

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

POLICY #: _____

IMPORTANT—PLEASE PRINT OR TYPE; ENTER DATES AS MM/DD/YYYY.

CHANGE	REASON FOR CHANGE (CHECK ALL THAT APPLY) <input type="checkbox"/> MORTGAGEE <input type="checkbox"/> MAILING ADDRESS <input type="checkbox"/> INCREASE COVERAGE <input type="checkbox"/> BILLING <input type="checkbox"/> BUILDING INFORMATION <input type="checkbox"/> AGENT/PRODUCER <input type="checkbox"/> INSURED INFORMATION <input type="checkbox"/> OTHER (SPECIFY): _____	ASSIGNMENT	REASON FOR ASSIGNMENT: <input type="checkbox"/> NEW PURCHASE DATE OF PURCHASE: _____ / _____ / _____ <input type="checkbox"/> OTHER (SPECIFY): _____	BILLING	FOR RENEWAL, BILL: <input type="checkbox"/> INSURED <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> FIRST MORTGAGEE <input type="checkbox"/> OTHER (AS SPECIFIED IN THE *2ND MORTGAGEE/OTHER* BOX BELOW) <input type="checkbox"/> SECOND MORTGAGEE			
POLICY PERIOD	POLICY PERIOD IS FROM _____ / _____ / _____ TO _____ / _____ / _____ 12:01 A.M. LOCAL TIME AT THE INSURED PROPERTY LOCATION. ENDORSEMENT EFFECTIVE DATE: _____ / _____ / _____ FOR ADDED COVERAGE, INDICATE THE APPLICABLE WAITING PERIOD: <input type="checkbox"/> STANDARD 30-DAY <input type="checkbox"/> REQUIRED FOR LOAN TRANSACTION – NO WAITING <input type="checkbox"/> MAP REVISION (ZONE CHANGE FROM NON-SFHA TO SFHA) – 1 DAY			INSURED INFORMATION	NAME AND MAILING ADDRESS OF INSURED: _____ PHONE NO.: _____			
AGENT/PRODUCER INFORMATION	NAME AND MAILING ADDRESS OF AGENT/PRODUCER: _____ AGENCY NO.: _____ AGENT'S TAX ID: _____ PHONE NO.: _____ FAX NO.: _____ EMAIL ADDRESS: _____			PROPERTY LOCATION	NOTE: ONE BUILDING PER POLICY – BLANKET COVERAGE NOT PERMITTED. IS INSURED PROPERTY LOCATION SAME AS INSURED MAILING ADDRESS? <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). 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: _____ LOAN NO.: _____			2ND MORTGAGEE/ OTHER	NAME AND MAILING ADDRESS OF: <input type="checkbox"/> 2ND MORTGAGEE <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> OTHER (SPECIFY): _____ LOAN NO.: _____			
COMMUNITY	RATING MAP INFORMATION NAME OF COUNTY/PARISH: _____ COMMUNITY NO./PANEL NO. AND SUFFIX: _____ - _____ FIRM ZONE: _____ COMMUNITY PROGRAM TYPE IS: <input type="checkbox"/> REGULAR <input type="checkbox"/> EMERGENCY							
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ELEVATION DATA	IS BUILDING POST-FIRM CONSTRUCTION? <input type="checkbox"/> YES <input type="checkbox"/> NO (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.) BUILDING DIAGRAM NO.: _____ LOWEST ADJACENT GRADE (LAG): _____ ELEVATION CERTIFICATION DATE: _____ / _____ / _____ LOWEST FLOOR ELEVATION: _____ (-) BASE FLOOD ELEVATION: _____ (-) DIFFERENCE TO NEAREST FOOT: _____ (+ OR -) IN ZONES V AND V1-V30 ONLY, DOES BASE FLOOD ELEVATION INCLUDE EFFECTS OF WAVE ACTION? <input type="checkbox"/> YES <input type="checkbox"/> NO IS BUILDING FLOODPROOFED? <input type="checkbox"/> YES <input type="checkbox"/> NO (SEE THE NFIP FLOOD INSURANCE MANUAL FOR CERTIFICATION FORM.)							
COVERAGE AND RATING	ESTIMATED BUILDING REPLACEMENT COST (INCLUDING FOUNDATION): \$ _____ DEDUCTIBLE*: BUILDING \$ _____ CONTENTS \$ _____ DEDUCTIBLE BUYBACK? <input type="checkbox"/> YES <input type="checkbox"/> NO * THE PRP PROVIDES THE STANDARD DEDUCTIBLES ONLY.							
SIGNATURE	TO INCREASE/DECREASE COVERAGE, COMPLETE SECTIONS A & B. FOR RATE CHANGE, COMPLETE SECTION A ONLY.							
		SECTION A - CURRENT LIMITS		SECTION B - NEW LIMITS			A + B PREMIUM	
		AMOUNT	RATE	PREMIUM	AMOUNT	RATE	PREMIUM	
		BUILDING BASIC LIMIT			BUILDING BASIC LIMIT			
		BUILDING ADDITIONAL LIMIT			BUILDING ADDITIONAL LIMIT			
		CONTENTS BASIC LIMIT			CONTENTS BASIC LIMIT			
		CONTENTS ADDITIONAL LIMIT			CONTENTS ADDITIONAL LIMIT			
		BUILDING	CONTENTS	PREMIUM	BUILDING	CONTENTS	PREMIUM	
		IF CHANGING AMOUNT OF INSURANCE, ENTER NEW TOTAL AMOUNT BELOW						
		BUILDING COVERAGE			CONTENTS COVERAGE			
		BASIC	ADDITIONAL	TOTAL	BASIC	ADDITIONAL	TOTAL	
		IF RETURN PREMIUM, MAIL REFUND TO: <input type="checkbox"/> INSURED <input type="checkbox"/> AGENT/PRODUCER <input type="checkbox"/> PAYOR						
		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. 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 SIDE OF COPIES 2, 3, AND 4.						
		SIGNATURE OF INSURANCE AGENT/PRODUCER		DATE (MM/DD/YYYY)				
		SIGNATURE OF INSURED (IF APPLICABLE)		DATE (MM/DD/YYYY)				
		SIGNATURE OF ASSIGNEE (FOR ASSIGNMENT ONLY)		DATE (MM/DD/YYYY)				
						PAYMENT METHOD:		
						<input type="checkbox"/> CHECK		SUBTOTAL
						<input type="checkbox"/> CREDIT CARD		DEDUCTIBLE DISCOUNT/SURCHARGE
						<input type="checkbox"/> OTHER: _____		SUBTOTAL
								ICC PREMIUM
								SUBTOTAL
								CRS PREMIUM DISCOUNT _____ %
								SUBTOTAL
								RESERVE FUND _____ %
								SUBTOTAL
								PREMIUM PREVIOUSLY PAID (Excludes Probation Surcharge/Federal Policy Fee)
								DIFFERENCE _____ (+/-)
								PRO-RATA FACTOR
								TOTAL AMOUNT DUE _____ (+/-)

NFIP COPY

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SIGNATURE	TO INCREASE/DECREASE COVERAGE, COMPLETE SECTIONS A & B. FOR RATE CHANGE, COMPLETE SECTION A ONLY.							
		SECTION A - CURRENT LIMITS		SECTION B - NEW LIMITS			A + B PREMIUM	
		AMOUNT	RATE	PREMIUM	AMOUNT	RATE	PREMIUM	
		BUILDING BASIC LIMIT			BUILDING BASIC LIMIT			
		BUILDING ADDITIONAL LIMIT			BUILDING ADDITIONAL LIMIT			
		CONTENTS BASIC LIMIT			CONTENTS BASIC LIMIT			
		CONTENTS ADDITIONAL LIMIT			CONTENTS ADDITIONAL LIMIT			
		BUILDING	CONTENTS	PREMIUM	BUILDING	CONTENTS	PREMIUM	
		IF CHANGING AMOUNT OF INSURANCE, ENTER NEW TOTAL AMOUNT BELOW						
		BUILDING COVERAGE			CONTENTS COVERAGE			
BASIC	ADDITIONAL	TOTAL	BASIC	ADDITIONAL	TOTAL			
		IF RETURN PREMIUM, MAIL REFUND TO: <input type="checkbox"/> INSURED <input type="checkbox"/> AGENT/PRODUCER <input type="checkbox"/> PAYOR						
		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. 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 SIDE OF COPIES 2, 3, AND 4.						
		SIGNATURE OF INSURANCE AGENT/PRODUCER		DATE (MM/DD/YYYY)				
		SIGNATURE OF INSURED (IF APPLICABLE)		DATE (MM/DD/YYYY)				
		SIGNATURE OF ASSIGNEE (FOR ASSIGNMENT ONLY)		DATE (MM/DD/YYYY)				
						PAYMENT METHOD:		
						<input type="checkbox"/> CHECK		SUBTOTAL
						<input type="checkbox"/> CREDIT CARD		DEDUCTIBLE DISCOUNT/SURCHARGE
						<input type="checkbox"/> OTHER: _____		SUBTOTAL
								ICC PREMIUM
								SUBTOTAL
								CRS PREMIUM DISCOUNT _____ %
								SUBTOTAL
								RESERVE FUND _____ %
								SUBTOTAL
								PREMIUM PREVIOUSLY PAID (Excludes Probation Surcharge/Federal Policy Fee)
								DIFFERENCE _____ (+/-)
								PRO-RATA FACTOR
								TOTAL AMOUNT DUE (+/-)

INSURED COPY

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

POLICY #: _____

IMPORTANT—PLEASE PRINT OR TYPE; ENTER DATES AS MM/DD/YYYY.

CHANGE	REASON FOR CHANGE (CHECK ALL THAT APPLY) <input type="checkbox"/> MORTGAGEE <input type="checkbox"/> MAILING ADDRESS <input type="checkbox"/> INCREASE COVERAGE <input type="checkbox"/> BILLING <input type="checkbox"/> BUILDING INFORMATION <input type="checkbox"/> AGENT/PRODUCER <input type="checkbox"/> INSURED INFORMATION <input type="checkbox"/> OTHER (SPECIFY): _____	ASSIGNMENT	REASON FOR ASSIGNMENT: <input type="checkbox"/> NEW PURCHASE DATE OF PURCHASE: _____ / _____ / _____ <input type="checkbox"/> OTHER (SPECIFY): _____	BILLING	FOR RENEWAL, BILL: <input type="checkbox"/> INSURED <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> FIRST MORTGAGEE <input type="checkbox"/> OTHER (AS SPECIFIED IN THE *2ND MORTGAGEE/OTHER* BOX BELOW) <input type="checkbox"/> SECOND MORTGAGEE																																																								
POLICY PERIOD	POLICY PERIOD IS FROM _____ / _____ / _____ TO _____ / _____ / _____ 12:01 A.M. LOCAL TIME AT THE INSURED PROPERTY LOCATION. ENDORSEMENT EFFECTIVE DATE: _____ / _____ / _____ FOR ADDED COVERAGE, INDICATE THE APPLICABLE WAITING PERIOD: <input type="checkbox"/> STANDARD 30-DAY <input type="checkbox"/> REQUIRED FOR LOAN TRANSACTION – NO WAITING <input type="checkbox"/> MAP REVISION (ZONE CHANGE FROM NON-SFHA TO SFHA) – 1 DAY			INSURED INFORMATION	NAME AND MAILING ADDRESS OF INSURED: PHONE NO.: _____																																																								
AGENT/PRODUCER INFORMATION	NAME AND MAILING ADDRESS OF AGENT/PRODUCER: AGENCY NO.: _____ AGENT'S TAX ID: _____ PHONE NO.: _____ FAX NO.: _____ EMAIL ADDRESS: _____			PROPERTY LOCATION	NOTE: ONE BUILDING PER POLICY – BLANKET COVERAGE NOT PERMITTED. IS INSURED PROPERTY LOCATION SAME AS INSURED MAILING ADDRESS? <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). 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: LOAN NO.: _____			2ND MORTGAGEE/OTHER	NAME AND MAILING ADDRESS OF: <input type="checkbox"/> 2ND MORTGAGEE <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> OTHER (SPECIFY): _____ LOAN NO.: _____																																																								
COMMUNITY	RATING MAP INFORMATION NAME OF COUNTY/PARISH: _____ COMMUNITY NO./PANEL NO. AND SUFFIX: _____ - _____ FIRM ZONE: _____ COMMUNITY PROGRAM TYPE IS: <input type="checkbox"/> REGULAR <input type="checkbox"/> EMERGENCY																																																												
BUILDING	BUILDING OCCUPANCY <input type="checkbox"/> SINGLE FAMILY <input type="checkbox"/> 2-4 FAMILY <input type="checkbox"/> OTHER RESIDENTIAL <input type="checkbox"/> NON-RESIDENTIAL (INCLUDING HOTEL/MOTEL) BUILDING PURPOSE <input type="checkbox"/> 100% RESIDENTIAL <input type="checkbox"/> 100% NON-RESIDENTIAL <input type="checkbox"/> MIXED-USE – SPECIFY PERCENTAGE OF RESIDENTIAL USE: _____ % IS BUILDING A BUSINESS PROPERTY? <input type="checkbox"/> YES <input type="checkbox"/> NO		BASEMENT, ENCLOSURE, CRAWLSPACE <input type="checkbox"/> NONE <input type="checkbox"/> FINISHED BASEMENT/ENCLOSURE <input type="checkbox"/> CRAWLSPACE <input type="checkbox"/> UNFINISHED BASEMENT/ENCLOSURE <input type="checkbox"/> SUBGRADE CRAWLSPACE 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 (RCBP LOW-RISE ONLY) <input type="checkbox"/> MANUFACTURED (MOBILE) HOME/TRAVEL TRAILER ON FOUNDATION IS COVERAGE FOR A CONDO UNIT? <input type="checkbox"/> YES <input type="checkbox"/> NO IS BUILDING IN A CONDOMINIUM FORM OF OWNERSHIP? <input type="checkbox"/> YES <input type="checkbox"/> NO TOTAL NUMBER OF UNITS: _____ <input type="checkbox"/> HIGH-RISE <input type="checkbox"/> LOW-RISE																																																										
CONTENTS	CONTENTS LOCATED IN*: <input type="checkbox"/> BASEMENT/ENCLOSURE <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		IS PERSONAL PROPERTY HOUSEHOLD CONTENTS? <input type="checkbox"/> YES <input type="checkbox"/> NO IF NO, DESCRIBE: _____ *IF SINGLE FAMILY, CONTENTS ARE RATED THROUGHOUT THE BUILDING.																																																										
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MORTGAGEE CERTIFICATION COPY

National Flood Insurance Program

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.

POLICY #: _____

SECTION I – ALL BUILDING TYPES

1. Building Use:

- Main house/building
- Agricultural building
- Poolhouse, clubhouse, recreation building
- Detached guest house
- Warehouse
- Other: _____
- Detached garage
- Tool/storage shed

2. Garage

- a) Is there a garage attached to or part of the building?
 YES NO
- If the answer to 2a is YES, answer 2b through 2f.*
- 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 access, and/or storage? YES NO
- e) Does the garage contain machinery and/or equipment? YES NO
If yes, check the applicable items:
 Furnace Water heater Elevator equipment
 Heat pump Fuel tank Washer & dryer
 Air conditioner Cistern 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 Water heater Elevator equipment
 Heat pump Fuel tank Washer & dryer
 Air conditioner Cistern 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)
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

(Including Manufactured [Mobile] Homes/Travel Trailers)

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.)

- 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 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): _____

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? YES NO
If yes, describe: _____

f) Does the enclosed area have more than 20 linear feet of finished interior wall, paneling, etc.? YES NO

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?
 YES NO 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)

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: _____.
Total area of all permanent flood openings: [][][][][][] square inches.
- b) Are flood openings engineered?
 YES NO If yes, submit certification.

SECTION III – MANUFACTURED (MOBILE) HOMES/TRAVEL TRAILERS

(Wheels must be removed for travel trailer to be insurable.)

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.)

- 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)

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.**