NO.: and moved both items to the same line. |
|  |  | Moved: AGENCY NO. and AGENT'S TAX ID: on top of PHONE NO. and FAX NO. |
|  |  | ·     Added: E-MAIL ADDRESS |
|  |  | Removed: ADDRESS CHANGE: ◘ YES ◘ NO AGENCY NO.: AGENT'S TAX ID: NEW AGENT? ◘ YES ◘ NO IF YES, THE INSURED MUST SIGN THIS FORM. |
|  |  |  |
|  |  |  |
| **INSURED INFORMATION, Page 1** | INSURED MAILING ADDRESS | ***Renamed:*** INSURED INFORMATION |
|  |  | ***Added:*** |
|  |  | o   Checkboxes for “Change” and “Remove” and “Add” |
|  |  | o   The statement “(For Assignment, Give Name and Address of New Insured)” |
|  | NAME, MAILING ADDRESS, AND PHONE NO. OF INSURED: | Changed to NAME AND MAILING ADDRESS OF INSURED: |
| **DISASTER ASSISTANCE, Page 1** |  | ***Deleted:*** Entire box |
| **PROPERTY LOCATION, Page 1** |  | ***Changed:*** |
|  |  | Added NOTE: ONE BUILDING PER POLICY-BLANKET COVERAGE NOT PERMITTED in Bold. |
|  |  |  |
|  | IF RURAL, DESCRIBE PROPERTY LOCATION (DO NOT USE A P.O. BOX). | o   Third sentence changed to: “If Rural, Enter Legal Description, or Geographic Location of Property (Do Not Use P.O. Box)” |
|  |  | o   Replaced “The Location of Insured Property Cannot Be Changed by Endorsement – A New Application is Required” with “Erroneous and Emergency 911 Property Addresses Can Be Changed by Endorsement.” |
|  | THE LOCATION OF INSURED PROPERTY CANNOT BE CHANGED BY ENDORSEMENT - A NEW APPLICATION IS REQUIRED. | Changed to: FOR AN ADDRESS WITH MULTIPLE BUILDINGS AND/OR FOR A BUILDING WITH ADDITIONS OR EXTENSIONS, DESCRIBE THE INSURED BUILDING:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  |  |
| **1st MORTGAGEE, Page 1** | FIRST MORTGAGEE | ***Added:*** Checkboxes for “Change” and “Remove” |
|  |  | ***Changed:***  Name and Mailing Address of First Mortgagee |
|  |  | ***Deleted:*** |
|  |  | o   Line for Phone No. |
|  |  | o   Line for Fax No. |
|  | ·      PHONE NO.\_\_\_\_\_FAX NO.\_\_\_\_ | ·      Removed: PHONE NO.\_\_\_\_\_FAX NO.\_\_\_\_ |
|  | NAME, ADDRESS, PHONE NO., AND FAX NO. OF FIRST MORTGAGEE INCLUDING LOAN NO: | Changed to: NAME AND MAILING ADDRESS OF FIRST MORTGAGEE: |
| **2ND MORTGAGEE/ OTHER, Page 1** |  |  |
|  | IF SECOND MORTGAGEE, LOSS PAYEE, OR OTHER IS TO BE BILLED, THE FOLLOWING MUST BE COMPLETED, INCLUDING THE NAME AND ADDRESS: ◘ 2ND MORTGAGEE ◘ DISASTER AGENCY (SPECIFY): ◘ LOSS PAYEE ◘ OTHER (SPECIFY): | ·      Changed to: NAME AND MAILING ADDRESS OF: ◘ 2ND MORTGAGEE ◘ LOSS PAYEE ◘ OTHER: |
|  | PHONE NO.\_\_\_\_\_FAX NO.\_\_\_\_ | Removed: PHONE NO.\_\_\_\_\_FAX NO.\_\_\_\_ |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| **COMMUNITY, Page 1** |  | ***Added:*** Grandfathering Information subhead |
| **BUILDING** |  | Added BUILDING PURPOSE sub-box |
|  |  | 100% Residential |
|  |  | 100% Non-Residential |
|  |  | Mixed Use – Specify Percentage of Residential Use:\_\_\_\_\_\_\_\_\_\_\_\_% |
|  |  | ·      IS BUILDING A BUSINESS PROPERTY? ◘ YES ◘ NO |
|  | INSURED'S PRINCIPAL RESIDENCE? ◘ YES ◘ NO | Changed to: IS BUILDING INSURED'S PRINCIPAL/PRIMARY RESIDENCE? ◘ YES ◘ NO |
|  | CONDO FORM OF OWNERSHIP? ◘ YES ◘ NO | Changed to: IS BUILDING IN A CONDOMINIUM FORM OF OWNERSHIP? ◘ YES ◘ NO |
|  | CONDO COVERAGE IS FOR: ◘ UNIT ◘ ENTIRE BUILDING | Changed to: IS COVERAGE FOR A CONDO UNIT? ◘ YES ◘ NO |
|  | RESIDENTIAL CONDOMINIUM BUILDING ASSOCIATION POLICY (RCBAP) ONLY: TOTAL NUMBER OF UNITS: \_\_\_ (INCLUDE NON-RES.) ◘ HIGH-RISE ◘ LOW-RISE | Changed to: TOTAL NUMBER OF UNITS\_\_\_\_\_ ◘ HIGH-RISE ◘ LOW-RISE |
|  |  | Removed IF NOT A SINGLE-FAMILY DWELLING, NUMBER OF OCCUPANCIES (UNITS) IS:\_\_\_\_ |
|  |  | Added: DOES THE BUILDING HAVE ANY ADDITIONS OR EXTENSIONS? ◘ YES ◘ NO  (ADDITIONS AND EXTENSIONS MAY BE SEPARATELY INSURED.) |
| **CONSTRUCTION, Page 1** |  |  |
|  | ·      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 | Added BUILDING PERMIT |
|  | ·      DATE OF CONSTRUCTION | Added CONSTRUCTION |
|  | ·      SUBSTANTIAL IMPR. DATE | Added SUBSTANTIAL IMPROVEMENT |
|  | ·      MANUFACTURED (MOBILE) HOMES/TRAVEL TRAILERS LOCATED IN A MOBILE HOME PARK OR SUBDIVISION: CONSTRUCTION DATE OF MOBILE HOME PARK OR SUBDIVISION FACILITIES | Added FOR MANUFACTURED (MOBILE) HOMES/TRAVEL TRAILERS LOCATED IN A MOBILE HOME PARK OR SUBDIVISION: CONSTRUCTION DATE OF MOBILE HOME PARK OR SUBDIVISION FACILITIES |
|  | MANUFACTURED (MOBILE)HOMES/TRAVEL TRAILERS LOCATED OUTSIDE A MOBILE HOME PARK OR SUBDIVISION: DATE OF PERMANENT PLACEMENT | Changed to FOR MANUFACTURED (MOBILE)HOMES/TRAVEL TRAILERS LOCATED OUTSIDE A MOBILE HOME PARK OR SUBDIVISION: DATE OF PERMANENT PLACEMENT |
|  |  | Removed IF ELEVATED, COMPLETE PART 2 OF THE FLOOD INSURANCE APPLICATION |
| **CONTENTS, Page 1** |  | ***Changed:*** The arrangement of the checkboxes |
|  |  | Added \*IF SINGLE FAMILY, CONTENTS ARE RATED THROUGHOUT THE BUILDING and moved to the CONTENTS section. |
|  |  | ***Deleted:*** The word “Please” from the statement “If No, Please Describe:” |
| **CONSTRUCTION DATA, Page 1** |  | ***Changed:*** |
|  |  | o   Modified the checkbox verbiage |
|  |  | o   The elevation information that was previously in the bottom half of the CONSTRUCTION DATA box was moved into the newly created ELEVATION DATA box |
| **ELEVATION DATA, Page 1** |  | ***Changed:*** |
|  |  | o   New box created from the CONSTRUCTION DATA box that contains elevation information |
|  | ·      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** |  |  |
|  |  |  |
|  |  | o   Reformattedthe statement “(See the *NFIP Flood Insurance Manual* for Certificate Form.)” |
|  |  | ***Added:*** |
|  |  | o   The statement “\*The PRP Provides the Standard Deductible Only.” under the line for the deductible amount |
|  |  | Addd The “Check” checkbox to the “Payment Method” sub-box (which was formerly titled “Payment Option”) |
|  |  | o   A new row for PRP coverage, with the title (For PRP Only, Enter Limits from the *NFIP Flood Insurance Manual*) in the “Insurance Coverage” column and the column heads Building and Contents and Premium |
|  |  | ***Changed:*** |
|  |  | o   Moved Estimated Building Replacement Cost information from the BUILDING box into the COVERAGE AND RATING box and added “(Including Foundation)” |
|  | Building Basic | Building Basic Limit |
|  | Building Additional | Building Additional Limit |
|  | Contents Basic Limit | Contents Basic |
|  | Contents Additional Limit | Contents Additional |
|  | SECTION A - CURRENT COVERAGE | SECTION A - CURRENT LIMITS |
|  | SECTION B | SECTION B - NEW LIMITS |
|  | New Premium | A + B Premium |
|  | TOTAL | TOTAL AMOUNT DUE |
| **SIGNATURE, Page 1** |  |  |
|  |  | Added the word “/Producer” to the verbiage after the second checkbox in the line that reads “If Return Premium, Mail Refund to:” |
|  |  | • 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. |
|  | • 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. | • 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. |
|  | • SIGNATURE OF AGENT/BROKER | • 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. |
|  |  |  |
| **PART 2, Page 2** |  |  |
| **SECTION­­ I – ALL BUILDING TYPES, Page 2** |  |  |
|  |  | Added 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. |
|  |  | Added ◘ New ◘ Renewal ◘Transfer (NFIP ONLY) ◘ Prior policy #: |
|  |  | Added 1. Building Use  ◘ Main house/building ◘ Detached guest house ◘ Detached garage  ◘ Agricultural building ◘ Warehouse ◘ Tool/storage shed  ◘ Poolhouse, clubhouse, recreation building  ◘ Other: |
|  |  | Added: |
|  |  | 2. Garage a) Is there a garage attached to or part of the building? ◘ YES ◘ NO |
|  |  | If the answer to 1a is YES, answer 1b through 1f. |
|  |  | 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 ◘ YES ◘ NO 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 Crawlspace |
|  |  | a) Is the basement/subgrade crawlspace floor below grade on all sides?  ◘ YES ◘ NO |
|  |  | b) If yes, does the basement/subgrade crawlspace 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) |
| **SECTION­­ II – ELEVATED BUILDINGS (Including Manufactured [Mobile] Homes/Travel Trailers), Page 2** |  | 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): |
|  |  | Added |
|  |  | 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.) |
|  |  | 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): |
|  |  | 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? |
|  |  | 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) |
|  |  | ◘Solid wood frame walls (non-breakaway)  ◘Masonry walls (if breakaway, submit certification documentation) ◘ Masonry walls (non-breakaway) ◘ Other (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? |
|  |  | If yes, describe: |
|  |  | 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/crawlspace 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: . |
| **SECTION­­ III – MANUFACTURED (MOBILE) HOMES/TRAVEL TRAILERS (Wheels must be removed for travel trailer to be insurable.),**  **Page 2** |  | Total area of all permanent flood openings:  square inches. |
|  |  | b) Are flood openings engineered? |
|  |  | ◘ YES ◘ NO If yes, submit certification. |
|  |  | Added: |
|  |  | 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.) |
| **Signature, Page 2** |  | ◘ 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) |