

**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 #: \_\_\_\_\_

<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 POLICIES ONLY) – NO WAITING PERIOD
	<b>AGENT/PRODUCER INFORMATION</b>		<b>INSURED INFORMATION</b>
<b>PROPERTY LOCATION</b>	NAME AND MAILING ADDRESS OF AGENT/PRODUCER:  AGENCY NO.: _____ AGENT'S NO.: _____ PHONE NO.: _____ FAX NO.: _____ EMAIL ADDRESS: _____	<b>1ST MORTGAGEE</b>	NAME AND MAILING ADDRESS OF INSURED:  PHONE NO.: _____ EMAIL ADDRESS: _____ IS THE INSURED A SMALL BUSINESS? <input type="checkbox"/> YES <input type="checkbox"/> NO IS THE INSURED A NON-PROFIT ENTITY? <input type="checkbox"/> YES <input type="checkbox"/> NO
	<b>DISASTER ASSISTANCE</b>		<b>2ND MORTGAGEE/OTHER</b>
<b>COMMUNITY</b>	<b>NOTE: ONE BUILDING PER POLICY – BLANKET COVERAGE NOT PERMITTED.</b> 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.	<b>PRIOR NFIP COVERAGE</b>	NAME AND MAILING ADDRESS OF FIRST MORTGAGEE:  LOAN NO.: _____ IS INSURANCE REQUIRED UNDER MANDATORY PURCHASE? <input type="checkbox"/> YES <input type="checkbox"/> NO  NAME AND MAILING ADDRESS OF: <input type="checkbox"/> 2ND MORTGAGEE <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> OTHER IF OTHER, SPECIFY: _____  LOAN NO.: _____ IS INSURANCE REQUIRED UNDER MANDATORY PURCHASE? <input type="checkbox"/> YES <input type="checkbox"/> NO
	<b>ALL BUILDINGS</b>		<b>COMPLETE THIS SECTION FOR PRE- AND POST-FIRM BUILDINGS LOCATED IN AN SFHA.</b> 1. HAS THE APPLICANT HAD A PRIOR NFIP POLICY FOR THIS PROPERTY? <input type="checkbox"/> YES <input type="checkbox"/> NO 2. WAS THE POLICY REQUIRED BY THE LENDER UNDER MANDATORY PURCHASE? <input type="checkbox"/> YES <input type="checkbox"/> NO 3. IF YES, HAS THE PRIOR NFIP POLICY EVER LAPSED WHILE COVERAGE WAS REQUIRED UNDER MANDATORY PURCHASE BY THE LENDER? <input type="checkbox"/> YES <input type="checkbox"/> NO 4. IF YES, WAS THE LAPSE THE RESULT OF A COMMUNITY SUSPENSION? <input type="checkbox"/> YES <input type="checkbox"/> NO 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? <input type="checkbox"/> YES <input type="checkbox"/> NO
<b>NON-ELEVATED BUILDINGS</b>	<b>1. BUILDING PURPOSE</b> <input type="checkbox"/> 100% RESIDENTIAL <input type="checkbox"/> 100% NON-RESIDENTIAL <input type="checkbox"/> MIXED-USE – SPECIFY PERCENTAGE OF RESIDENTIAL USE: _____ % <b>2. BUILDING OCCUPANCY</b> <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 <b>3. IS THE BUILDING A HOUSE OF WORSHIP?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO <b>4. IS THE BUILDING AN AGRICULTURAL STRUCTURE?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO <b>5. BUILDING DESCRIPTION (CHECK ONE)</b> <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  <input type="checkbox"/> POOLHOUSE, CLUBHOUSE, RECREATION BUILDING <input type="checkbox"/> OTHER: _____ <b>6. CONDOMINIUM INFORMATION</b> 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 <b>7. ADDITIONS AND EXTENSIONS (IF APPLICABLE)</b> 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: _____	<b>8. PRIMARY RESIDENCE, RENTAL PROPERTY, TENANT'S COVERAGE</b> 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. <b>9. BUILDING INFORMATION</b> 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	<b>10. IS BUILDING ELEVATED?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO <b>11. 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 IS THE BASEMENT/SUBGRADE CRAWLSPACE FLOOR BELOW GRADE ON ALL SIDES? <input type="checkbox"/> YES <input type="checkbox"/> NO <b>12. 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 (RCBAP LOW-RISE ONLY) <input type="checkbox"/> MANUFACTURED (MOBILE) HOME/TRAVEL TRAILER ON FOUNDATION
	<b>1. GARAGE</b> IS A GARAGE ATTACHED TO THE BUILDING? <input type="checkbox"/> YES <input type="checkbox"/> 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? <input type="checkbox"/> YES <input type="checkbox"/> NO  IF YES, NUMBER OF PERMANENT FLOOD OPENINGS WITHIN 1 FOOT ABOVE THE ADJACENT GRADE: _____ TOTAL AREA OF ALL PERMANENT OPENINGS: _____ SQUARE INCHES. IS THE GARAGE USED SOLELY FOR PARKING OF VEHICLES, BUILDING ACCESS, AND/OR STORAGE? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, DOES THE GARAGE CONTAIN MACHINERY AND/OR EQUIPMENT? <input type="checkbox"/> YES <input type="checkbox"/> NO		

NFIP COPY

**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)**

**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 APPLICATION MUST BE COMPLETED FOR ALL BUILDINGS.

NEW  RENEWAL  TRANSFER (NFIP POLICIES ONLY)  
PRIOR POLICY #: \_\_\_\_\_

**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  
 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  Manufactured (mobile) home  
 Lowest floor only above ground level

IS PERSONAL PROPERTY HOUSEHOLD CONTENTS?  YES  NO  
IF NO, DESCRIBE: \_\_\_\_\_  
\*IF SINGLE FAMILY, CONTENTS ARE RATED THROUGHOUT THE BUILDING.

**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 COVERAGE / CONTENTS ONLY	\$
PREMIUM CALCULATION	
BASE PREMIUM	\$
MULTIPLIER	
ADJUSTED PREMIUM	\$
ICC PREMIUM	\$
<b>PREMIUM SUBTOTAL</b>	<b>\$</b>
RESERVE FUND ASSESSMENT PERCENT	%
RESERVE FUND ASSESSMENT AMOUNT	\$
<b>TOTAL PREMIUM</b>	<b>\$</b>
FEES AND SURCHARGES	
HFIAA SURCHARGE	\$
PROBATION SURCHARGE	\$
FEDERAL POLICY FEE	\$
<b>TOTAL AMOUNT DUE</b>	<b>\$</b>

**BUILDING ELIGIBILITY**

THE PREFERRED RISK POLICY (PRP) IS ONLY AVAILABLE IF ALL ANSWERS TO QUESTIONS A AND B ARE NO, EXCEPT FOR BUILDINGS ELIGIBLE UNDER THE NEWLY MAPPED PROCEDURE, 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) EXCLUDING ZONES AR AND A99?  YES  NO

B) DO ANY OF THE FOLLOWING CONDITIONS, ARISING FROM 1 OR MORE OCCURRENCES IN ANY 10-YEAR PERIOD, EXIST?

- 2 LOSS PAYMENTS, EACH MORE THAN \$1,000  YES  NO
- 3 OR MORE LOSS PAYMENTS, REGARDLESS OF AMOUNT  YES  NO
- 2 FEDERAL DISASTER RELIEF PAYMENTS, EACH MORE THAN \$1,000  YES  NO
- 3 FEDERAL DISASTER RELIEF PAYMENTS, REGARDLESS OF AMOUNT  YES  NO
- 1 FLOOD INSURANCE CLAIM PAYMENT AND 1 FLOOD DISASTER RELIEF PAYMENT (INCLUDING LOANS AND GRANTS), EACH MORE THAN \$1,000  YES  NO

**COVERAGE AND PREMIUM**

INDICATE THE RATE TABLE USED FOR THE BASE PREMIUM: \_\_\_\_\_  
RISK RATING METHOD:  7 - PRP  R - NEWLY MAPPED

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

N  
F  
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Y

**PREFERRED RISK POLICY AND NEWLY MAPPED APPLICATION  
FEMA FORM 086-0-5T**

**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.**