

**U.S. DEPARTMENT OF HOMELAND SECURITY
FEDERAL EMERGENCY MANAGEMENT AGENCY**

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 POLICIES ONLY)
PRIOR POLICY #: _____

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. 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 POLICIES ONLY) – NO WAITING PERIOD
	NAME AND MAILING ADDRESS OF AGENT/PRODUCER: AGENCY NO.: _____ AGENT'S NO.: _____ PHONE NO.: _____ FAX NO.: _____ EMAIL ADDRESS: _____		INSURED INFORMATION
AGENT/PRODUCER INFORMATION	<p>NOTE: ONE BUILDING PER POLICY – BLANKET COVERAGE NOT PERMITTED.</p> <p>IS BUILDING LOCATED IN A CBRS OR OPA? <input type="checkbox"/> YES <input type="checkbox"/> NO 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). IDENTIFY ADDRESS TYPE: <input type="checkbox"/> STREET <input type="checkbox"/> LEGAL DESCRIPTION* <input type="checkbox"/> GEOGRAPHIC LOCATION</p> <p>FOR AN 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.</p>	1ST MORTGAGEE	
			PROPERTY LOCATION
DISASTER ASSISTANCE	<p>RATING MAP INFORMATION NAME OF COUNTY/PARISH: _____ COMMUNITY NO./PANEL NO. AND SUFFIX: _____ - _____ FIRM ZONE: _____ MAP DATE: ____/____/____</p> <p>CURRENT MAP INFORMATION CURRENT COMMUNITY NO./PANEL NO. AND SUFFIX: _____ - _____ CURRENT FIRM ZONE: _____ CURRENT BFE: _____ MAP DATE: ____/____/____</p> <p>NEWLY MAPPED INFORMATION DATE THE BUILDING WAS NEWLY MAPPED INTO THE SFHA: ____/____/____</p>	PRIOR NFIP COVERAGE	
			COMMUNITY
DISASTER ASSISTANCE	<p>1. BUILDING PURPOSE <input type="checkbox"/> 100% RESIDENTIAL <input type="checkbox"/> 100% NON-RESIDENTIAL <input type="checkbox"/> MIXED-USE – SPECIFY PERCENTAGE OF RESIDENTIAL USE: _____ %</p> <p>2. BUILDING OCCUPANCY <input type="checkbox"/> SINGLE FAMILY <input type="checkbox"/> 2-4 FAMILY <input type="checkbox"/> OTHER RESIDENTIAL <input type="checkbox"/> NON-RESIDENTIAL BUSINESS <input type="checkbox"/> OTHER NON-RESIDENTIAL</p> <p>3. IS THE BUILDING A HOUSE OF WORSHIP? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>4. IS THE BUILDING AN AGRICULTURAL STRUCTURE? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>5. BUILDING DESCRIPTION (CHECK ONE) <input type="checkbox"/> MAIN HOUSE <input type="checkbox"/> DETACHED GUEST HOUSE <input type="checkbox"/> DETACHED GARAGE <input type="checkbox"/> BARN <input type="checkbox"/> APARTMENT BUILDING <input type="checkbox"/> APARTMENT – UNIT <input type="checkbox"/> COOPERATIVE BUILDING <input type="checkbox"/> COOPERATIVE – UNIT <input type="checkbox"/> WAREHOUSE <input type="checkbox"/> TOOL/STORAGE SHED</p> <p><input type="checkbox"/> POOLHOUSE, CLUBHOUSE, RECREATION BUILDING <input type="checkbox"/> OTHER: _____</p> <p>6. CONDOMINIUM INFORMATION IS BUILDING IN A CONDOMINIUM FORM OF OWNERSHIP? <input type="checkbox"/> YES <input type="checkbox"/> NO IS COVERAGE FOR THE ENTIRE BUILDING? <input type="checkbox"/> YES <input type="checkbox"/> NO TOTAL NUMBER OF UNITS: _____ <input type="checkbox"/> HIGH-RISE <input type="checkbox"/> LOW-RISE IS COVERAGE FOR A CONDOMINIUM UNIT? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>7. ADDITIONS AND EXTENSIONS (IF APPLICABLE) DOES THE BUILDING HAVE ANY ADDITIONS OR EXTENSIONS? <input type="checkbox"/> YES <input type="checkbox"/> NO (ADDITIONS AND EXTENSIONS MAY BE SEPARATELY INSURED.) COVERAGE IS FOR: <input type="checkbox"/> BUILDING INCLUDING ADDITION(S) AND EXTENSION(S) <input type="checkbox"/> BUILDING EXCLUDING ADDITION(S) AND EXTENSION(S). PROVIDE POLICY NUMBER FOR ADDITION OR EXTENSION: _____</p> <p><input type="checkbox"/> ADDITION OR EXTENSION ONLY (INCLUDE DESCRIPTION IN THE PROPERTY LOCATION BOX ABOVE). PROVIDE POLICY NUMBER FOR BUILDING EXCLUDING ADDITION(S) OR EXTENSION(S): _____</p> <p>8. PRIMARY RESIDENCE, RENTAL PROPERTY, TENANT'S COVERAGE IS BUILDING INSURED'S 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 IN SIGNATURE BLOCK ON PAGE 2.</p> <p>9. BUILDING INFORMATION IS BUILDING IN THE COURSE OF CONSTRUCTION? <input type="checkbox"/> YES <input type="checkbox"/> NO IS BUILDING WALLED AND ROOFED? <input type="checkbox"/> YES <input type="checkbox"/> NO IS BUILDING OVER WATER? <input type="checkbox"/> NO <input type="checkbox"/> PARTIALLY <input type="checkbox"/> ENTIRELY</p> <p>IS BUILDING LOCATED ON FEDERAL LAND? <input type="checkbox"/> YES <input type="checkbox"/> NO IS BUILDING A SEVERE REPETITIVE LOSS PROPERTY? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>10. IS BUILDING ELEVATED? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>11. 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 IS THE BASEMENT/SUBGRADE CRAWLSPACE FLOOR BELOW GRADE ON ALL SIDES? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>12. 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</p>	2ND MORTGAGEE/OTHER	
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			DISASTER ASSISTANCE

N F I P C O P Y

**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 certain property 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, 500 C Street SW, Washington, DC 20742, Paperwork Reduction Project (1660-0006).

NOTE: Do not send your completed form to this address.