| THIS LAYOUT OF THE REVISED FLOOI | D INSURANCE APPLICATION, | PAGE 1 OF 2, IS PROVIDED | FOR YOUR REFERENCE. |
|----------------------------------|--------------------------|--------------------------|---------------------|
| THE FINAL | FORM WILL BE RELEASED | UPON O.M.B. APPROVAL. | |

U.S. DEPARTMENT OF HOMELAND SECURITY FEDERAL EMERGENCY MANAGEMENT AGENCY National Flood Insurance Program

| National Flood Insurance Program |
|--|
| PREFERRED RISK POLICY AND NEWLY MAPPED APPLICATION, PAGE 1 (OF 2) |
| IMPORTANT—PLEASE PRINT OR TYPE; ENTER DATES AS MM/DD/YYYY. |
| |

NEW RENEWAL
 TRANSFER (NFIP ONLY)
PRIOR POLICY #: ______

| BILLING | SECOND MORIGAGEE | | | POLICY PERIOD IS FROM/ | | | |
|-------------------------------|--|---|------------------------------------|---|---|--|--|
| AGENT/PRODUCER Information | NAME AND MAILING ADDRESS OF AGENT/PRODUCER: AGENCY NO.: | | | REQUIRED FOR LOAN TRANSACTION – NO WAITING PERIOD MAP REVISION (ZONE CHANGE FROM NON-SFHA TO SFHA) – 1 DAY TRANSFER (NFIP ONLY) – NO WAITING PERIOD INDICATE THE PROPERTY PURCHASE DATE:// NAME AND MAILING ADDRESS OF INSURED: NAME AND MAILING ADDRESS OF INSURED: PHONE NO.: | | | |
| PROPERTY LOCATION | NOTE: ONE BUILDING PER POLICY BLANKET COVERAGE NOT PERMITTED. IS INSURED PROPERTY LOCATION SAME AS INSURED'S MAILING ADDRESS? IS INSURED PROPERTY ADDRESS. IF RURAL, ENTER LEGAL DESCRIPTION, OR GEOGRAPHIC LOCATION OF PROPERTY (DO NOT USE P.O. BOX). IDENTIFY ADDRESS TYPE: STREET IDENTIFY ADDRESS WITH MULTIPLE BUILDINGS AND/OR FOR A BUILDING WITH ADDITIONS OR EXTENSIONS, DESCRIBE THE INSURED BUILDING: * LEGAL DESCRIPTION MAY BE USED ONLY WHILE A BUILDING OR SUBDIVISION IS IN THE COURSE OF CONSTRUCTION OR PRIOR TO ESTABLISHING A STREET ADDRESS. | | MORTGAGEE/OTHER 1ST MORTGAGEE INSU | IS THE INSURED A NON-PROFIT ENTITY? YES NO NAME AND MAILING ADDRESS OF FIRST MORTGAGEE: LOAN NO.: LOAN NO.: IS INSURANCE REQUIRED UNDER MANDATORY PURCHASE? YES NO NAME AND MAILING ADDRESS OF: 2ND MORTGAGEE LOSS PAYEE OTHER | | | |
| DISASTER Assistance | IS INSURANCE REQUIRED FOR DISASTER ASSISTANCE? YES NO IF YES, CHECK THE GOVERNMENT AGENCY: SBA FEMA FEMA OTHER (SPECIFY): CASE FILE NO.: | | 2ND MORTG | LOAN NO.: | | | |
| COMMUNITY | RATING MAP INFORMATION NAME OF COUNTY/PARISH: COMMUNITY NO./PANEL NO. AND SUFFIX: FIRM ZONE: MAP DATE: CURRENT MAP INFORMATION CURRENT FIRM ZONE: CURRENT BFE: MAP DATE: | | PRIOR NFIP COVERAGE | UNDER MANDATORT PURCHASE DT THE LENDER? TES NU | | | |
| ALL BUILDINGS | | SIDENTIAL BUILDING NP-RESIDENTIAL BUILDING NP-RESIDENTIAL OTHER: SE = SPECIFY PERCENTAGE OF 6. CONDOMINIUM INFORMATION SIDENTIAL OF OWNERSHIP? SUDENTIAL SUILDING MILY IS COVERAGE FOR THE ENTIRE BUILDING? Y SIDENTIAL IDENTIAL BUSINESS NO ON-RESIDENTIAL IS COVERAGE FOR A CONDOMINIUM UNIT? IDENTIAL BUSINESS TOTAL NUMBER OF UNITS: INTO NO TOTAL NUMBER OF UNITS: ILDING A HOUSE OF WORSHIP? IS COVERAGE FOR A CONDOMINIUM UNIT? IS COVERAGE FOR A CONDOMINIUM UNIT? IS E ILDING AN AGRICULTURAL (IF APPLICABLE) NO 7. ADDITIONS AND EXTENSIONS IS T ILDING AN AGRICULTURAL (IF APPLICABLE) IF Y DOES THE BUILDING HAVE ANY ADDITIONS OR EXTENSIONS IS T USE OUSE SEPARATELY INSURED.) 9. E D GARAGE COVERAGE IS FOR: IS E IS E INT BUILDING AND EXTENSION(S) IS E IS E INT BUILDING AND EXTENSION(S) IS E IS E | | ADDITION OR EXTENSION ONLY (INCLUDE DESCRIPTION IN THE PROPERTY LOCATION BOX ABOVE). PROVIDE POLICY NUMBER FOR BUILDING EXCLUDING ADDITION(S) OR EXTENSION(S): | IS BUILDING LOCATED ON FEDERAL LAND? YES NO IS BUILDING A SEVERE REPETITIVE LOSS PROPERTY? YES NO 10. IS BUILDING ELEVATED? YES NO 11. BASEMENT, ENCLOSURE, CRAWLSPACE NONE FINISHED BASEMENT/ENCLOSURE CRAWLSPACE UNFINISHED BASEMENT/ENCLOSURE SUBGRADE CRAWLSPACE IS THE BASEMENT/SUBGRADE CRAWLSPACE FLOOR BELOW GRADE ON ALL SIDES? YES NO 12. NUMBER OF FLOORS IN BUILDING (INCLUDING BASEMENT/ENCLOSED AREA, IF ANY) OR BUILDING TYPE 1 2 3 OR MORE SPLIT LEVEL TOWNHOUSE/ROWHOUSE (RCBAP LOW-RISE ONLY) MANUFACTURED (MOBILE) HOME/TRAVEL TRAILER ON FOUNDATION | | |
| NON-ELEVATED BUILDINGS | 1. GARAGE IS A GARAGE ATTACHED TO THE BUILDING? YES NO TOTAL NET AREA OF THE GARAGE: YES SQUARE FEET. 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: | DOE CRA EQU IF YI | ASEMENT/SUBGRADE CRAWLSPACE IS THE BASEMENT/SUBGRADE WLSPACE CONTAIN MACHINERY AND/OR IPMENT? YES NO ES, SELECT THE VALUE BELOW: UP TO \$10,000 \$10,001 TO \$20,000 IF GREATER THAN \$20,000 - INDICATE THE AMOUNT: | DOES THE BASEMENT/SUBGRADE CRAWLSPACE CONTAIN A WASHER, DRYER OR FOOD FREEZER? YES NO IF YES, SELECT THE VALUE BELOW: UP TO \$5,000 \$5,001 TO \$10,000 IF GREATER THAN \$10,000 - INDICATE THE AMOUNT: | | |

PLEASE SUBMIT TOTAL AMOUNT DUE AND ALL REQUIRED CERTIFICATIONS WITH THE NFIP COPY OF THIS APPLICATION. IF PAYING BY CHECK OR MONEY ORDER, MAKE PAYABLE TO THE NATIONAL FLOOD INSURANCE PROGRAM. IMPORTANT — COMPLETE PAGE 1 AND PAGE 2 BEFORE SENDING APPLICATION TO THE NFIP. — IMPORTANT

THIS LAYOUT OF THE REVISED PRP AND NEWLY MAPPED APPLICATION, PAGE 2 OF 2, IS PROVIDED FOR YOUR REFERENCE. THE FINAL FORM WILL BE RELEASED UPON 0.M.B. APPROVAL.

U.S. DEPARTMENT OF HOMELAND SECURITY FEDERAL EMERGENCY MANAGEMENT AGENCY National Flood Insurance Program

PREFERRED RISK POLICY AND NEWLY MAPPED APPLICATION, PAGE 2 (OF 2)

| | | ; ENTER DATES AS MM/DD/YYYY. R OBTAINED FROM THE ELEVATION CERT W. THIS PART OF THE APPLICATION MUST | | | NEW RENEWAR PRIOR POLICY #: | L TRANSFER (NFIP ONLY) | |
|---|--|---|--|---|--|--|--|
| ELEVATED BUILDINGS | ELEVATED BUILDINGS (INCLUDING MANUFACTURED [MOBILE] HOMES/ TRAVEL TRAILERS) 1. IF THE BUILDING IS ELEVATED, IS THE AREA BELOW GREE OF OBSTRUCTION WITH OBSTRUCTION 2. ELEVATING FOUNDATION TYPE PIERS, POSTS, OR PILES REINFORCED MASONRY PIERS OR CONCRETE PIERS OR COLUMNS REINFORCED MASONRY PIERS OR CONCRETE PIERS OR COLUMNS REINFORCED CONCRETE SHEAR WALLS SOLID FOUNDATION WALLS 3. MACHINERY AND/OR EQUIPMENT DOES THE AREA BELOW THE ELEVATED FLOOR CONTAIN MACHINERY AND/OR EQUIPMENT? YES NO IF YES, SELECT THE VALUE BELOW: UP TO \$10,000 S10,001 TO \$20,000 IF GREATER THAN \$20,000 - INDICATE THE AMOUNT: | DOES THE AREA BELOW THE ELEVATED FLOOR CONTAIN A WASHER, DRYER OR FOOD FREEZER? YES NO IF YES, SELECT THE VALUE BELOW: UP TO \$5,000 \$5,001 TO \$10,000 IF GREATER THAN \$10,000 - INDICATE THE AMOUNT: 4. AREA BELOW THE ELEVATED FLOOR IS THE AREA BELOW THE ELEVATED FLOOR IS THE AREA BELOW THE ELEVATED FLOOR IS THE AREA BELOW THE ELEVATED FLOOR IF YES, CHECK ONE OF THE FOLLOWING: FULLY PARTIALLY IS THERE A GARAGE? (CHECK ONE) NO GARAGE BENEATH THE LIVING SPACE NEXT TO THE LIVING SPACE DOES THE AREA BELOW THE ELEVATED FLOOR CONTAIN ELEVATORS? YES NO IF YES, HOW MANY? | IF THE ANSWER TO ANY OF THE QUESTIONS REGARDING THE AREA BELOW THE ELEVATED FLOOR IS YES, OR THERE IS A GARAGE, ANSWER ALL THE FOLLOWING. 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, SUBMIT CERTIFICATION DOCUMENTATION) MASONRY WALLS (IF BREAKAWAY, SUBMIT CERTIFICATION DOCUMENTATION) MASONRY WALLS (NON-BREAKAWAY) OTHER (DESCRIBE): IF ENCLOSED WITH A MATERIAL OTHER THAN INSECT SCREENING OR LIGHT WOOD LATTICE, PROVIDE THE SIZE OF ENCLOSED AREA: IIF ENCLOSED WITH A MATERIAL OTHER THAN INSECT SCREENING OR LIGHT WOOD LATTICE, PROVIDE THE SIZE OF ENCLOSED AREA: IIF ENCLOSED WITH A MATERIAL OTHER THAN IS THE ENCLOSED AREA/CRAWLSPACE USED FOR ANY PURPOSE OTHER THAN SOLELY FOR | | | PARKING OF VEHICLES, BUILDING ACCESS AND/OR STORAGE? YES NO IF YES, DESCRIBE: DOES THE ENCLOSED AREA HAVE MORE THAN 20 LINEAR FEET OF FINISHED INTERIOR WALL, PANELING, ETC.? YES NO 5. FLOOD OPENINGS IS THE ENCLOSED AREA/CRAWLSPACE CONSTRUCTED WITH OPENINGS (EXCLUDING DOORS) TO ALLOW THE PASSAGE OF FLOODWATERS THROUGH THE ENCLOSED AREA? YES INO IF YES, INDICATE NUMBER OF PERMANENT FLOOD OPENINGS WITHIN 1 FOOT ABOVE ADJACENT GRADE: TOTAL AREA OF ALL PERMANENT FLOOD OPENINGS: I YES IF VES, INDICATE NUMBER OF DEFINANENT FLOOD OPENINGS WITHIN 1 FOOT ABOVE ADJACENT GRADE: TOTAL AREA OF ALL PERMANENT FLOOD OPENINGS: I SQUARE INCHES. ARE FLOOD OPENINGS ENGINEERED? YES NO IF YES, SUBMIT CERTIFICATION. | |
| MANUTACIONED (MODILE) HOMES/ TRAVEL TRAILERS | NOTE: WHEELS MUST BE REMOVED FOR TRAVEL TRAILER TO BE INSURABLE. 1. MANUFACTURED (MOBILE) HOME/TRAVEL TRAILER DATA YEAR OF MANUFACTURE: MAKE: MAKE: MODEL NUMBER: MULL MODEL NUMBER: MULL MODEL NUMBER: MULL MODEL NUMBER: MULL MULL MODEL NUMBER: MULL MULL MULL MULL MODEL NUMBER: MULL MULL MULL MULL MODEL NUMBER: MULL MULL | | 2. ANCHORING THE MANUFACTURED (MOBILE) HOME/TRAVEL TRAILER ANCHORING SYSTEM UTILIZES: (CHECK ALL THAT APPLY.) OVER-THE-TOP TIES | | | | |
| INFORMATION | CHECK ONE OF THE FOLLOWING AND ENTER DATE FOR ORIGINAL CONSTRUCTION: BUILDING PERMIT CONSTRUCTION CHECK IF BUILDING HAS BEEN SUBSTANTIALLY IMPROVED AND ENTER DATE: SUBSTANTIAL IMPROVEMENT / CHECK ONE OF THE FOLLOWING FOR MANUFACTURED (MOBILE) HOMES/TRAVEL TRAILERS: LOCATED OUTSIDE A MOBILE HOME PARK OR SUBDIVISION: DATE OF PERMANENT PLACEMENT LOCATED INSIDE A MOBILE HOME PARK OR SUBDIVISION: CONSTRUCTION DATE OF MOBILE HOME PARK OR SUBDIVISION FACILITIES | | | THE NFIP FL | OOD INSURANCE MANUAL ND CONTENTS COVERAGE COM REQUESTED & COVERAGE S COVERAGE / CONTENTS O | CONTENTS COVERAGE COMBINATION REQUESTED COVERAGE | |
| CONTENTS | CONTENTS LOCATED IN:* BASEMENT/ENCLOSURE BASE COWEST FLOOR ONLY ABOVE GROUND LEVEL COWEST FLOOR ABOVE GROUND LEVEL AND F ABOVE GROUND LEVEL MORE THAN 1 FULL F IS PERSONAL PROPERTY HOUSEHOLD CONTENTS' IF NO, DESCRIBE: *IF SINGLE FAMILY, CONTENTS ARE RATED THROU | LOOR ? YES NO | e and premium | ICC PREM | er D premium | | |
| BUILDING ELIGIBILITY | THE PREFERRED RISK POLICY (PRP) IS ONLY AVAIL ARE NO, EXCEPT FOR BUILDINGS ELIGIBLE UNDER THE ANSWER TO QUESTION A MAY BE YES. ANSWER THE FOLLOWING TO DETERMINE A BUILDI A) IS THE BUILDING LOCATED IN A SPECIAL FLOOD B) DO ANY OF THE FOLLOWING CONDITIONS, ARISIN OCCURRENCES IN ANY 10-YEAR PERIOD, EXIST? • 2 LOSS PAYMENTS, EACH MORE THAN \$1,000 • 3 OR MORE LOSS PAYMENTS, REGARDLESS OF • 2 FEDERAL DISASTER RELIEF PAYMENTS, EACH • 3 FEDERAL DISASTER RELIEF PAYMENTS, REGA • 1 FLOOD INSURANCE CLAIM PAYMENT AND 1 F PAYMENT (INCLUDING LOANS AND GRANTS), E | THE NEWLY MAPPED PROCEDURE, FOR WHICH NG'S ELIGIBILITY FOR A PRP: HAZARD AREA (SFHA)? YES NO NG FROM 1 OR MORE YES NO AMOUNT YES NO AMOUNT YES NO ARDLESS OF AMOUNT YES NO FLOOD DISASTER RELIEF | COVERAGE | TOTAL PR HFIAA SU PROBATIC FEDERAL TOTAL AN | | \$ URCHARGES \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ | |
| SIGNATURE | 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. | | | | | | |
| SIGN | SIGNATURE OF INSURANCE AGENT/PRODUCER | D/ | / Ate (MM/I | ////// | | | |
| | SIGNATURE OF INSURED (OPTIONAL) DATE (MM/DD/YYY) / | | | | | | |

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PREFERRED RISK POLICY AND NEWLY MAPPED 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.**