

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

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

FOR ALL POLICY TYPES. IMPORTANT—PLEASE PRINT OR TYPE; ENTER DATES AS MM/DD/YYYY.

POLICY #: _____

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): _____	REASON FOR ASSIGNMENT: <input type="checkbox"/> NEW PURCHASE DATE OF PURCHASE: ____/____/_____ <input type="checkbox"/> OTHER (SPECIFY): _____					
AGENT/PRODUCER INFORMATION	NAME AND MAILING ADDRESS OF AGENT/PRODUCER: AGENCY NO.: _____ AGENT'S NO.: _____ PHONE NO.: _____ FAX NO.: _____ EMAIL ADDRESS: _____						
PROPERTY LOCATION	NOTE: ONE BUILDING PER POLICY – BLANKET COVERAGE NOT PERMITTED. 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 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.						
COMMUNITY	GRANDFATHERING INFORMATION GRANDFATHERED? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, <input type="checkbox"/> BUILT IN COMPLIANCE OR <input type="checkbox"/> CONTINUOUS COVERAGE (PROVIDE PRIOR POLICY NO. _____) RATING MAP INFORMATION NAME OF COUNTY/PARISH: _____ COMMUNITY NO./PANEL NO. AND SUFFIX: _____ - _____ FIRM ZONE: _____ MAP DATE: ____/____/_____ COMMUNITY PROGRAM TYPE IS: <input type="checkbox"/> REGULAR <input type="checkbox"/> EMERGENCY CURRENT MAP INFORMATION CURRENT COMMUNITY NO./PANEL NO. AND SUFFIX: _____ - _____ CURRENT FIRM ZONE: _____ CURRENT BFE: _____ MAP DATE: ____/____/_____ NEWLY MAPPED INFORMATION DATE THE BUILDING WAS NEWLY MAPPED INTO THE SFHA: ____/____/_____ _____						
ALL BUILDINGS	<table style="width:100%; border:none;"> <tr> <td style="width:33%; border:none;"> 1. BUILDING PURPOSE <input type="checkbox"/> 100% RESIDENTIAL <input type="checkbox"/> 100% NON-RESIDENTIAL <input type="checkbox"/> MIXED-USE – SPECIFY PERCENTAGE OF RESIDENTIAL USE: _____% 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 3. IS THE BUILDING A HOUSE OF WORSHIP? <input type="checkbox"/> YES <input type="checkbox"/> NO 4. IS THE BUILDING AN AGRICULTURAL STRUCTURE? <input type="checkbox"/> YES <input type="checkbox"/> NO 5. 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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 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: _____ </td> <td style="width:33%; border:none;"> <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): _____ 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. 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 </td> </tr> <tr> <td style="border:none;"> 10. 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N F I P C O P Y

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

**FLOOD INSURANCE GENERAL CHANGE
ENDORSEMENT, PAGE 2 (OF 2)**

FOR ALL POLICY TYPES. IMPORTANT—PLEASE PRINT OR TYPE; ENTER DATES AS MM/DD/YYYY.
ALL DATA PROVIDED BY THE INSURED OR OBTAINED FROM THE ELEVATION CERTIFICATE SHOULD BE REVIEWED AND TRANSCRIBED BELOW. THIS PART OF THE ENDORSEMENT MUST BE COMPLETED FOR ALL BUILDINGS.

POLICY #: _____

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
 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
 \$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? 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 ENCLOSED? YES NO
 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 (BREAKAWAY)
 SOLID WOOD FRAME WALLS (NON-BREAKAWAY)
 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:
 _____ SQUARE FEET
 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 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: _____
 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

CONSTRUCTION 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 _____/_____/_____

CONTENTS

CONTENTS LOCATED IN:*
 Basement/Subgrade Crawlspace only Lowest floor above ground level and higher floors
 Basement/Subgrade Crawlspace and above Above ground level more than one full floor
 Enclosure/Crawlspace and above Lowest floor only above ground level Manufactured (mobile) home
 IS PERSONAL PROPERTY HOUSEHOLD CONTENTS? YES NO
 IF NO, DESCRIBE: _____
 *IF SINGLE FAMILY, CONTENTS ARE RATED THROUGHOUT THE BUILDING.

ELEVATION DATA

IS BUILDING POST-FIRM CONSTRUCTION?
 YES NO
 (IF POST-FIRM CONSTRUCTION IN ZONES A, 1-A30, AE, AO, AH, V, V1-V30, VE, OR IF PRE-FIRM CONSTRUCTION IS ELEVATION RATED, ATTACH ELEVATION CERTIFICATE.)

ELEVATION CERTIFICATION DATE: _____/_____/_____
 BUILDING DIAGRAM NO.: _____ LOWEST ADJACENT GRADE (LAG): _____
 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? YES NO
 IS BUILDING FLOODPROOFED? YES NO
 (SEE THE NFIP FLOOD INSURANCE MANUAL FOR CERTIFICATION REQUIREMENTS.)

ESTIMATED BUILDING REPLACEMENT COST (INCLUDING FOUNDATION): \$ _____ DEDUCTIBLE: BUILDING \$ _____ CONTENTS \$ _____

TO INCREASE/DECREASE COVERAGE, COMPLETE SECTIONS A & B. FOR RATE CHANGE, COMPLETE SECTION A ONLY.
 INDICATE THE RATE TABLE USED: _____ RISK RATING METHOD: 7 - PRP R - NEWLY MAPPED

INSURANCE COVERAGE	SECTION A - CURRENT LIMITS			SECTION B - NEW LIMITS			A + B PREMIUM
	AMOUNT	RATE	PREMIUM	AMOUNT	RATE	PREMIUM	
BUILDING BASIC LIMIT							
BUILDING ADDITIONAL LIMIT							
CONTENTS BASIC LIMIT							
CONTENTS ADDITIONAL LIMIT							
FOR PRP AND NEWLY MAPPED ONLY, ENTER LIMITS FROM THE NFIP FLOOD INSURANCE MANUAL	BUILDING	CONTENTS	PREMIUM	BUILDING	CONTENTS	PREMIUM	
IF CHANGING AMOUNT OF INSURANCE, ENTER NEW TOTAL AMOUNT BELOW				PAYMENT METHOD:			
BUILDING COVERAGE			CONTENTS COVERAGE			<input type="checkbox"/> CHECK <input type="checkbox"/> CREDIT CARD <input type="checkbox"/> OTHER: _____	
BASIC	ADDITIONAL	TOTAL	BASIC	ADDITIONAL	TOTAL	SUBTOTAL	
						DEDUCTIBLE DISCOUNT/SURCHARGE	
						SUBTOTAL	
						SRL PREMIUM	
						ICC PREMIUM	
						SUBTOTAL	
						CRS PREMIUM DISCOUNT _____ %	
						SUBTOTAL	
						RESERVE FUND _____ %	
						SUBTOTAL	
						PREMIUM PREVIOUSLY PAID (Excludes Probation Surcharge/Federal Policy Fee)	
						HFIAA SURCHARGE	
						DIFFERENCE _____ (+/-)	
						PRO-RATA FACTOR	
						TOTAL AMOUNT DUE (+/-)	

IF RETURN PREMIUM, MAIL REFUND TO: INSURED AGENT/PRODUCER PAYOR

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) _____/_____
 SIGNATURE OF INSURED (IF APPLICABLE) _____ DATE (MM/DD/YYYY) _____/_____
 SIGNATURE OF ASSIGNEE (FOR ASSIGNMENT ONLY) _____ DATE (MM/DD/YYYY) _____/_____

**FLOOD INSURANCE GENERAL CHANGE ENDORSEMENT
FEMA FORM 086-0-3T**

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

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