

FEMA Form 086-0-5, PREFERRED RISK POLICY APPLICATION

LOCATION	CURRENT TEXT	REVISED TEXT
PREFERRED RISK POLICY APPLICATION, PART 1 (OF 2)		
TITLE, Page 1	<ul style="list-style-type: none"> • Currently black and white. • Currently in color. • FLOOD INSURANCE PREFERRED RISK POLICY APPLICATION 	<ul style="list-style-type: none"> • Changed color of the line PREFERRED RISK POLICY APPLICATION to match the color of the banners on the form. • Changed color of the line IMPORTANT – PLEASE PRINT OR TYPE back to black. Added: ENTER DATES AS MM/DD/YYYY and bolded text. • 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	<ul style="list-style-type: none"> • CURRENT POLICY NUMBER • New and Renewal checkboxes. 	<ul style="list-style-type: none"> • Removed: CURRENT POLICY NUMBER • Change to: Horizontally aligned the checkboxes. Added: TRANSFER (NFIP ONLY) checkbox. Added: PRIOR POLICY #: _____ • Removed: IF NEW, LEAVE BLANK.
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 OR LENDER REQUIRED - NO WAITING 	<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 • 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 <p><input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, INDICATE THE PROPERTY PURCHASE DATE: ___/___/___</p>
AGENT/PRODUCER	<ul style="list-style-type: none"> • AGENT INFORMATION 	<ul style="list-style-type: none"> • Changed to: AGENT/PRODUCER INFORMATION

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INFORMATION, Page 1	<ul style="list-style-type: none"> NAME, ADDRESS, PHONE NO., AND FAX NO. OF LICENSED PROPERTY OR CASUALTY INSURANCE AGENT OR BROKER: 	<ul style="list-style-type: none"> 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 NAME, ADDRESS, AND PHONE NO. OF INSURED: 	<ul style="list-style-type: none"> Changed to: INSURED INFORMATION Changed to: NAME AND MAILING ADDRESS OF INSURED.
PROPERTY LOCATION, Page 1	<ul style="list-style-type: none"> PROPERTY LOCATION IS INSURED LOCATION SAME AS INSURED MAILING ADDRESS? <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"> 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. Changed to: IS INSURED PROPERTY LOCATION SAME AS INSURED'S MAILING ADDRESS? 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"> FIRST MORTGAGEE PHONE NO. _____ FAX NO. _____ NAME, ADDRESS, PHONE NO., AND FAX NO. OF FIRST MORTGAGEE INCLUDING LOAN NO: 	<ul style="list-style-type: none"> Moved: the 1st MORTGAGEE box to the right side of the form. Changed to: 1st MORTGAGEE Removed: PHONE NO. _____ FAX NO. _____ Changed to: NAME AND MAILING ADDRESS OF FIRST MORTGAGEE:
DISASTER ASSISTANCE, Page 1		<ul style="list-style-type: none"> Moved: the DISASTER ASSISTANCE box underneath the PROPERTY LOCATION box.
2ND MORTGAGEE/OTHER, Page 1	<ul style="list-style-type: none"> 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.: <input type="checkbox"/> 2ND MORTGAGEE <input type="checkbox"/> DISASTER AGENCY (SPECIFY): <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> OTHER (SPECIFY): 	<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:
	<ul style="list-style-type: none"> PHONE NO. _____ FAX NO. _____ 	<ul style="list-style-type: none"> Removed: PHONE NO. _____ FAX NO. _____

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COMMUNITY, Page 1	<ul style="list-style-type: none"> FLOOD INSURANCE RATE MAP ZONE COMMUNITY NO. AND SUFFIX FOR LOCATION OF PROPERTY INSURED: 	<ul style="list-style-type: none"> 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). 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: <input type="checkbox"/> COMMUNITY OFFICIAL <input type="checkbox"/> FLOOD MAP <input type="checkbox"/> MORTGAGEE <input type="checkbox"/> OTHER (SPECIFY :) _____
BUILDING, Page 1	<ul style="list-style-type: none"> NON-RESIDENTIAL (INCL. HOTEL/MOTEL) 	<ul style="list-style-type: none"> 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? <input type="checkbox"/> YES <input type="checkbox"/> NO
	<ul style="list-style-type: none"> INSURED'S PRINCIPAL RESIDENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO 	<ul style="list-style-type: none"> Added: NUMBER OF FLOORS IN BUILDING (INCLUDING BASEMENT/ENCLOSED AREA, IF ANY) OR BUILDING TYPE: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 OR MORE <input type="checkbox"/> SPLIT LEVEL <input type="checkbox"/> TOWNHOUSE/ROWHOUSE (RCBAP LOW-RISE ONLY) <input type="checkbox"/> MANUFACTURED (MOBILE) HOME/TRAVEL TRAILER ON FOUNDATION Changed to: IS BUILDING INSURED'S PRINCIPAL/PRIMARY RESIDENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO
	<ul style="list-style-type: none"> CONDO FORM OF OWNERSHIP? <input type="checkbox"/> YES <input type="checkbox"/> NO 	<ul style="list-style-type: none"> Removed: CONDO FORM OF OWNERSHIP? <input type="checkbox"/> YES <input type="checkbox"/> NO
CONSTRUCTION INFORMATION,	<ul style="list-style-type: none"> COVERAGE FOR CONDO UNIT? <input type="checkbox"/> YES <input type="checkbox"/> NO TOWNHOUSE/ROWHOUSE CONDO UNIT? <input type="checkbox"/> 	<ul style="list-style-type: none"> Changed to: IS COVERAGE FOR A CONDO UNIT? <input type="checkbox"/> YES <input type="checkbox"/> NO Changed to: IS CONDO UNIT A

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LOCATION	CURRENT TEXT	REVISED TEXT
<p>Page 1</p>	<p>YES <input type="checkbox"/> NO</p>	<p>ROWHOUSE/TOWNHOUSE? <input type="checkbox"/> YES <input type="checkbox"/> NO</p>
		<ul style="list-style-type: none"> • Added: The following 3 questions: • 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 LOCATED ON FEDERAL LAND? <input type="checkbox"/> YES <input type="checkbox"/> NO • ESTIMATED REPLACEMENT COST AMOUNT \$ _____ • IS BUILDING INSURED’S PRINCIPAL RESIDENCE? 	<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. • Changed to: ESTIMATED BUILDING REPLACEMENT COST (INCLUDING FOUNDATION): \$ _____ • 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? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, SEE NOTICE BELOW. • 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.) • Added: IS BUILDING ELEVATED? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, AREA BELOW IS; <input type="checkbox"/> FREE OF OBSTRUCTION <input type="checkbox"/> WITH OBSTRUCTION
		<ul style="list-style-type: none"> • Removed: MAKE, MODEL, AND SERIAL NO. OF MANUFACTURED (MOBILE) HOME/TRAVEL TRAILER_____
		<ul style="list-style-type: none"> • Added: CONSTRUCTION INFORMATION SECTION. • Moved: Construction date information moved to CONSTRUCTION INFORMATION section.
	<ul style="list-style-type: none"> • DATE OF CONSTRUCTION • SUBSTANTIAL IMPR. DATE 	<ul style="list-style-type: none"> • Changed to: CONSTRUCTION • Changed to: SUBSTANTIAL IMPROVEMENT
	<ul style="list-style-type: none"> • MANUFACTURED (MOBILE) HOMES/TRAVEL TRAILERS LOCATED IN A MOBILE HOME PARK OR SUBDIVISION: CONSTRUCTION DATE OF MOBILE HOME PARK OR 	<ul style="list-style-type: none"> • Changed to: FOR MANUFACTURED (MOBILE) HOMES/TRAVEL TRAILERS LOCATED IN A MOBILE HOME PARK OR SUBDIVISION: CONSTRUCTION DATE OF MOBILE HOME PARK

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	<p align="center">SUBDIVISION FACILITIES</p> <ul style="list-style-type: none"> MANUFACTURED (MOBILE)HOMES/TRAVEL TRAILERS LOCATED OUTSIDE A MOBILE HOME PARK OR SUBDIVISION: DATE OF PERMANENT PLACEMENT 	<p align="center">OR SUBDIVISION FACILITIES</p> <ul style="list-style-type: none"> Changed to: FOR MANUFACTURED (MOBILE)HOMES/TRAVEL TRAILERS LOCATED OUTSIDE A MOBILE HOME PARK OR SUBDIVISION: DATE OF PERMANENT
CONTENTS, Page 1	<ul style="list-style-type: none"> CONTENTS LOCATED IN: <input type="checkbox"/> ENCLOSURE ONLY (BASEMENT ONLY NOT ELIGIBLE) <input type="checkbox"/> BASEMENT/ENCLOSURE AND ABOVE <input type="checkbox"/> LOWEST FLOOR ONLY ABOVE GROUND LEVEL <input type="checkbox"/> LOWEST FLOOR ABOVE GROUND LEVEL AND HIGHER FLOORS <input type="checkbox"/> ABOVE GROUND LEVEL MORE THAN ONE FULL FLOOR 	<ul style="list-style-type: none"> Added: CONTENTS section Moved: Contents located in to CONTENTS section. Changed to: CONTENTS LOCATED IN*: <input type="checkbox"/> ENCLOSURE ONLY (BASEMENT ONLY NOT ELIGIBLE) <input type="checkbox"/> BASEMENT/ENCLOSURE AND ABOVE <input type="checkbox"/> LOWEST FLOOR ONLY ABOVE GROUND LEVEL <input type="checkbox"/> LOWEST FLOOR ABOVE GROUND LEVEL AND HIGHER <input type="checkbox"/> ABOVE GROUND LEVEL MORE THAN 1 FULL FLOOR *IF SINGLE FAMILY, CONTENTS ARE RATED THROUGHOUT THE BUILDING.
BUILDING ELIGIBILITY, Page 1	<ul style="list-style-type: none"> NOTICE 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. 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? <input type="checkbox"/> YES <input type="checkbox"/> NO B) DO ANY OF THESE CONDITIONS, ARISING FROM ONE OR MORE OCCURRENCES IN ANY 10-YEAR PERIOD, EXIST? <ul style="list-style-type: none"> TWO (2) LOSS PAYMENTS, EACH MORE THAN \$1,000 THREE (3) OR MORE LOSS PAYMENTS, REGARDLESS OF AMOUNT <input type="checkbox"/> YES <input type="checkbox"/> NO 	<ul style="list-style-type: none"> Changed to: BUILDING ELIGIBILITY 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. Changed to: A) IS THE BUILDING LOCATED IN A SPECIAL FLOOD HAZARD AREA (SFHA)? <input type="checkbox"/> YES <input type="checkbox"/> NO B) DO ANY OF THE FOLLOWING CONDITIONS, ARISING FROM 1 OR MORE OCCURRENCES IN ANY 10-YEAR PERIOD, EXIST? <ul style="list-style-type: none"> 2. LOSS PAYMENTS, EACH MORE THAN \$1,000 <input type="checkbox"/> YES <input type="checkbox"/> NO 3. OR MORE LOSS PAYMENTS, REGARDLESS OF AMOUNT <input type="checkbox"/> YES <input type="checkbox"/> NO
BUILDING ELIGIBILITY, Page 1	<ul style="list-style-type: none"> TWO (2) FEDERAL DISASTER RELIEF PAYMENTS, EACH MORE THAN \$1,000 <input type="checkbox"/> YES <input type="checkbox"/> NO 	<ul style="list-style-type: none"> 2 FEDERAL DISASTER RELIEF PAYMENTS, EACH MORE THAN \$1,000 <input type="checkbox"/> YES <input type="checkbox"/> NO

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	<ul style="list-style-type: none"> • THREE (3) FEDERAL DISASTER RELIEF PAYMENTS, REGARDLESS OF AMOUNT <input type="checkbox"/> YES <input type="checkbox"/> NO • ONE (1) FLOOD INSURANCE CLAIM PAYMENT AND ONE (1) FLOOD DISASTER RELIEF PAYMENT (INLCUDING LOANS AND GRANTS), EACH MORE THAN \$1,000 <input type="checkbox"/> YES <input type="checkbox"/> NO 	<ul style="list-style-type: none"> • 3 FEDERAL DISASTER RELIEF PAYMENTS, REGARDLESS OF AMOUNT <input type="checkbox"/> YES <input type="checkbox"/> NO • 1 FLOOD INSURANCE CLAIM PAYMENT AND 1 FLOOD DISASTER RELIEF PAYMENT (INCLUDING LOANS AND GRANTS), EACH MORE THAN \$1,000 <input type="checkbox"/> YES <input type="checkbox"/> NO
COVERAGE AND PREMIUM, Page 1	<ul style="list-style-type: none"> • PREMIUM 	<ul style="list-style-type: none"> • Changed to: COVERAGE AND PREMIUM
SIGNATURE, Page 1	<ul style="list-style-type: none"> • 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. • SIGNATURE OF INSURANCE 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. • Moved: (ONE BUILDING PER POLICY - BLANKET COVERAGE NOT PERMITTED) to PROPERTY LOCATION. • 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. • Changed to: SIGNATURE OF INSURANCE AGENT/PRODUCER _____ DATE (MM/DD/YYYY) • Added: SIGNATURE OF INSURED (OPTIONAL) _____ DATE (MM/DD/YYYY)
FOOTER, Page 1	<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. • 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.
		<ul style="list-style-type: none"> • Added: IMPORTANT — COMPLETE PART 1 AND

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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	<ul style="list-style-type: none"> • CURRENT POLICY NUMBER • New and Renewal checkboxes. • 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"> • Removed: CURRENT POLICY NUMBER • Changed to: Horizontally aligned the checkboxes. • Added: TRANSFER (NFIP ONLY) checkbox. • Added: PRIOR POLICY #: _____ • 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 1to 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: _____ <ul style="list-style-type: none"> <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: • Solid foundation walls • 9. Does the area below the elevated floor contain machinery or equipment? 	<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 to: 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

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<p>SECTION II - ELEVATED BUILDINGS, Page 2</p>	<ul style="list-style-type: none"> • If yes, check the appropriate items: • Hot water heater • Other equipment or machinery servicing the building 	<ul style="list-style-type: none"> • Changed to: If yes, check the applicable items: • Changed to: Water heater • Changed to: Other equipment and/or equipment servicing the building (describe): _____
	<ul style="list-style-type: none"> • 10. Area below the elevated floor: • 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
		<ul style="list-style-type: none"> • Removed: 10b) If enclosed , provide size of enclosed area/crawlspace:
	<ul style="list-style-type: none"> • Breakaway Walls • Solid Wood Frame Walls • Masonry Walls 	<ul style="list-style-type: none"> • Changed to: <ul style="list-style-type: none"> o Insect screening o 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: 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 • Questions 10d) and 10e) 	<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 • Added: 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 	<ul style="list-style-type: none"> • Changed to: THE ABOVE STATEMENTS ARE

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	<p>THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT ANY FALSE STATEMENTS MAY BE PUNISHABLE BY FINE OR IMPRISONMENT UNDER APPLICABLE FEDERAL LAW.</p> <ul style="list-style-type: none"> • SIGNATURE OF INSURANCE AGENT/BROKER 	<p>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.</p> <ul style="list-style-type: none"> • Changed to: SIGNATURE OF INSURANCE AGENT/PRODUCER
		<ul style="list-style-type: none"> • Added: SIGNATURE OF INSURED (OPTIONAL)