

**National Flood Insurance Program**  
**PREFERRED RISK POLICY APPLICATION, PART 1 (OF 2)**

NEW  RENEWAL  TRANSFER (NFIP ONLY)

PRIOR POLICY #: \_\_\_\_\_

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

<b>BILLING</b>	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	<b>POLICY PERIOD</b>	POLICY PERIOD IS FROM ____/____/____ TO ____/____/____ 12:01 A.M. LOCAL TIME AT THE INSURED PROPERTY LOCATION. WAITING PERIOD: <input type="checkbox"/> STANDARD 30-DAY <input type="checkbox"/> REQUIRED FOR LOAN TRANSACTION – NO WAITING PERIOD <input type="checkbox"/> MAP REVISION (ZONE CHANGE FROM NON-SFHA TO SFHA) – 1 DAY <input type="checkbox"/> TRANSFER (NFIP ONLY) – NO WAITING PERIOD
<b>AGENT/PRODUCER INFORMATION</b>	NAME AND MAILING ADDRESS OF AGENT/PRODUCER:  AGENCY NO.: _____ AGENT'S TAX ID: _____ PHONE NO.: _____ FAX NO.: _____ EMAIL ADDRESS: _____	<b>INSURED INFORMATION</b>	PROPERTY PURCHASED ON OR AFTER 07/06/2012: <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, INDICATE THE PROPERTY PURCHASE DATE: ____/____/____  NAME AND MAILING ADDRESS OF INSURED:  PHONE NO.: _____
<b>PROPERTY LOCATION</b>	<b>NOTE: ONE BUILDING PER POLICY – BLANKET COVERAGE NOT PERMITTED.</b> IS INSURED PROPERTY LOCATION SAME AS INSURED'S 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: _____	<b>1ST MORTGAGEE</b>	NAME AND MAILING ADDRESS OF FIRST MORTGAGEE:  LOAN NO.: _____
<b>DISASTER ASSISTANCE</b>	IS INSURANCE REQUIRED FOR DISASTER ASSISTANCE? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, CHECK THE GOVERNMENT AGENCY: <input type="checkbox"/> SBA <input type="checkbox"/> FEMA <input type="checkbox"/> FHA <input type="checkbox"/> OTHER (SPECIFY): _____ CASE FILE NO.: _____	<b>2ND MORTGAGEE/ OTHER</b>	NAME AND MAILING ADDRESS OF <input type="checkbox"/> 2ND MORTGAGEE <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> OTHER IF OTHER, SPECIFY: _____  LOAN NO.: _____
<b>COMMUNITY</b>	<b>RATING MAP INFORMATION</b> NAME OF COUNTY/PARISH: _____ COMMUNITY NO./PANEL NO. AND SUFFIX: _____ - _____ FIRM ZONE: _____	<b>CURRENT MAP INFORMATION</b>	CURRENT COMMUNITY NO./PANEL NO. AND SUFFIX: _____ - _____ CURRENT FIRM ZONE: _____ CURRENT BFE: _____
<b>BUILDING</b>	<b>BUILDING OCCUPANCY</b> <input type="checkbox"/> SINGLE FAMILY <input type="checkbox"/> 2-4 FAMILY <input type="checkbox"/> OTHER RESIDENTIAL <input type="checkbox"/> NON-RESIDENTIAL (INCLUDING HOTEL/MOTEL)  <b>BUILDING PURPOSE</b> <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	<b>BASEMENT, ENCLOSURE, CRAWLSPACE</b> <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  <b>NUMBER OF FLOORS IN BUILDING (INCLUDING BASEMENT/ ENCLOSED AREA, IF ANY) OR BUILDING TYPE</b> <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 CONDO UNIT A TOWNHOUSE/ROWHOUSE? <input type="checkbox"/> YES <input type="checkbox"/> NO  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	IS BUILDING LOCATED ON FEDERAL LAND? <input type="checkbox"/> YES <input type="checkbox"/> NO  ESTIMATED BUILDING REPLACEMENT COST (INCLUDING FOUNDATION): \$ _____  IS BUILDING INSURED'S PRINCIPAL/PRIMARY RESIDENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO IS BUILDING A RENTAL PROPERTY? <input type="checkbox"/> YES <input type="checkbox"/> NO IS THE INSURED A TENANT? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, IS THE TENANT REQUESTING BUILDING COVERAGE? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, SEE NOTICE BELOW.  DOES THE BUILDING HAVE ANY ADDITIONS OR EXTENSIONS? <input type="checkbox"/> YES <input type="checkbox"/> NO (ADDITIONS AND EXTENSIONS MAY BE SEPARATELY INSURED.)  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
<b>CONTENTS</b>	<b>CONTENTS LOCATED IN*:</b> <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.	<b>CONSTRUCTION INFORMATION</b>	CONSTRUCTION DATE: ____/____/____ CHECK ONE OF THE FOLLOWING: <input type="checkbox"/> BUILDING PERMIT <input type="checkbox"/> SUBSTANTIAL IMPROVEMENT <input type="checkbox"/> CONSTRUCTION <input type="checkbox"/> FOR MANUFACTURED (MOBILE) HOMES/ TRAVEL TRAILERS LOCATED IN A MOBILE HOME PARK OR SUBDIVISION: CONSTRUCTION DATE OF MOBILE HOME PARK OR SUBDIVISION FACILITIES <input type="checkbox"/> FOR MANUFACTURED (MOBILE) HOMES/ TRAVEL TRAILERS LOCATED OUTSIDE A MOBILE HOME PARK OR SUBDIVISION: DATE OF PERMANENT PLACEMENT
<b>BUILDING ELIGIBILITY</b>	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.  ANSWER THE FOLLOWING TO DETERMINE A BUILDING'S ELIGIBILITY FOR A PRP: 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"> <li>• 2 LOSS PAYMENTS, EACH MORE THAN \$1,000 <input type="checkbox"/> YES <input type="checkbox"/> NO</li> <li>• 3 OR MORE LOSS PAYMENTS, REGARDLESS OF AMOUNT <input type="checkbox"/> YES <input type="checkbox"/> NO</li> <li>• 2 FEDERAL DISASTER RELIEF PAYMENTS, EACH MORE THAN \$1,000 <input type="checkbox"/> YES <input type="checkbox"/> NO</li> <li>• 3 FEDERAL DISASTER RELIEF PAYMENTS, REGARDLESS OF AMOUNT <input type="checkbox"/> YES <input type="checkbox"/> NO</li> <li>• 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</li> </ul>	<b>COVERAGE AND PREMIUM</b>	ENTER SELECTED OPTION FROM THE PREMIUM TABLES IN THE FLOOD INSURANCE MANUAL <b>BUILDING AND CONTENTS COVERAGE COMBINATION</b> BUILDING: \$ _____ CONTENTS: \$ _____ PREMIUM: \$ _____  <b>CONTENTS COVERAGE ONLY</b> AMOUNT: \$ _____ PREMIUM: \$ _____
<b>SIGNATURE</b>	<b>NOTICE:</b> 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 (OPTIONAL)	_____/_____/_____ DATE (MM/DD/YYYY)	

**N F I P C O P Y**

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	NAME AND MAILING ADDRESS OF AGENT/PRODUCER:  AGENCY NO.: _____ AGENT'S TAX ID: _____ PHONE NO.: _____ FAX NO.: _____ EMAIL ADDRESS: _____			WAITING PERIOD: <input type="checkbox"/> STANDARD 30-DAY <input type="checkbox"/> REQUIRED FOR LOAN TRANSACTION – NO WAITING PERIOD <input type="checkbox"/> MAP REVISION (ZONE CHANGE FROM NON-SFHA TO SFHA) – 1 DAY <input type="checkbox"/> TRANSFER (NFIP ONLY) – NO WAITING PERIOD	
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	<b>BUILDING PURPOSE</b> <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	<b>NUMBER OF FLOORS IN BUILDING (INCLUDING BASEMENT/ ENCLOSED AREA, IF ANY) OR BUILDING TYPE</b> <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		ESTIMATED BUILDING REPLACEMENT COST (INCLUDING FOUNDATION): \$ _____	
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**INSURED COPY**

**National Flood Insurance Program**  
**PREFERRED RISK POLICY APPLICATION, PART 1 (OF 2)**

NEW  RENEWAL  TRANSFER (NFIP ONLY)

PRIOR POLICY #: \_\_\_\_\_

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

<b>BILLING</b>	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	<b>POLICY PERIOD</b>	POLICY PERIOD IS FROM ____/____/____ TO ____/____/____ 12:01 A.M. LOCAL TIME AT THE INSURED PROPERTY LOCATION. WAITING PERIOD: <input type="checkbox"/> STANDARD 30-DAY <input type="checkbox"/> REQUIRED FOR LOAN TRANSACTION – NO WAITING PERIOD <input type="checkbox"/> MAP REVISION (ZONE CHANGE FROM NON-SFHA TO SFHA) – 1 DAY <input type="checkbox"/> TRANSFER (NFIP ONLY) – NO WAITING PERIOD
<b>AGENT/PRODUCER INFORMATION</b>	NAME AND MAILING ADDRESS OF AGENT/PRODUCER:  AGENCY NO.: _____ AGENT'S TAX ID: _____ PHONE NO.: _____ FAX NO.: _____ EMAIL ADDRESS: _____	<b>INSURED INFORMATION</b>	PROPERTY PURCHASED ON OR AFTER 07/06/2012: <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, INDICATE THE PROPERTY PURCHASE DATE: ____/____/____  NAME AND MAILING ADDRESS OF INSURED:  PHONE NO.: _____
<b>PROPERTY LOCATION</b>	<b>NOTE: ONE BUILDING PER POLICY – BLANKET COVERAGE NOT PERMITTED.</b> IS INSURED PROPERTY LOCATION SAME AS INSURED'S 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: _____	<b>1ST MORTGAGEE</b>	NAME AND MAILING ADDRESS OF FIRST MORTGAGEE:  LOAN NO.: _____
<b>DISASTER ASSISTANCE</b>	IS INSURANCE REQUIRED FOR DISASTER ASSISTANCE? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, CHECK THE GOVERNMENT AGENCY: <input type="checkbox"/> SBA <input type="checkbox"/> FEMA <input type="checkbox"/> FHA <input type="checkbox"/> OTHER (SPECIFY): _____ CASE FILE NO.: _____	<b>2ND MORTGAGEE/ OTHER</b>	NAME AND MAILING ADDRESS OF <input type="checkbox"/> 2ND MORTGAGEE <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> OTHER IF OTHER, SPECIFY: _____  LOAN NO.: _____
<b>COMMUNITY</b>	<b>RATING MAP INFORMATION</b> NAME OF COUNTY/PARISH: _____ COMMUNITY NO./PANEL NO. AND SUFFIX: _____ - _____ FIRM ZONE: _____	<b>CURRENT MAP INFORMATION</b>	CURRENT COMMUNITY NO./PANEL NO. AND SUFFIX: _____ - _____ CURRENT FIRM ZONE: _____ CURRENT BFE: _____
<b>BUILDING</b>	<b>BUILDING OCCUPANCY</b> <input type="checkbox"/> SINGLE FAMILY <input type="checkbox"/> 2-4 FAMILY <input type="checkbox"/> OTHER RESIDENTIAL <input type="checkbox"/> NON-RESIDENTIAL (INCLUDING HOTEL/MOTEL)  <b>BUILDING PURPOSE</b> <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	<b>BASEMENT, ENCLOSURE, CRAWLSPACE</b> <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  <b>NUMBER OF FLOORS IN BUILDING (INCLUDING BASEMENT/ ENCLOSED AREA, IF ANY) OR BUILDING TYPE</b> <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 CONDO UNIT A TOWNHOUSE/ROWHOUSE? <input type="checkbox"/> YES <input type="checkbox"/> NO  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	IS BUILDING LOCATED ON FEDERAL LAND? <input type="checkbox"/> YES <input type="checkbox"/> NO  ESTIMATED BUILDING REPLACEMENT COST (INCLUDING FOUNDATION): \$ _____  IS BUILDING INSURED'S PRINCIPAL/PRIMARY RESIDENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO IS BUILDING A RENTAL PROPERTY? <input type="checkbox"/> YES <input type="checkbox"/> NO IS THE INSURED A TENANT? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, IS THE TENANT REQUESTING BUILDING COVERAGE? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, SEE NOTICE BELOW.  DOES THE BUILDING HAVE ANY ADDITIONS OR EXTENSIONS? <input type="checkbox"/> YES <input type="checkbox"/> NO (ADDITIONS AND EXTENSIONS MAY BE SEPARATELY INSURED.)  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
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**MORTGAGEE CERTIFICATION COPY**

National Flood Insurance Program

PREFERRED RISK POLICY APPLICATION, PART 2 (OF 2)

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.

NEW  RENEWAL  TRANSFER (NFIP ONLY)

PRIOR POLICY #: \_\_\_\_\_

SECTION I – ALL BUILDING TYPES

1. Building Use

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

2. Garage

- a) Is there a garage attached to or part of the building?  
 YES  NO

If the answer to 1a is YES, answer 1b through 1f.

- b) Total area of the garage: [ ][ ][ ][ ][ ][ ] square feet.
- c) Are there any openings (excluding doors) that are designed to allow the passage of floodwaters through the garage?  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  Heat pump  Air conditioner
  - Water heater  Fuel tank  Cistern
  - Elevator equipment  Washer & dryer  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  Heat pump  Air conditioner  
 Water heater  Fuel tank  Cistern  
 Elevator equipment  Washer & dryer  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.)

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):  
\_\_\_\_\_

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)

- Solid wood frame walls (non-breakaway)
- Masonry walls (if breakaway, submit certification documentation)
- Masonry walls (non-breakaway)
- Other (describe): \_\_\_\_\_

- d) If enclosed with a material other than insect screening or light wood lattice, provide size of enclosed area: [ ][ ][ ][ ][ ][ ] square feet.
- e) Is the enclosed area used for any purpose other than solely for parking of vehicles, building access, and/or storage?  YES  NO

If yes, describe: \_\_\_\_\_

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

4. Flood Openings

- a) Is the enclosed area/crawlspace constructed with openings (excluding doors) to allow the passage of floodwaters through the enclosed area?  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  
\_\_\_\_\_  
SIGNATURE OF INSURED (OPTIONAL)

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
DATE (MM/DD/YYYY)  
\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
DATE (MM/DD/YYYY)

**PREFERRED RISK POLICY APPLICATION**  
**FEMA FORM 086-0-5**

**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 10 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.**