National Flood Insurance Program FLOOD INSURANCE GENERAL CHANGE ENDORSEMENT, PART 1 (OF 2) Ш

O.M.B. No. 1660-0006 Expires August 31, 2013

Γ

IMPO	RTANT—PLEASE PRINT OR	TYPE; ENTER D	ATES AS MM/D	D/YYYY.	,		()	POLICY #:		
CHANGE	REASON FOR CHANGE (CHECK ALL THAT APPLY)       Image: Check all that apply)       REASON FOR ASSIGNMENT:         Image: Montgage index and the check an			INSURED IFORMATION IFORMATION	SECOND MORTGAGEE     MORTGAGEE/OTHER" BOX BELOW)       NAME AND MAILING ADDRESS OF INSURED:					
POLICY PERIOD	POLICY PERIOD IS FROM /						DNE NO.:			_
AGENT/PRODUCER INFORMATION	NAME AND MAILING ADDRESS OF AGENT/PRODUCER:         AGENCY NO.:         PHONE NO.:         FAX NO.:					NOTE: ONE BUILDING PER POLICY BLANKET COVERAGE NOT PERMITTED.         IS INSURED PROPERTY LOCATION SAME AS INSURED MAILING ADDRESS?         YES       NO         IF NO, ENTER PROPERTY ADDRESS. IF RURAL, ENTER LEGAL DESCRIPTION, OR GEOGRAPHIC LOCATION OF PROPERTY (DO NOT USE P.O. BOX).         FOR AN ADDRESS WITH MULTIPLE BUILDINGS AND/OR FOR A BUILDING WITH ADDITIONS OR				
1ST MORTGAGEE	EMAIL ADDRESS:					EXTENSIONS, DESCRIBE THE INSURED BUILDING:				
COMMUNITY	LOAN NO.:  RATING MAP INFORMATION NAME OF COUNTY/PARISH: COMMUNITY NO./PANEL NO. AND SUFFIX: FIRM ZONE: COMMUNITY PROGRAM TYPE IS:  REGULAR EMERGENCY					LOAN NO.:				
BUILDING	BUILDING OCCUPANCY  SINGLE FAMILY  2-4 FAMILY  OTHER RESIDENTIAL  NON-RESIDENTIAL  (INCLUDING HOTEL/MOTEL)  BUILDING PURPOSE  100% RESIDENTIAL  100% NON-RESIDENTIAL  MIXED-USE - SPECIFY PERCENTAGE OF RESIDENTIAL  USE:%  IS BUILDING A BUSINESS	ICCUPANCY       BASEMENT, ENCLOSURE, CRAWLSPACE       IS BUILDING WALLED AND ROOFED?       YES         FAMILY       NONE       FINISHED BASEMENT/ENCLOSURE       IS BUILDING IN THE COURSE OF CONSTRUCTION?         INLY       CRAWLSPACE       UNFINISHED BASEMENT/ENCLOSURE       IS BUILDING OVER WATER?       NO       PARTIAL         SIDENTIAL       SUBGRADE CRAWLSPACE       IS BUILDING IN THE COURSE OF CONSTRUCTION?       IS BUILDING OVER WATER?       NO       PARTIAL         SIDENTIAL       SUBGRADE CRAWLSPACE       IS BUILDING INSURED'S PRINCIPAL/PRIMARY RESIDE       IS BUILDING A RENTAL PROPERTY?       YES       IS         ONG HOTEL/MOTEL)       NUMBER OF FLOORS IN BUILDING (INCLUDING BASEMENT/ENCLOSED       IS BUILDING A RENTAL PROPERTY?       YES       NO         URPOSE       1       2       3 OR MORE       SPLIT LEVEL       IF YES, IS THE TENANT REQUESTING BUILDING COVE       IF YES, SEE NOTICE BELOW.         ON-RESIDENTIAL       TOWNHOUSE (RCBAP LOW-RISE ONLY)       DOES THE BUILDING HAVE ANY ADDITIONS OR EXTER       (ADDITIONS AND EXTENSIONS MAY BE SEPARATELY IN         JSE – SPECIFY       TAGE OF RESIDENTIAL       IS COVERAGE FOR A CONDO UNIT?       YES       NO         JSE BUILDING IN A CONDOMINIUM FORM OF OWNERSHIP?       IS BUILDING ELEVATED?       YES       NO         MANUFACTURED       IS BUILDING IN A CONDOMINIUM FORM OF OWNERSHIP?       <					N?       YES       NO         TIALLY       ENTIRELY         ESIDENCE?       YES       NO         NO       NO         COVERAGE?       YES       NO         EXTENSIONS?       YES       NO         LY INSURED.)       CTION       WITH OBSTRUCTION			
CONTENTS	IS BUILDING A BUSINESS       TOTAL NUMBER OF UNITS:         PROPERTY?       YES       NO         HIGH-RISE       LOW-RISE         CONTENTS LOCATED IN*:       IS PERSONAL PROPERTY HOUSEHOLD         BASEMENT/ENCLOSURE       CONTENTS?         BASEMENT/ENCLOSURE AND ABOVE       IF NO, DESCRIBE:         LOWEST FLOOR ONLY ABOVE GROUND LEVEL       IS NOL EVEL         LOWEST FLOOR ABOVE GROUND LEVEL       ABOVE GROUND LEVEL AND HIGHER         ABOVE GROUND LEVEL MORE THAN 1 FULL FLOOR       *IF SINGLE FAMILY, CONTENTS ARE RATED THROUGHOUT THE BUILDING.				 D	CONSTRUCTION DATE: //// CHECK ONE OF THE FOLLOWING: BUILDING PERMIT SUBSTANTIAL IMPROVEMENT CONSTRUCTION FOR MANUFACTURED (MOBILE) HOMES/TRAVEL TRAILERS LOCATED HOMES/TRAVEL TRAILERS LOCATED IN A MOBILE HOME PARK OR OUTSIDE A MOBILE HOME PARK OR SUBDIVISION: DATE OF DATE OF MOBILE HOME PARK OR PERMANENT PLACEMENT SUBDIVISION FACILITIES				
ELEVATION DATA	IS BUILDING POST-FIRM CONSTRUCTION?       BUILDING DIAGRAM NO.:       LOWEST ADJACENT GRADE (LAG):       ELEVATION CERTIFICATION DATE:       /         IVES       NO       LOWEST FLOOR ELEVATION:       (-) BASE FLOOD ELEVATION:       (-) DIFFERENCE TO NEAREST FOOT:       (+ OR -)         IVES LEVATION NATED, ATTACH ELEVATION CERTIFICATED.       IN ZONES V AND V1-V30 ONLY, DOES BASE FLOOD ELEVATION INCLUDE EFFECTS OF WAVE ACTION?       IVES IN 0         IS ELEVATION RATED, ATTACH ELEVATION CERTIFICATED.       IS BUILDING FLOODPROOFED?       IVES IN 0									
	ESTIMATED BUILDING REPLACEMEN (INCLUDING FOUNDATION): \$ TO IN		COVERAGE, COMPL	DEDUCTIBLE*: DEDUCTIBLE BUYE ETE SECTIONS A &	BACK?	YES			HE STANDARD DEDUCTIB	ELES ONLY.
۵ N	INSURANCE COVERAGE		AMOUNT	ON A - CURRENT LIN RATE	<b>NITS</b> PREMIU	IM	S AMOUNT	ECTION B - NEW LIMIT RATE	S PREMIUM	A + B PREMIUM
RATING	BUILDING BASIC LIMIT			1 Ke						
ie and	BUILDING ADDITIONAL LIMIT									
COVERAGE	CONTENTS ADDITIONAL LIMIT FOR PRP ONLY, ENTER LIMITS FROM THE NFIP FLOOD INSURANCE MANUAL		CONTENTS	PREMI	UM	BUILDING	CONTENTS	PREMIUM		
ຮິ	IF CHANGING AMOUNT OF INSURANCE, ENTER NEW TOTAL AMOUNT BELOW					PAYMENT METHOD:	SUBTOTAL			
	BUILDING COVERAGE CONTENTS COVERAGE BASIC ADDITIONAL TOTAL BASIC ADDITIONAL					TOTAL CHECK		DEDUCTIBLE DISCOUNT/SURCHARGE		
								SUBTOTAL %		
TURE	NOTICE: BUILDING COVERAGE BENEFITS – EXCEPT FOR A RESIDENTIAL CONDOMINUM BUILDING – ARE NO. BUILDING COVERAGE HAS BEEN PURCHASED BY THE APPLICANT OR ANY OTHER PARTY FOR THE SAME BUIL THE ABOVE STATEMENTS ARE CORRECT TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT ANY FALSE S BY FINE AND/OR IMPRISONMENT UNDER APPLICABLE FEDERAL LAW. SEE REVERSE SIDE OF COPIES 2, 3, AI					DI AVAILABLE IF OTHER NFIP DING. SUBTOTAL ITATEMENTS MAY BE PUNISHABLE RESERVE FUND %		_ %		
SIGNATURE	SIGNATURE OF INSURANCE AGENT/PRODUCER DATE (M					M/DD/YYYY) PREMIUM PREVIOUSLY PAID (Excludes Probation Surcharge/Federal Policy Fee)				
U)	SIGNATURE OF INSURED (IF APPLICABLE)				ATE (MM/DD	/ / DIFFERENCE (+ MM/DD/YYYY) PRO-RATA FACTOR			(+/-)	
	SIGNATURE OF ASSIGNEE (FOR ASSIGNMENT ONLY) DATE (M					)/YYYY)	_/	TOTAL AMOUNT D	JE (+/-)	

FEMA Form 086-0-3

Previously FEMA Form 81-18

F-051 (Revised AUG 2010)

National Flood Insurance Program FLOOD INSURANCE GENERAL CHANGE ENDORSEMENT, PART 1 (OF 2) Ш

O.M.B. No. 1660-0006 Expires August 31, 2013

MPO	RTANT—PLEASE PRINT OR				,	(0	-)	POLICY #:			
CHANGE	REASON FOR CHANGE (CHECK ALL THAT APPLY)       REASON FOR ASSIGNMENT:         MORTGAGEE       MAILING ADDRESS         INCREASE COVERAGE       BILLING         BUILDING INFORMATION       AGENT/PRODUCER         INSURED INFORMATION       AGENT/PRODUCER         OTHER (SPECIFY):       OTHER (SPECIFY):					☐ INSUF ☐ FIRST ☐ SECO	EWAL, BILL: RED MORTGAGEE ND MORTGAGEE D MAILING ADDRE	MORTGAG	EE S SPECIFIED IN THE "21 EE/OTHER" BOX BELOV		
POLICY PERIOD	POLICY PERIOD IS FROM/ TO					PHONE N	0.:			_	
AGENT/PRODUCER INFORMATION	NAME AND MAILING ADDRESS OF AGENT/PRODUCER:         AGENCY NO.:					NOTE: ONE BUILDING PER POLICY - BLANKET COVERAGE NOT PERMITTED.         IS INSURED PROPERTY LOCATION SAME AS INSURED MAILING ADDRESS?         YES       NO         IF NO, ENTER PROPERTY ADDRESS. IF RURAL, ENTER LEGAL DESCRIPTION, OR GEOGRAPHIC LOCATION OF PROPERTY (DO NOT USE P.O. BOX).         FOR AN ADDRESS WITH MULTIPLE BUILDINGS AND/OR FOR A BUILDING WITH ADDITIONS OR EXTENSIONS, DESCRIBE THE INSURED BUILDING:					-
1ST MORTGAGEE	NAME AND MAILING ADDRESS OF FIRST MORTGAGEE:					NAME AND MAILING ADDRESS OF: 2ND MORTGAGEE LOSS PAYEE					-
COMMUNITY	RATING MAP INFORMATION NAME OF COUNTY/PARISH: COMMUNITY NO./PANEL NO. AND S FIRM ZONE:	UFFIX:	=		GRA □ C CUR	GRANDFATHERING INFORMATION GRANDFATHERED? YES NO IF YES, BUILT IN COMPLIANCE OR CONTINUOUS COVERAGE PRIOR POLICY NO.: CURRENT COMMUNITY NO./PANEL NO. AND SUFFIX:					-
BUILDING	BUILDING OCCUPANCY  SINGLE FAMILY  2-4 FAMILY  OTHER RESIDENTIAL  (NON-RESIDENTIAL  (INCLUDING HOTEL/MOTEL)  BUILDING PURPOSE  100% RESIDENTIAL  100% NON-RESIDENTIAL  MIXED-USE - SPECIFY  PERCENTAGE OF RESIDENTIAL  USE:%  IS BUILDING A BUSINESS	SINGLE FAMILY       NONE       FINISHED BASEMENT/ENCLOSURE       IN BUILDING IN THE COURSE OF CONSTRUCTION?       YES       NO         2-4 FAMILY       CRAWLSPACE       UNFINISHED BASEMENT/ENCLOSURE       IS BUILDING IN THE COURSE OF CONSTRUCTION?       YES       NO         OTHER RESIDENTIAL       SUBGRADE CRAWLSPACE       IS BUILDING (INCLUDING BASEMENT/ENCLOSURE       IS BUILDING OVER WATER?       NO       PARTIALLY       ENTIRELY         ONON-RESIDENTIAL       SUBGRADE CRAWLSPACE       IS BUILDING (INCLUDING BASEMENT/ENCLOSED       IS BUILDING A RENTAL PROPERTY?       YES       NO         (INCLUDING HOTEL/MOTEL)       NUMBER OF FLOORS IN BUILDING (INCLUDING BASEMENT/ENCLOSED       IS BUILDING A RENTAL PROPERTY?       YES       NO         100% RESIDENTIAL       NUMBER OF FLOORS IN BUILDING (INCLUDING BASEMENT/ENCLOSED       IS BUILDING COVERAGE?       YES       NO         11       2       3 OR MORE       SPLIT LEVEL       IF YES, SEE NOTICE BELOW.       IF YES, SEE NOTICE BELOW.       DOES THE BUILDING HAVE ANY ADDITIONS OR EXTENSIONS?       YES       NO         MIXED-USE – SPECIFY       MANUFACTURED (MOBILE) HOME/TRAVEL TRAILER ON FOUNDATION       IS BUILDING ELEVATED?       YES       NO         YERCENTAGE OF RESIDENTIAL       IS COVERAGE FOR A CONDO UNIT?       YES       NO       IS BUILDING SEEDENTIAL       SE DURON       IS DUIDING HAVE ANY ADDITIONS OR EX						0 	A G E N T		
CONTENTS	CONTENTS LOCATED IN*: BASEMENT/ENCLOSURE BASEMENT/ENCLOSURE AND AB LOWEST FLOOR ONLY ABOVE GROUND LOWEST FLOOR ABOVE GROUND	T/ENCLOSURE         CONTENTS?         ☐ YES         ☐ NO           T/ENCLOSURE AND ABOVE         IF NO, DESCRIBE:					CHECK ONE OF THE FOLLOWING:         Building Permit         Building Permit         CONSTRUCTION         FOR MANUFACTURED (MOBILE)         HOMES/TRAVEL TRAILERS LOCATED         OUTSIDE A MOBILE HOME PARK         OR SUBDIVISION: DATE OF         PERMANENT PLACEMENT         DATE OF         SUBDIVISION FACILITIES				
ELEVATION DATA	IS BUILDING POST-FIRM CONSTRUCTION?       BUILDING DIAGRAM NO.:       LOWEST ADJACENT GRADE (LAG):       ELEVATION CERTIFICATION DATE:       /         IVES       NO       LOWEST FLOOR ELEVATION:       (-) BASE FLOOD ELEVATION:       (-) DIFFERENCE TO NEAREST FOOT:       (-) IN ZONES A, A1-A30, AE, AO, AH, AV, V1-V30, VE, OR IF PRE-FIRM CONSTRUCTION       (-) IN ZONES V AND V1-V30 ONLY, DOES BASE FLOOD ELEVATION INCLUDE EFFECTS OF WAVE ACTION?       IVES       IN O         IS ELEVATION RATED, ATTACH ELEVATION CERTIFICATE:       VISUAL OUPPROFERS       IVES       IVES							-			
	ESTIMATED BUILDING REPLACEMEN (INCLUDING FOUNDATION): \$ TO IN	NT COST	COVERAGE, COMPL	DEDUCTIBLE*: DEDUCTIBLE BUYB ETE SECTIONS A &	ACK?	YES 🗆 N			THE STANDARD DEDUCTIB	LES ONLY.	_
G			SECTI	ON A – CURRENT LIN	NITS		S	ECTION B - NEW LIMIT	S	A + B	
RATING	INSURANCE COVERAGE BUILDING BASIC LIMIT		AMOUNT	RATE	PREMIU	M	AMOUNT	RATE	PREMIUM	PREMIUM	
	BUILDING ADDITIONAL LIMIT										
E AND	CONTENTS BASIC LIMIT										
COVERAGE	CONTENTS ADDITIONAL LIMIT FOR PRP ONLY, ENTER LIMITS FROM	M THE	BUILDING	CONTENTS	PREMIL	JM	BUILDING	CONTENTS	PREMIUM		
COVI	NFIP FLOOD INSURANCE MANUAL				DAV		SUBTOTAL				
	IF CHANGING AMOUNT OF INSURANCE, ENTER NEW TOTAL AMOUNT BELOW BUILDING COVERAGE CONTENTS COVERAGE					PAYMENT METHOD		: SUBTOTAL DEDUCTIBLE DISCOUNT/SURCHARGE			
	BASIC ADDITIONAL	TOTAL	BASIC	ADDITIONAL	TOTA	TOTAL CREDIT CARD		SUBTOTAL			
	IF RETURN PREMIUM, MAIL REFUND TO: INSURED AGENT/PRODUCER PAYOR					OTHER:		ICC PREMIUM . SUBTOTAL			
	NOTICE: BUILDING COVERAGE BENEFITS – EXCEPT FOR A RESIDENTIAL CONDOMINIUM BUILDING – ARE NO					.DING. STATEMENTS MAY BE PUNISHABLE		CRS PREMIUM DISCOUNT %			
URE	BUILDING COVERAGE HAS BEEN PURCHASED BY THE APPLICANT OR ANY OTHER PARTY FOR THE SAME BUIL THE ABOVE STATEMENTS ARE CORRECT TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT ANY FALSE : BY FINE AND/OR IMPRISONMENT UNDER APPLICABLE FEDERAL LAW. SEE REVERSE SIDE OF COPIES 2, 3, A							SUBTOTAL RESERVE FUND SUBTOTAL	_ %		
SIGNATURE	SIGNATURE OF INSURANCE AGENT/PRODUCER DATE (N					_// PREMIUM PREVIOUSI M/DD/YYYY) Probation Surcharge/					
S						//////////////////////////////////////		DIFFERENCE (+/-)			
					/_						
	SIGNATURE OF ASSIGNEE (FOR ASSIGNMENT ONLY) DATE (MM,								(77)	I	

FEMA Form 086-0-3

Previously FEMA Form 81-18

F-051 (Revised AUG 2010)

National Flood Insurance Program FLOOD INSURANCE GENERAL CHANGE ENDORSEMENT. PART 1 (OF 2) Ш

O.M.B. No. 1660-0006 Expires August 31, 2013

Γ

MPC	ORTANT—PLEASE PRINT OR				,	11(012)	POLICY #:				
CHANGE	REASON FOR CHANGE (CHECK ALL THAT APPLY)       REASON FOR ASSIGNMENT:         MORTGAGEE       MAILING ADDRESS         INCREASE COVERAGE       BILLING         BUILDING INFORMATION       AGENT/PRODUCER         INSURED INFORMATION       AGENT/PRODUCER         OTHER (SPECIFY):       OTHER (SPECIFY):				INSURED BILLING	FOR RENEWAL, BILL:         INSURED       LOSS PAYEE         FIRST MORTGAGEE       OTHER (AS SPECIFIED IN THE "2ND         SECOND MORTGAGEE       MORTGAGEE/OTHER" BOX BELOW)         NAME AND MAILING ADDRESS OF INSURED:					
POLICY PERIOD	POLICY PERIOD IS FROM/ T0         12:01 A.M. LOCAL TIME AT THE INSURED PROPERTY LOCATION.         ENDORSEMENT EFFECTIVE DATE:/         FOR ADDED COVERAGE, INDICATE THE APPLICABLE WAITING PERIOD:         G STANDARD 30-DAY         REQUIRED FOR LOAN TRANSACTION – NO WAITING         MAP REVISION (ZONE CHANGE FROM NON-SFHA TO SFHA) – 1 DAY					PHONE NO.:			_		
AGENT/PRODUCER INFORMATION	NAME AND MAILING ADDRESS OF AGENT/PRODUCER:           AGENCY NO.:					NOTE: ONE BUILDING PER POLICY - BLANKET COVERAGE NOT PERMITTED.         IS INSURED PROPERTY LOCATION SAME AS INSURED MAILING ADDRESS?         YES       NO       IF NO, ENTER PROPERTY ADDRESS. IF RURAL, ENTER LEGAL DESCRIPTION, OR GEOGRAPHIC LOCATION OF PROPERTY (DO NOT USE P.O. BOX).         FOR AN ADDRESS WITH MULTIPLE BUILDINGS AND/OR FOR A BUILDING WITH ADDITIONS OR EXTENSIONS, DESCRIBE THE INSURED BUILDING:					
1ST MORTGAGEE	NAME AND MAILING ADDRESS OF FIRST MORTGAGEE:					NAME AND MAILING ADDRESS OF: 2ND MORTGAGEE LOSS PAYEE					
COMMUNITY	RATING MAP INFORMATION         NAME OF COUNTY/PARISH:         COMMUNITY NO./PANEL NO. AND SUFFIX:         FIRM ZONE:				GRAI C CURI	GRANDFATHERING INFORMATION         GRANDFATHERED?       YES       NO       IF YES,       BUILT IN COMPLIANCE OR         CONTINUOUS COVERAGE       PRIOR POLICY NO.:					
Ŭ					CURI	RENT FIRM ZONE:				I N	
	BUILDING OCCUPANCY     BASEMENT, ENCLOSURE, CRAWLSPACE       SINGLE FAMILY     NONE     FINISHED BASEMENT/ENCLOSURE       2-4 FAMILY     CRAWLSPACE     UNFINISHED BASEMENT/ENCLOSURE       OTHER RESIDENTIAL     SUBGRADE CRAWLSPACE					IS BUILDING IN THE COURSE OF CONSTRUCTION? ☐ YES ☐ NO IS BUILDING OVER WATER? ☐ NO ☐ PARTIALLY ☐ ENTIRELY IS BUILDING INSURED'S PRINCIPAL/PRIMARY RESIDENCE? ☐ YES ☐ NO					
BUILDING	NON-RESIDENTIAL     (INCLUDING HOTEL/MOTEL)     NUMBER OF FLOORS IN BUILDING (INCLUDING BASEMENT/ENCLAREA, IF ANY) OR BUILDING TYPE     BUILDING PURPOSE					OSED IS BUILDING A RENTAL PROPERTY? ☐ YES ☐ NO IS THE INSURED A TENANT? ☐ YES ☐ NO IF YES, IS THE TENANT REQUESTING BUILDING COVERAGE? ☐ YES ☐ NO IF YES, SEE NOTICE BELOW.					
BUIL	100% RESIDENTIAL     100% NON-RESIDENTIAL     MIXED LISE SPECIEX	100% RESIDENTIAL     Image: Comparison of the comparison o					LOW. AVE ANY ADDITIONS OR SIONS MAY BE SEPARAT		es 🗆 no	R	
	□ MIXED-USE – SPECIFY       □ MIXED NOTES (MODILE) (MODILE) (MODILE)         PERCENTAGE OF RESIDENTIAL       IS COVERAGE FOR A CONDO UNIT? □ YES □         USE:%       IS BUILDING IN A CONDOMINIUM FORM OF OWNED         IS BUILDING A BUSINESS       TOTAL NUMBER OF UNITS:         PROPERTY? □ YES □ NO       □ HIGH-RISE □ LOW-RISE			res DNO IF OWNERSHIP? DN	YES 🗆 NO	IS BUILDING ELEVATED IF YES, AREA BELOW I CONSTRUCTION D	?  YES  NO S:  FREE OF OBSTRU ATE:/	-	STRUCTION		
CONTENTS	CONTENTS LOCATED IN*:       INDENTIFY ENCLOSURE       IS PERSONAL PROPERTY HOUSEHOLD CONTENTS?         BASEMENT/ENCLOSURE AND ABOVE       IF NO, DESCRIBE:       IS PERSONAL PROPERTY HOUSEHOLD CONTENTS?         LOWEST FLOOR ONLY ABOVE GROUND LEVEL       IF NO, DESCRIBE:       IF NO, DESCRIBE:         LOWEST FLOOR ABOVE GROUND LEVEL AND HIGHER       ABOVE GROUND LEVEL AND HIGHER       IF SINGLE FAMILY, CONTENTS ARE RATED THROUGHOUT THE BUILDING.					CHECK ONE OF THE FOLLOWING: CHECK ONE OF THE FOLLOWING: DUILDING PERMIT CONSTRUCTION FOR MANUFACTURED (MOBILE) HOMES/TRAVEL TRAILERS LOCATED OUTSIDE A MOBILE HOME PARK OR SUBDIVISION: CONSTRUCTION OR SUBDIVISION: DATE OF PERMANENT PLACEMENT CHECK ON OF THE FOLLOWING: CHECK ONE OF T					
ELEVATION DATA											
	ESTIMATED BUILDING REPLACEMEN (INCLUDING FOUNDATION): \$			DEDUCTIBLE*: DEDUCTIBLE BUYE	BACK?	YES 🗌 NO		THE STANDARD DEDUCTIE	BLES ONLY.		
	TO IN	ICREASE/DECREASE		LETE SECTIONS A &		TE CHANGE, COMPLETE S	ECTION A ONLY. SECTION B – NEW LIMI	TS	A + B		
RATING	INSURANCE COVERAGE		AMOUNT	RATE	PREMIU		RATE	PREMIUM	PREMIUM		
	BUILDING BASIC LIMIT BUILDING ADDITIONAL LIMIT										
E AND	CONTENTS BASIC LIMIT										
COVERAGE	CONTENTS ADDITIONAL LIMIT	ONLY, ENTER LIMITS FROM THE		BUILDING CONTENTS		IM BUILDING	CONTENTS	PREMIUM			
Ś		NFIP FLOOD INSURANCE MANUAL IF CHANGING AMOUNT OF INSURANCE, ENTER NEW TOTAL AMOUNT BELOW				PAYMENT METHOD:	): SUBTOTAL				
	BUILDING COVERAGE CONTENTS COVERAGE			E TOTAL	СНЕСК	DEDUCTIBLE DISCOU	JNT/SURCHARGE				
	BASIC ADDITIONAL TOTAL BASIC ADDITIONAL					CREDIT CARD	SUBTOTAL		<u> </u>		
	I I I I I I I I I I I I I I I I I I I						- SUBTOTAL				
	NOTICE: BUILDING COVERAGE BENEFITS – EXCEPT FOR A RESIDENTIAL CONDOMINIUM BUILDING – ARE N					LABLE IF OTHER NFIP	CRS PREMIUM DISC	PREMIUM DISCOUNT %			
JRE	BUILDING COVERAGE HAS BEEN PURCHASED BY THE APPLICANT OR ANY OTHER PARTY FOR THE SAME BUIL THE ABOVE STATEMENTS ARE CORRECT TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT ANY FALSE S BY FINE AND/OR IMPRISONMENT UNDER APPLICABLE FEDERAL LAW. SEE REVERSE SIDE OF COPIES 2, 3, A					ENTS MAY BE PUNISHABLE	RESERVE FUND	%			
SIGNATURE	SIGNATURE OF INSURANCE AGENT/PRODUCER DATE (N					/\\\	PREMIUM PREVIOUSLY PAID (Excludes				
SIG					,	1	Probation Surcharge/Federal Policy Fee) DIFFERENCE (+/-)				
	SIGNATURE OF INSURED (IF APPLICABLE) DATE				DATE (MM/DD	//////////////////////////////////////					
	SIGNATURE OF ASSIGNEE (FOR ASSIGN	/YYYY) /	TOTAL AMOUNT D	UE (+/-)							

FEMA Form 086-0-3

Previously FEMA Form 81-18

F-051 (Revised AUG 2010)

National Flood Insurance Program FLOOD INSURANCE GENERAL CHANGE ENDORSEMENT, PART 1 (OF 2)

O.M.B. No. 1660-0006 Expires August 31, 2013

IMPO	RTANT—PLEASE PRINT OR	TYPE; ENTER D	ATES AS MM/D		, ' AN	11(012)	POLICY #:			-	
CHANGE	INCREASE COVERAGE       BILL         BUILDING INFORMATION       AGE         INSURED INFORMATION       OTHER (SPECIFY):	LING ADDRESS ING NT/ PRODUCER	REASON FOR ASS NEW PURCHAS DATE OF PURC //	SE HASE: / FY):	INSURED BILLING	FOR RENEWAL, BILL: INSURED FIRST MORTGAGEE SECOND MORTGAGEE NAME AND MAILING ADDR	MORTGAC	/EE IS SPECIFIED IN THE *2 GEE/OTHER" BOX BELO			
POLICY Period	STANDARD 30-DAY     REQUIRED FOR LOAN TRANSACTION - NO WAITING     MAP REVISION (ZONE CHANGE FROM NON-SFHA TO SFHA) - 1 DAY					PHONE NO.:					
AGENT/PRODUCER INFORMATION	NAME AND MAILING ADDRESS OF A			PROPERTY LOCATION	NOTE: ONE BUILDING PER IS INSURED PROPERTY LO YES NO IF NO, EI OR GEOU	CATION SAME AS INSU NTER PROPERTY ADDRES	JRED MAILING ADDRES	S? GAL DESCRIPTION, P.O. BOX).	M		
AG	PHONE NO.:		10.:		PRO	FOR AN ADDRESS WITH MU			TH ADDITIONS OR	0	
1ST MORTGAGEE	EMAIL ADDRESS:				2ND MORTGAGEE/ OTHER	NAME AND MAILING ADDRESS OF: 2ND MORTGAGEE LOSS PAYEE					
	LOAN NO.:					LOAN NO.:				A	
COMMUNITY	RATING MAP INFORMATION NAME OF COUNTY/PARISH: COMMUNITY NO./PANEL NO. AND S FIRM ZONE:					GRANDFATHERING INFORMATION         GRANDFATHERED?       Yes       NO       IF YES,        BUILT IN COMPLIANCE OR         CONTINUOUS COVERAGE       PRIOR POLICY NO.:					
ပိ	COMMUNITY PROGRAM TYPE IS:	REGULAR EME	RGENCY			RENT FIRM ZONE:				Ε	
	BUILDING OCCUPANCY     BASEMENT, ENCLOSURE, CRAWLSPACE       SINGLE FAMILY     NONE       2-4 FAMILY     CRAWLSPACE       OTHER RESIDENTIAL     SUBGRADE CRAWLSPACE					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 INSURED'S PRINCIPAL/PRIMARY RESIDENCE? YES NO IS BUILDING A RENTAL PROPERTY? YES NO					
BUILDING	(INCLUDING HOTEL/MOTEL)       NUMBER OF FLOORS IN BUILDING (INCLUDING BASEMENT/EI         AREA, IF ANY) OR BUILDING TYPE       AREA, IF ANY) OR BUILDING TYPE         BUILDING PURPOSE       1       2       3 OR MORE       SPLIT LEVEL         100% RESIDENTIAL       TOWNHOUSE/ROWHOUSE (RCBAP LOW-RISE ONLY)					USED IS THE INSURED A TENANT? YES NO IF YES, IS THE TENANT REQUESTING BUILDING COVERAGE? YES NO IF YES, SEE NOTICE BELOW.					
	□ 100% NON-RESIDENTIAL       □ MANUFACTURED (MOBILE) HOME/TRAVEL TRAILER ON FOUL         □ MIXED-USE – SPECIFY       □ MANUFACTURED (MOBILE) HOME/TRAVEL TRAILER ON FOUL         □ PERCENTAGE OF RESIDENTIAL       □ SE ULLDING IN A CONDOMINIUM FORM OF OWNERSHIP?         □ USE:      %					ON     (ADDITIONS AND EXTENSIONS MAY BE SEPARATELY INSURED.)       IS BUILDING ELEVATED?     □YES					
	IS BUILDING A BUSINESS TOTAL NUMBER OF UNITS: PROPERTY? YES NO HIGH-RISE LOW-RISE					CONSTRUCTION DA	TE://			F	
4TS	CONTENTS LOCATED IN*:     IS PERSONAL PROPERTY HOUSEHOLD       BASEMENT/ENCLOSURE     CONTENTS?					CHECK ONE OF THE BUILDING PERM CONSTRUCTION FOR MANUFACTU HOMES/TRAVEL OUTSIDE A MOB OR SUBDIVISION	IT	SUBSTANTIAL IMP FOR MANUFACTUR HOMES/TRAVEL TF	ED (MOBILE)	l C	
CONTENTS	BASEMENT/ENCLOSURE AND ABOVE       IF NO, DESCRIBE:         LOWEST FLOOR ONLY ABOVE GROUND LEVEL       IF SINGLE FAMILY, CONTENTS ARE RATE         ABOVE GROUND LEVEL AND HIGHER       ABOVE GROUND LEVEL AND HIGHER					PERMANENT PLACEMENT SUBDIVISION FACILITIES					
ELEVATION DATA	IS BUILDING POST-FIRM CONSTRUCTION?       BUILDING DIAGRAM NO.: LOWEST ADJACENT GRADE (LAG): ELEVATION CERTIFICATION DATE:/         Yes       NO       LOWEST FLOOR ELEVATION: (-) BASE FLOOD ELEVATION: (=) DIFFERENCE TO NEAREST FOOT: (+ OR -)         (IF POST-FIRM CONSTRUCTION IN ZONES A, A1-A30, AE, AO, AH, V, V1-V30, VE, OR IF PRE-FIRM CONSTRUCTION IN ZONES V AND V1-V30 ONLY, DOES BASE FLOOD ELEVATION INCLUDE EFFECTS OF WAVE ACTION? YES NO         IS ELEVATION RATED, ATTACH ELEVATION CERTIFICATE.)       IS BUILDING FLOODPROOFED? YES NO (SEE THE NFIP FLOOD INSURANCE MANUAL FOR CERTIFICATION FORM.)							 0			
	ESTIMATED BUILDING REPLACEMEN (INCLUDING FOUNDATION): \$	NT COST		DEDUCTIBLE*: DEDUCTIBLE BUYE	BUILDING \$ BACK?	YES INO	CONTENTS \$ * THE PRP PROVIDES 1	THE STANDARD DEDUCTIE	ILES ONLY.	Ν	
	TO IN	CREASE/DECREASE				TE CHANGE, COMPLETE SE				С	
RATING	INSURANCE COVERAGE		AMOUNT	ION A - CURRENT LII RATE	PREMIU		RATE	PREMIUM	A + B PREMIUM		
	BUILDING BASIC LIMIT BUILDING ADDITIONAL LIMIT									0	
AND	CONTENTS BASIC LIMIT									P	
COVERAGE	CONTENTS ADDITIONAL LIMIT	4 TUE		CONTENTS	PREMIL	IM BUILDING	CONTENTS	PREMIUM		Y	
OVER	FOR PRP ONLY, ENTER LIMITS FROM THE BUILDING CONTENTS NFIP FLOOD INSURANCE MANUAL				TRENIT	BOILDING	CONTENTS	TREMION			
0	IF CHANGING AMOUNT OF INSURANCE, ENTER NEW TOTAL AMOUNT BELOW BUILDING COVERAGE CONTENTS COVERAGE				F	PAYMENT METHOD:					
	BASIC ADDITIONAL TOTAL BASIC ADDITIONAL			TOTAL		DEDUCTIBLE DISCOUNT/SURCHARGE SUBTOTAL					
	IF RETURN PREMIUM, MAIL REFUND TO: INSURED AGENT/PRODUCER PAYOR					U UIILIK.	ICC PREMIUM SUBTOTAL				
	NOTICE: BUILDING COVERAGE BENEFITS – EXCEPT FOR A RESIDENTIAL CONDOMINIUM BUILDING – ARE					LABLE IF OTHER NFIP	CRS PREMIUM DISCOUNT %				
URE	BUILDING COVERAGE HAS BEEN PURCHASED BY THE APPLICANT OR ANY OTHER PARTY FOR THE SAME THE ABOVE STATEMENTS ARE CORRECT TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT ANY FAI BY FINE AND/OR IMPRISONMENT UNDER APPLICABLE FEDERAL LAW. SEE REVERSE SIDE OF COPIES 2,					ENTS MAY BE PUNISHABLE	SUBTOTAL RESERVE FUND SUBTOTAL	_ %			
SIGNATURE	SIGNATURE OF INSURANCE AGENT/PRODUCER DA					/\\\	PREMIUM PREVIOUSLY PAID (Excludes Probation Surcharge/Federal Policy Fee)				
S					/ DATE (MM/DD	,	DIFFERENCE (+/-)				
	· · · ·				DATE (MM/ DD/YYYY)         PRO-RATA FACTOR          /						
	SIGNATURE OF ASSIGNEE (FOR ASSIGNMENT ONLY) DATE (					, ,			·		

FEMA Form 086-0-3

Previously FEMA Form 81-18

F-051 (Revised AUG 2010)

# FLOOD INSURANCE GENERAL CHANGE ENDORSEMENT, PART 2 (OF 2)

٦

ALL DATA PROVIDED BY THE INSURED OR OBTAINED FROM THE ELEVATION CERTIFICATE SHOULD BE REVIEWED AND TRANSCRIBED BELOW. THIS PART THE APPLICATION MUST BE COMPLETED FOR ALL BUILDINGS.	OF
SECTION I – ALL E	3UILDING TYPES
1. Building Use:       Detached guest house       Detached garage         Agricultural building       Warehouse       Tool/storage shed         Poolhouse, clubhouse, recreation building       Other:       Tool/storage shed         Other:	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         If yes, check the applicable items:       Air conditioner         Water heater       Heat pump       Air conditioner         Water heater       Fuel tank       Cistern         Elevator equipment       Washer & dryer       Food freezer         Other machinery and/or equipment servicing the building (describe):
SECTION II – ELEVA (Including Manufactured [Mob	
<ul> <li>Elevating Foundation Type</li> <li>Piers, posts, or piles</li> <li>Reinforced masonry piers or concrete piers or columns</li> <li>Reinforced concrete shear walls</li> <li>Solid foundation walls (Note: Not approved for elevating in Zones V1–V30, VE, or V.)</li> </ul>	Solid wood frame walls (non-breakaway)  Masonry walls (if breakaway, submit certification documentation)  Masonry walls (non-breakaway)  Other (describe):
2. Machinery and Equipment Below the Elevated Floor          Does the area below the elevated floor contain machinery         and/or equipment?       YES         YES       NO         If yes, check the applicable items:         Furnace       Heat pump         Water heater       Fuel tank         Elevator equipment       Washer & dryer	<ul> <li>attice, provide size of enclosed area:</li></ul>
☐ Other machinery and/or equipment servicing the building (describe):	<ul> <li>finished interior wall, paneling, etc.? YES NO</li> <li>4. Flood Openings <ul> <li>a) Is the enclosed area/crawlspace constructed with openings (excluding doors) to allow the passage of floodwaters through the enclosed area? YES NO</li> <li>If yes, indicate number of permanent flood openings within 1 foot above adjacent grade:</li> <li>Total area of all permanent flood openings:</li> <li>b) Are flood openings engineered?</li> <li>YES NO If yes, submit certification.</li> </ul> </li> </ul>
SECTION III – MANUFACTURED (MC (Wheels must be removed for t	
1. Manufactured (Mobile) Home/Travel Trailer Data         Year of manufacture:         Make:         Make:         Model number:         Model number:         Dimensions:         Mather there any permanent additions and/or extensions?         If yes, the dimensions are:	2. Anchoring The manufactured (mobile) home/travel trailer anchoring system utilizes: (Check all that apply.) Over-the-top ties Frame ties Slab anchors Frame ties Frame connectors Other (describe):  3. Installation The manufactured (mobile) home/travel trailer was installed in accordance with: (Check all that apply.) 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 BY FINE AND/OR IMPRISONMENT UNDER APPLICABLE FEDERAL LAW.	UNDERSTAND THAT ANY FALSE STATEMENTS MAY BE PUNISHABLE
SIGNATURE OF INSURANCE AGENT/PRODUCER	/ / DATE (MM/DD/YYYY)
SIGNATURE OF INSURED (OPTIONAL)	DATE (MM/DD/YYYY)

National Flood Insurance Program

# FLOOD INSURANCE GENERAL CHANGE ENDORSEMENT FEMA Form 086-0-3

## NONDISCRIMINATION

No person or organization shall be excluded from participation in, denied the benefits of, or subjected to discrimination under the Program authorized by the Act, on the grounds of race, color, creed, sex, age or national origin.

# PRIVACY ACT

The information requested is necessary to process your Flood Insurance Application for a flood insurance policy. The authority to collect the information is Title 42, U.S. Code, Sections 4001 to 4028. Disclosures of this information may be made: to federal, state, tribal, and local government agencies, fiscal agents, your agent, mortgage servicing companies, insurance or other companies, lending institutions, and contractors working for us, for the purpose of carrying out the National Flood Insurance Program; to current Severe Repetitive Loss property owners and Preferred Risk Policy owners for the purpose of property loss history evaluation; to the American Red Cross for verification of nonduplication of benefits following a flooding event or disaster; to law enforcement agencies or professional organizations when there may be a violation or potential violation of law; to a federal, state, or local agency when we request information relevant to an agency decision concerning issuance of a grant or other benefit, or in certain circumstances when a federal agency requests such information for a similar purpose from us; to a Congressional office in response to an inquiry made at the request of an individual; to the Office of Management and Budget (OMB) in relation to private relief legislation under OMB Circular A-19; and to the National Archives and Records Administration in records management inspections. Providing the information is voluntary, but failure to do so may delay or prevent issuance of the flood insurance policy.

## GENERAL

This information is provided pursuant to Public Law 96-511 (Paperwork Reduction Act of 1980, as amended), dated December 11, 1980, to allow the public to participate more fully and meaningfully in the Federal paperwork review process.

# AUTHORITY

Public Law 96-511, amended, 44 U.S.C. 3507; and 5 CFR 1320.

# PAPERWORK BURDEN DISCLOSURE NOTICE

Public reporting burden for this form is estimated to average 9 minutes per response. The burden estimate includes the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and submitting the form. This collection of information is required to obtain or retain benefits. You are not required to respond to this collection of information unless a valid OMB control number is displayed in the upper right corner of this form. Send comments regarding the accuracy of the burden estimate and any suggestions for reducing the burden to: Information Collections Management, Department of Homeland Security, Federal Emergency Management Agency, 1800 South Bell Street, Arlington VA 20598-3005, Paperwork Reduction Project (1660-0033). **NOTE: Do not send your completed form to this address.**