

FEMA Form 086-0-3, GENERAL CHANGE ENDORSEMENT — April 19, 2013

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 <input type="checkbox"/> NEW PURCHASE DATE OF PURCHASE: ___/___/___
		<input type="checkbox"/> 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

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LOCATION	CURRENT TEXT	REVISED TEXT
		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: <input type="checkbox"/> YES <input type="checkbox"/> NO AGENCY NO.: AGENT'S TAX ID: NEW AGENT? <input type="checkbox"/> YES <input type="checkbox"/> 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.

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LOCATION	CURRENT TEXT	REVISED TEXT
	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: <input type="checkbox"/> 2 ND MORTGAGEE <input type="checkbox"/> DISASTER AGENCY (SPECIFY): <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> OTHER (SPECIFY):	· Changed to: NAME AND MAILING ADDRESS OF: <input type="checkbox"/> 2ND MORTGAGEE <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> OTHER:
	PHONE NO. _____ FAX NO. _____	Removed: PHONE NO. _____ FAX NO. _____
COMMUNITY, Page 1		Added: Grandfathering Information subhead

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LOCATION	CURRENT TEXT	REVISED TEXT
BUILDING		Added BUILDING PURPOSE sub-box
		100% Residential
		100% Non-Residential
		Mixed Use – Specify Percentage of Residential Use: _____%
		· IS BUILDING A BUSINESS PROPERTY? <input type="checkbox"/> YES <input type="checkbox"/> NO
	INSURED'S PRINCIPAL RESIDENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO	Changed to: IS BUILDING INSURED'S PRINCIPAL/PRIMARY RESIDENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO
	CONDO FORM OF OWNERSHIP? <input type="checkbox"/> YES <input type="checkbox"/> NO	Changed to: IS BUILDING IN A CONDOMINIUM FORM OF OWNERSHIP? <input type="checkbox"/> YES <input type="checkbox"/> NO
	CONDO COVERAGE IS FOR: <input type="checkbox"/> UNIT <input type="checkbox"/> ENTIRE BUILDING	Changed to: IS COVERAGE FOR A CONDO UNIT? <input type="checkbox"/> YES <input type="checkbox"/> NO
	RESIDENTIAL CONDOMINIUM BUILDING ASSOCIATION POLICY (RCBAP) ONLY: TOTAL NUMBER OF UNITS: ____ (INCLUDE NON-RES.) <input type="checkbox"/> HIGH-RISE <input type="checkbox"/> LOW-RISE	Changed to: TOTAL NUMBER OF UNITS _____ <input type="checkbox"/> HIGH-RISE <input type="checkbox"/> LOW-RISE
		Removed IF NOT A SINGLE-FAMILY DWELLING, NUMBER OF OCCUPANCIES (UNITS) IS: _____
		Added: DOES THE BUILDING HAVE ANY ADDITIONS OR EXTENSIONS? <input type="checkbox"/> YES <input type="checkbox"/> 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

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LOCATION	CURRENT TEXT	REVISED TEXT
	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 <i>NFIP FLOOD INSURANCE MANUAL</i> FOR CERTIFICATION FORM.)	· Changed to: (SEE THE <i>NFIP FLOOD INSURANCE MANUAL</i> FOR CERTIFICATION FORM.)
COVERAGE AND RATING, Page 1		
		o Reformatted the statement “(See the <i>NFIP Flood Insurance Manual</i> for Certificate Form.)”
		Added:
		o The statement “*The PRP Provides the Standard Deductible Only.” under the line for the deductible

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LOCATION	CURRENT TEXT	REVISED TEXT
		amount
		Add 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 <i>NFIP Flood Insurance Manual</i>) 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	• 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

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LOCATION	CURRENT TEXT	REVISED TEXT
	APPLICABLE FEDERAL LAW. SEE REVERSE SIDES OF COPIES 2, 3 & 4.	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 <input type="checkbox"/> New <input type="checkbox"/> Renewal <input type="checkbox"/> Transfer (NFIP ONLY) <input type="checkbox"/> Prior policy #:
		Added 1. Building Use <input type="checkbox"/> Main house/building <input type="checkbox"/> Detached guest house <input type="checkbox"/> Detached garage <input type="checkbox"/> Agricultural building <input type="checkbox"/> Warehouse <input type="checkbox"/> Tool/storage shed <input type="checkbox"/> Poolhouse, clubhouse, recreation building <input type="checkbox"/> Other:
		Added:
		2. Garage a) Is there a garage attached to or part of the building? <input type="checkbox"/> YES <input type="checkbox"/> 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? <input type="checkbox"/> YES <input type="checkbox"/> NO

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		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 <input type="checkbox"/> YES <input type="checkbox"/> NO access, and/or storage? <input type="checkbox"/> YES <input type="checkbox"/> NO
		e) Does the garage contain machinery and/or equipment? <input type="checkbox"/> YES <input type="checkbox"/> NO
		If yes, check the applicable items:
		<input type="checkbox"/> Furnace <input type="checkbox"/> Heat pump <input type="checkbox"/> Air conditioner <input type="checkbox"/> Water heater <input type="checkbox"/> Fuel tank <input type="checkbox"/> Cistern <input type="checkbox"/> Elevator equipment <input type="checkbox"/> Washer & dryer <input type="checkbox"/> Food freezer <input type="checkbox"/> 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.? <input type="checkbox"/> YES <input type="checkbox"/> NO
		3. Basement/Subgrade Crawlspace
		a) Is the basement/subgrade crawlspace floor below grade on all sides? <input type="checkbox"/> YES <input type="checkbox"/> NO
		b) If yes, does the basement/subgrade crawlspace contain machinery and/or equipment? <input type="checkbox"/> YES <input type="checkbox"/> NO
		If yes, check the applicable items: <input type="checkbox"/> Furnace <input type="checkbox"/> Heat pump <input type="checkbox"/> Air conditioner <input type="checkbox"/> Water heater <input type="checkbox"/> Fuel tank <input type="checkbox"/> Cistern <input type="checkbox"/> Elevator equipment <input type="checkbox"/> Washer & dryer <input type="checkbox"/> Food freezer <input type="checkbox"/> Other machinery and/or equipment servicing the building (describe):
		4. Additions and Extensions (if Applicable)
		Coverage is for:
		<input type="checkbox"/> Building including addition(s) and extension(s)
		<input type="checkbox"/> Building excluding addition(s) and extension(s)
SECTION II – ELEVATED BUILDINGS		Provide policy number for addition or extension:

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LOCATION	CURRENT TEXT	REVISED TEXT
(Including Manufactured [Mobile] Homes/Travel Trailers), Page 2		
		<input type="checkbox"/> 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
		<input type="checkbox"/> Piers, posts, or piles <input type="checkbox"/> Reinforced masonry piers or concrete piers or columns <input type="checkbox"/> Reinforced concrete shear walls <input type="checkbox"/> 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? <input type="checkbox"/> YES <input type="checkbox"/> NO
		If yes, check the applicable items: <input type="checkbox"/> Furnace <input type="checkbox"/> Heat pump <input type="checkbox"/> Air conditioner <input type="checkbox"/> Water heater <input type="checkbox"/> Fuel tank <input type="checkbox"/> Cistern <input type="checkbox"/> Elevator equipment <input type="checkbox"/> Washer & dryer <input type="checkbox"/> Food freezer <input type="checkbox"/> Other machinery and/or equipment servicing the building (describe):
		3) Area Below the Elevated Floor
		a) Is the area below the elevated floor enclosed? <input type="checkbox"/> YES <input type="checkbox"/> NO
		If yes, check one of the following: <input type="checkbox"/> Fully <input type="checkbox"/> 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.

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		c) Indicate material used for enclosure:
		<input type="checkbox"/> Insect screening <input type="checkbox"/> Light wood lattice <input type="checkbox"/> Solid wood frame walls (if breakaway, submit certification documentation)
		<input type="checkbox"/> Solid wood frame walls (non-breakaway) <input type="checkbox"/> Masonry walls (if breakaway, submit certification documentation) <input type="checkbox"/> Masonry walls (non-breakaway) <input type="checkbox"/> 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.? <input type="checkbox"/> YES <input type="checkbox"/> 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? <input type="checkbox"/> YES <input type="checkbox"/> 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?
		<input type="checkbox"/> YES <input type="checkbox"/> NO If yes, submit certification.
		Added:
		1. Manufactured (Mobile) Home/Travel Trailer Data

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LOCATION	CURRENT TEXT	REVISED TEXT
		Year of manufacture _ _ _
		Make: _ _ _ _ _
		Model Number: _ _ _ _ _ _ _ _ _ _
		Serial number: _ _ _ _ _ _ _ _ _ _
		Dimensions: _ _ _ x _ _ _ feet
		Are there any permanent additions and/or extensions? <input type="checkbox"/> YES <input type="checkbox"/> NO
		If yes, the dimensions are: _ _ _ x _ _ _ feet
		2) Anchoring
		The manufactured (mobile) home/travel trailer anchoring system utilizes: (Check all that apply.)
		<input type="checkbox"/> Over-the-top ties <input type="checkbox"/> Ground anchors <input type="checkbox"/> Frame ties <input type="checkbox"/> Slab anchors <input type="checkbox"/> Frame connectors <input type="checkbox"/> Other (describe):
		3) Installation
		The manufactured (mobile) home/travel trailer was installed in
		accordance with: (Check all that apply.)
Signature, Page 2		<input type="checkbox"/> Manufacturer's specifications
		<input type="checkbox"/> Local floodplain management standards
		<input type="checkbox"/> 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)