| **LOCATION** | **CURRENT TEXT** | **REVISED TEXT** |
| --- | --- | --- |
| **PREFERRED RISK POLICY APPLICATION, PART 1 (OF 2)** |
| **TITLE, Page 1** | * Currently black and white.
 | * Changed color of the line PREFERRED RISK POLICY APPLICATION to match the color of the banners on the form.
 |
|   | * Currently in color.
 | * Changed color of the line IMPORTANT – PLEASE PRINT OR TYPE back to black. Added: ENTER DATES AS MM/DD/YYYY and bolded text.
 |
|   | * FLOOD INSURANCE PREFERRED RISK POLICY APPLICATION
 | * Changed to: PREFERRED RISK POLICY APPLICATION, PART 1 (OF 2). "PREFERRED RISK POLICY APPLICATION" is color text, and "PART 1 (OF 2) is black text.
 |
| **CURRENT POLICY NUMBER, Page 1** | * CURRENT POLICY NUMBER
 | * Removed:: CURRENT POLICY NUMBER
 |
|   | * New and Renewal checkboxes.
 | * Change to: Horizontally aligned the checkboxes.
 |
|   |   | Added: TRANSFER (NFIP ONLY) checkbox. |
|   |   | Added: PRIOR POLICY #:\_\_\_\_\_\_\_\_\_\_\_ |
|   |  | * Removed: IF NEW, LEAVE BLANK.
 |
| **BILLING, Page 1** |  | * Added: BILLING BOX.
 |
|   | * DIRECT BILL INSTRUCTIONS
 | * 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 OR LENDER REQUIRED - NO WAITING
 | * Changed to: REQUIRED FOR LOAN TRANSACTION—NO WAITING PERIOD
 |
|   |   | * Added: MAP REVISION (ZONE CHANGE FROM NON-SFHA TO SFHA) — 1 DAY
 |
|   |   | * Added: 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, PHONE NO., AND FAX NO. 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.
 |
|  |  | * Added: NOTE: ONE BUILDING PER POLICY-BLANKET COVERAGE NOT PERMITTED in Bold.
 |
|  | * IS INSURED LOCATION SAME AS INSURED MAILING ADDRESS?
 | * Changed to: IS INSURED PROPERTY LOCATION SAME AS INSURED'S MAILING ADDRESS?
 |
|   | * ◘YES ◘ NO IF NO, ENTER PROPERTY ADDRESS. IF RURAL, DESCRIBE PROPERTY LOCATION (DO NOT USE P.O. BOX).
 | * 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** |  | * Moved: the 1st MORTGAGEE box to the right side of the form.
 |
|  | * FIRST MORTGAGEE
 | * Changed to: 1st MORTGAGEE
 |
|   | * 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:
 |
| **DISASTER ASSISTANCE, Page 1** |   | * Moved: the DISASTER ASSISTANCE box underneath the PROPERTY LOCATION box.
 |
| **2ND MORTGAGEE/OTHER, Page 1** | * IF SECOND MORTGAGEE, LOSS PAYEE, OR OTHER IS TO BE BILLED, THE FOLLOWING MUST BE COMPLETED, INCLUDING THE NAME, ADDRESS, PHONE NO. AND FAX NO.: ◘ 2ND MORTGAGEE ◘ DISASTER AGENCY (SPECIFY): ◘ LOSS PAYEE ◘ OTHER (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** |   | * Split the section into two subheadings: RATING MAP INFORMATION and CURRENT MAP INFORMATION
 |
|  |  | * Added: RATING MAP INFORMATION in bold.
* Added: the CURRENT MAP INFORMATION subhead (in Bold).
 |
|   | * FLOOD INSURANCE RATE MAP ZONE
* COMMUNITY NO. AND SUFFIX FOR LOCATION OF PROPERTY INSURED:
 | * Changed to: FIRM ZONE: \_\_\_\_\_\_ in the RATING MAP INFORMATION subsection.
* Changed to: CURRENT COMMUNITY NO./PANEL NO. AND SUFFIX: \_\_\_\_\_\_
 |
|   |   | * Added: CURRENT FIRM ZONE \_\_\_\_\_ to CURRENT MAP INFORMATION subsection.
 |
|   |  | * Added: CURRENT BFE: \_\_\_\_\_to CURRENT MAP INFORMATION subsection.
 |
|   |  | * Removed: INFORMATION SOURCE: ◘ COMMUNITY OFFICIAL ◘ FLOOD MAP ◘ MORTGAGEE ◘ OTHER (SPECIFY :) \_\_\_\_\_\_
 |
| **BUILDING, Page 1** | * NON-RESIDENTIAL (INCL. HOTEL/MOTEL)
 | * Changed to: NON-RESIDENTIAL (INCLUDING HOTEL/MOTEL)
 |
|   |   | * Added: BUILDING PURPOSE SUBSECTION
 |
|   |   | * 100% RESIDENTIAL
 |
|   |   | * 100% NON-RESIDENTIAL
 |
|   |   | * MIXED USE –SPECIFY PERCENTAGE OF RESIDENTIAL USE: \_\_\_\_\_\_\_%
 |
|   |   | * IS BUILDING A BUSINESS PROPERTY? ◘ YES ◘ NO
 |
|   |   | * Added: NUMBER OF FLOORS IN BUILDING (INCLUDING BASEMENT/ENCLOSED AREA, IF ANY) OR BUILDING TYPE: ◘ 1 ◘ 2 ◘ 3 OR MORE ◘ SPLIT LEVEL ◘ TOWNHOUSE/ROWHOUSE (RCBAP LOW-RISE ONLY) ◘ MANUFACTURED (MOBILE) HOME/TRAVEL TRAILER ON FOUNDATION
 |
|   | * INSURED'S PRINCIPAL RESIDENCE? ◘ YES ◘ NO
 | * Changed to: IS BUILDING INSURED'S PRINCIPAL/PRIMARY RESIDENCE? ◘ YES ◘ NO
 |
|   | * CONDO FORM OF OWNERSHIP? ◘ YES ◘ NO
 | * Removed: CONDO FORM OF OWNERSHIP? ◘ YES ◘ NO
 |
|  | * COVERAGE FOR CONDO UNIT? ◘ YES ◘ NO
 | * Changed to: IS COVERAGE FOR A CONDO UNIT? ◘ YES ◘ NO
 |
| **CONSTRUCTION INFORMATION, Page 1** | * TOWNHOUSE/ROWHOUSE CONDO UNIT? ◘ YES ◘ NO
 | * Changed to: IS CONDO UNIT A ROWHOUSE/TOWNHOUSE? ◘ YES ◘ NO
 |
|   |   | * Added: The following 3 questions:
 |
|   |   | * 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 LOCATED ON FEDERAL LAND? ◘ YES ◘ NO
 | * Moved: IS BUILDING LOCATED ON FEDERAL LAND? ◘ YES ◘ NO into the Building subsection.
 |
|   | * ESTIMATED REPLACEMENT COST AMOUNT $ \_\_\_\_\_\_\_\_\_
 | * Changed to: ESTIMATED BUILDING REPLACEMENT COST (INCLUDING FOUNDATION): $ \_\_\_\_\_\_\_\_\_
 |
|   | * IS BUILDING INSURED’S PRINCIPAL RESIDENCE?
 | * Changed to: IS BUILDING INSURED’S PRINCIPAL/PRIMARY RESIDENCE?
 |
|   |   | * 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: DOES THE BUILDING HAVE ANY ADDITIONS OR EXTENSIONS? ◘ YES ◘ NO
 |
|   |   | * Added: (Additions and Extensions May Be Separately Insured.)
 |
|   |   | * Added: IS BUILDING ELEVATED? ◘ YES ◘ NO IF YES, AREA BELOW IS; ◘ FREE OF OBSTRUCTION ◘ WITH OBSTRUCTION
 |
|   |  | * Removed: MAKE, MODEL, AND SERIAL NO. OF MANUFACTURED (MOBILE) HOME/TRAVEL TRAILER\_\_\_\_\_\_
 |
|   |  | * Added: CONSTRUCTION INFORMATION SECTION.
* Moved: Construction date information moved to CONSTRUCTION INFORMATION section.
 |
|   | * DATE OF CONSTRUCTION
 | * Changed to: CONSTRUCTION
 |
|   | * SUBSTANTIAL IMPR. 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
 |
|   | * 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
 |
| **CONTENTS, Page 1** | * CONTENTS LOCATED IN: ◘ ENCLOSURE ONLY (BASEMENT ONLY NOT ELIGIBLE) ◘ BASEMENT/ENCLOSURE AND ABOVE ◘ LOWEST FLOOR ONLY ABOVE GROUND LEVEL ◘ LOWEST FLOOR ABOVE GROUND LEVEL AND HIGHER FLOORS ◘ ABOVE GROUND LEVEL MORE THAN ONE FULL FLOOR
 | * Added: CONTENTS section
* Moved: Contents located in to CONTENTS section.
* Changed to: CONTENTS LOCATED IN\*: ◘ ENCLOSURE ONLY (BASEMENT ONLY NOT ELIGIBLE) ◘ BASEMENT/ENCLOSURE AND ABOVE ◘ LOWEST FLOOR ONLY ABOVE GROUND LEVEL ◘ LOWEST FLOOR ABOVE GROUND LEVEL AND HIGHER ◘ ABOVE GROUND LEVEL MORE THAN 1 FULL FLOOR \*IF SINGLE FAMILY, CONTENTS ARE RATED THROUGHOUT THE BUILDING.
 |
| **BUILDING ELIGIBILITY, Page 1** | * NOTICE
 | * Changed to: BUILDING ELIGIBILITY
 |
|   | * INSURANCE IS AVAILABLE UNDER THIS APPLICATION ONLY IF ALL ANSWERS TO THE QUESTIONS A AND B ARE NO, EXCEPT FOR BUILDING ELIGIBLE UNDER THE 2-YEAR PRP ELIGIBILITY EXTENSION, FOR WHICH THE ANSWER TO QUESTIONS A MAY BE YES.
 | * Changed to: THE PREFERRED RISK POLICY (PRP) IS ONLY AVAILABLE IF ALL ANSWERS TO QUESTIONS A AND B ARE NO, EXCEPT FOR BUILDINGS ELIGIBLE UNDER THE PRP ELIGIBILITY EXTENSION, FOR WHICH THE ANSWER TO QUESTION A MAY BE YES.
 |
|   | * A) IS THE BUILDING LOCATED IN A SPECIAL FLOOD HAZARD AREA ON A FLOOD HAZARD BOUNDARY MAP, OR ON A FLOOD INSURANCE RATE MAP ZONE A, AE, A1-A30, AO, AH A99, V, VE, V1-V30, AR, AR DUAL ZONES AR/AE, AR/AH, AR/AO, AR/A1-A30, AR/A? ◘ YES ◘ NO
 | * Changed to: A) IS THE BUILDING LOCATED IN A SPECIAL FLOOD HAZARD AREA (SFHA)? ◘ YES ◘ NO
 |
|   | * B) DO ANY OF THESE CONDITIONS, ARISING FROM ONE OR MORE OCCURRENCES IN ANY 10-YEAR PERIOD, EXIST?
 | * B) DO ANY OF THE FOLLOWING CONDITIONS, ARISING FROM 1 OR MORE OCCURRENCES IN ANY 10-YEAR PERIOD, EXIST?
 |
|   | * TWO (2) LOSS PAYMENTS, EACH MORE THAN $1,000
 | 2. LOSS PAYMENTS, EACH MORE THAN $1,000 ◘ YES ◘ NO |
|   | * THREE (3) OR MORE LOSS PAYMENTS, REGARDLESS OF AMOUNT ◘ YES ◘ NO
 | 3. OR MORE LOSS PAYMENTS, REGARDLESS OF AMOUNT ◘ YES ◘ NO |
| **BUILDING ELIGIBILITY, Page 1** | * TWO (2) FEDERAL DISASTER RELIEF PAYMENTS, EACH MORE THAN $1,000 ◘ YES ◘ NO
 | * 2 FEDERAL DISASTER RELIEF PAYMENTS, EACH MORE THAN $1,000 ◘ YES ◘ NO
 |
|   | * THREE (3) FEDERAL DISASTER RELIEF PAYMENTS, REGARDLESS OF AMOUNT ◘ YES ◘ NO
 | * 3 FEDERAL DISASTER RELIEF PAYMENTS, REGARDLESS OF AMOUNT ◘ YES ◘ NO
 |
|   | * ONE (1) FLOOD INSURANCE CLAIM PAYMENT AND ONE (1) FLOOD DISASTER RELIEF PAYMENT (INLCUDING LOANS AND GRANTS), EACH MORE THAN $1,000 ◘ YES ◘ NO
 | * 1 FLOOD INSURANCE CLAIM PAYMENT AND 1 FLOOD DISASTER RELIEF PAYMENT (INCLUDING LOANS AND GRANTS), EACH MORE THAN $1,000 ◘ YES ◘ NO
 |
| **COVERAGE AND PREMIUM, Page 1** | * PREMIUM
 | * Changed to:: COVERAGE AND PREMIUM
 |
| **SIGNATURE, 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.
 |
|   |  | * Moved: (ONE BUILDING PER POLICY - BLANKET COVERAGE NOT PERMITTED) to PROPERTY LOCATION.
 |
|   | * THE ABOVE STATEMENTS ARE CORRECT TO THE BEST OF MY KNOWLEDGE. THE PROPERTY OWNER AND I UNDERSTAND THAT ANY FALSE STATEMENTS MAY BE PUNISHABLE BY FINE OR IMPRISONMENT UNDER APPLICABLE FEDERAL LAW.
 | * 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. SEE REVERSE SIDES OF COPIES 2, 3 & 4.
 |
|   | * SIGNATURE OF INSURANCE AGENT/BROKER
 | * Changed to:: SIGNATURE OF INSURANCE AGENT/PRODUCER \_\_\_\_\_\_\_\_ DATE (MM/DD/YYYY)
 |
|   |  | * 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.
 |
|   |   | * Removed: SPECIAL NOTE TO INSURANCE AGENT: SEND ORIGINAL TO NFIP, KEEP SECOND COPY FOR YOUR RECORDS, GIVE THIRD COPY TO THE INSURED, AND FOURTH COPY TO MORTGAGEE.
 |
|   |   | * Added: IMPORTANT — COMPLETE PART 1 AND PART 2 (ON LAST PAGE) BEFORE SENDING APPLICATION TO THE NFIP. — IMPORTANT
 |
| **PREFERRED RISK POLICY APPLICATION, PART 2 (OF 2)** |
| **CURRENT POLICY NUMBER, Page 2** | * CURRENT POLICY NUMBER
 | * Removed: CURRENT POLICY NUMBER
 |
| * New and Renewal checkboxes.
 | * Changed to: 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 to: 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 to: If yes, check the applicable items:
* Changed to: 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: 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: 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)
 |