THIS LAYOUT OF THE REVISED PRP AND NEWLY MAPPED APPLICATION 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

PREFERRED RISK POLICY AND NEWLY MAPPED APPLICATION, PAGE 1 (0F 2)

□ NEW □ RENEWAL
□ TRANSFER (NFIP POLICIES ONLY)
PRIOR POLICY #: _____

IMPORTANT—PLEASE PRINT OR TYPE; ENTER DATES AS MM/DD/YYYY.										
BILLING	☐ FIRST MORTGAGEE ☐ OT	SS PAYEE HER (AS SPECIFIED IN THE "2ND DRTGAGEE/OTHER" BOX BELOW)	/ PERIOD	POLICY PERIOD IS FROM / / 12:01 A.M. LOCAL TIME AT THE INSURED WAITING PERIOD: STANDARD 30-DAY	/TO//PROPERTY LOCATION.					
œ	NAME AND MAILING ADDRESS OF AGENT/PRODUCER:		POLICY	STANDARD 30-DAY REQUIRED FOR LOAN TRANSACTION — NO WAITING PERIOD MAP REVISION (ZONE CHANGE FROM NON-SFHA TO SFHA) — 1 DAY TRANSFER (NFIP POLICIES ONLY) — NO WAITING PERIOD						
AGENT/PRODUCER INFORMATION	AGENCY NO.: AGENT'S NO.: PHONE NO.: FAX NO.: EMAIL ADDRESS:			NAME AND MAILING ADDRESS OF INSURED: PHONE NO.:						
PROPERTY LOCATION	NOTE: ONE BUILDING PER POLICY — BLANKET COVERAGE NOT PERMITTED. IS BUILDING LOCATED IN A CBRS OR OPA? ☐ YES ☐ NO IS INSURED PROPERTY LOCATION SAME AS INSURED'S 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). IDENTIFY ADDRESS TYPE: ☐ STREET ☐ LEGAL DESCRIPTION* ☐ GEOGRAPHIC LOCATION		E INSURED INFORMATION	EMAIL ADDRESS: IS THE INSURED A SMALL BUSINESS?						
			1ST MORTGAGEE	LOAN NO.: IS INSURANCE REQUIRED UNDER MANDAT						
	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		MORTGAGEE/OTHER	NAME AND MAILING ADDRESS OF: ☐ 2ND MORTGAGEE ☐ LOSS PAYEE ☐ OTHER IF OTHER, SPECIFY:						
	COURSE OF CONSTRUCTION OR PRIOR TO ESTABLISHING A STREET ADDRESS.		GAGE							
DISASTER ASSISTANCE	IS INSURANCE REQUIRED FOR DISASTER ASSISTANCE? YES NO IF YES, CHECK THE GOVERNMENT AGENCY: SBA FEMA FHA OTHER (SPECIFY): CASE FILE NO.:			LOAN NO.: IS INSURANCE REQUIRED UNDER MANDATORY PURCHASE? YES NO						
COMMUNITY	RATING MAP INFORMATION NAME OF COUNTY/PARISH:		PRIOR NFIP COVERAGE	COMPLETE THIS SECTION FOR PRE- AND POST-FIRM BUILDINGS LOCATED IN AN SFHA 1. HAS THE APPLICANT HAD A PRIOR NFIP POLICY FOR THIS PROPERTY? YES N 2. WAS THE POLICY REQUIRED BY THE LENDER UNDER MANDATORY PURCHASE? YES NO 3. IF YES, HAS THE PRIOR NFIP POLICY EVER LAPSED WHILE COVERAGE WAS REQUIRED UNDER MANDATORY PURCHASE BY THE LENDER? YES NO 4. IF YES, WAS THE LAPSE THE RESULT OF A COMMUNITY SUSPENSION? YES N IF YES, WHAT IS THE SUSPENSION DATE? / / / / / / WHAT IS THE REINSTATEMENT DATE? / / / / / / / / / 5. WILL THIS POLICY BE EFFECTIVE WITHIN 180 DAYS OF THE COMMUNITY REINSTATEMENT AFTER SUSPENSION REFERRED TO IN (4) ABOVE? YES NO						
ALL BUILDINGS	1. BUILDING PURPOSE 100% RESIDENTIAL 100% NON-RESIDENTIAL MIXED-USE - SPECIFY PERCENTAGE OF RESIDENTIAL USE: % 2. BUILDING OCCUPANCY SINGLE FAMILY 2-4 FAMILY OTHER RESIDENTIAL NON-RESIDENTIAL BUSINESS OTHER NON-RESIDENTIAL 3. IS THE BUILDING A HOUSE OF WORSHIP? YES NO 4. IS THE BUILDING AN AGRICULTURAL STRUCTURE? YES NO 5. BUILDING DESCRIPTION (CHECK ONE) MAIN HOUSE DETACHED GUEST HOUSE	□ POOLHOUSE, CLUBHOUSE, RECREATION BUILDING □ OTHER: □ 6. CONDOMINIUM INFORMATION IS BUILDING IN A CONDOMINIUM FORM OF OWNERSHIP? □ YES □ NO IS COVERAGE FOR THE ENTIRE BUILDING? □ YES □ NO TOTAL NUMBER OF UNITS: □ HIGH-RISE IS COVERAGE FOR A CONDOMINIUM UNIT? □ YES □ NO 7. ADDITIONS AND EXTENSIONS (IF APPLICABLE) DOES THE BUILDING HAVE ANY ADDITIONS OR EXTENSIONS? □ YES □ NO (ADDITIONS AND EXTENSIONS MAY BE SEPARATELY INSURED.)	8. F F IS B IS B IS T IF Y	ADDITION OR EXTENSION ONLY (INCLUDE DESCRIPTION IN THE PROPERTY LOCATION BOX ABOVE). PROVIDE POLICY NUMBER FOR BUILDING EXCLUDING ADDITION(S) OR EXTENSION(S): PRIMARY RESIDENCE, RENTAL PROPERTY, TENANT'S COVERAGE BUILDING INSURED'S PRIMARY RESIDENCE? YES NO HE INSURED A TENANT? YES NO HE INSURED A TENANT REQUESTING BUILDING COVERAGE? YES NO HYES, SEE NOTICE IN SIGNATURE BLOCK ON PAGE 2.	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					
	DETACHED GARAGE BARN APARTMENT BUILDING APARTMENT - UNIT COOPERATIVE BUILDING COOPERATIVE - UNIT WAREHOUSE TOOL/STORAGE SHED	COVERAGE IS FOR: BUILDING INCLUDING ADDITION(S) AND EXTENSION(S) BUILDING EXCLUDING ADDITION(S) AND EXTENSION(S). PROVIDE POLICY NUMBER FOR ADDITION OR EXTENSION:	IS B	BUILDING IN THE COURSE OF CONSTRUCTION?	☐ 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: 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 Y	BASEMENT/SUBGRADE CRAWLSPACE ES THE BASEMENT/SUBGRADE AWLSPACE CONTAIN MACHINERY AND/OR JIPMENT? 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:					

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National Flood Insurance Program

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

		; ENTER DATES AS MM/DD/YYYY. OR OBTAINED FROM THE ELEVATION CERT OW. THIS PART OF THE APPLICATION MUST			□ NEW □ RENEWAL PRIOR POLICY #:	☐ TRANSFER (NFIP POLICIES O	NLY)		
ELEVATED BUILDINGS	ELEVATED BUILDINGS (INCLUDING MANUFACTURED [MOBILE] HOMES/ TRAVEL TRAILERS) 1. IF THE BUILDING IS ELEVATED, IS THE AREA BELOW FREE OF OBSTRUCTION WITH OBSTRUCTION 2. ELEVATING FOUNDATION TYPE PIERS, POSTS, OR PILES REINFORCED MASONRY PIERS OR CONCRETE PIERS OR COLUMNS REINFORCED CONCRETE SHEAR WALLS WOOD SHEAR 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 \$10,001 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?	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 (BREAKAWAY) MASONRY WALLS (IF BREAKAWAY, SUBMIT CETIFICATION 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: J J J SQUARE FEET IS THE ENCLOSED AREA/CRAWLSPACE USED FOR ANY PURPOSE OTHER THAN SOLELY FOR PARKING OF VEHICLES, BUILDING ACCESS AND/OR STORAGE?			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 ☐ NO IF YES, INDICATE NUMBER OF PERMANENT FLOOD OPENINGS WITHIN 1 FOOT ABOVE ADJACENT GRADE: TOTAL AREA OF ALL PERMANENT FLOOD OPENINGS: ☐ SQUARE INCHES. ARE FLOOD OPENINGS ENGINEERED? ☐ YES ☐ NO IF YES, SUBMIT CERTIFICATION.			
MANUFACTURED (MOBILE) HOMES/ TRAVEL TRAILERS	NOTE: WHEELS MUST BE REMOVED FOR TRAVEL TRAILER TO BE INSURABLE. 1. MANUFACTURED (MOBILE) HOME/TRAVEL TRAILER DATA YEAR OF MANUFACTURE:		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 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						
CONSTRUCTION INFORMATION	HECK ONE OF THE FOLLOWING AND ENTER DATE FOR ORIGINAL CONSTRUCTION: BUILDING PERMIT CONSTRUCTION/ HECK IF BUILDING HAS BEEN SUBSTANTIALLY IMPROVED AND ENTER DATE: SUBSTANTIAL IMPROVEMENT/ HECK 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		ESTIMATED BUILDING REPLACEMENT COST (INCLUDING FOUNDATION): \$ ENTER SELECTED OPTION FOR COVERAGE LIMIT AND PREMIUM FROM THE TABLES IN THE NFIP FLOOD INSURANCE MANUAL BUILDING AND CONTENTS COVERAGE COMBINATION REQUESTED COVERAGE BUILDING COVERAGE \$						
CONTENTS	☐ Basement/Subgrade Crawlspace and above ☐ Enclosure/Crawlspace and above		E AND PREMIUM	BASE PR	PREMIUM C. REMIUM LIER ED PREMIUM	NLY \$			
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 BUILD A) IS THE BUILDING LOCATED IN A SPECIAL FLOOD H EXCLUDING ZONES AR AND A99? B) DO ANY OF THE FOLLOWING CONDITIONS, ARISI OCCURRENCES IN ANY 10-YEAR PERIOD, EXIST? • 2 LOSS PAYMENTS, EACH MORE THAN \$1,000 • 3 OR MORE LOSS PAYMENTS, REGARDLESS 0 • 2 FEDERAL DISASTER RELIEF PAYMENTS, REG. • 1 FLOOD INSURANCE CLAIM PAYMENT AND 1 PAYMENT (INCLUDING LOANS AND GRANTS), I	ABLE IF ALL ANSWERS TO QUESTIONS A AND B THE NEWLY MAPPED PROCEDURE, FOR WHICH ING'S ELIGIBILITY FOR A PRP: IAZARD AREA (SFHA) YES NO NG FROM 1 OR MORE YES NO F AMOUNT YES NO H MORE THAN \$1,000 YES NO ARDLESS OF AMOUNT YES NO FLOOD DISASTER RELIEF	COVERAGE AND	RESERVI RESERVI TOTAL P HFIAA SI PROBATI FEDERAL TOTAL A	IM SUBTOTAL E FUND ASSESSMENT PERCEN E FUND ASSESSMENT AMOUN REMIUM FEES AND SI URCHARGE ION SURCHARGE L POLICY FEE MOUNT DUE THE RATE TABLE USED FOR THI IG METHOD:	T			
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 LAST PAGE OF FORM. SIGNATURE OF INSURANCE AGENT/PRODUCER DATE (MM/DD/YYYY) DATE (MM/DD/YYYY)								

National Flood Insurance Program

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.

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