

**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 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 ONLY) – NO WAITING PERIOD INDICATE THE PROPERTY PURCHASE DATE: ____/____/____
AGENT/PRODUCER INFORMATION	NAME AND MAILING ADDRESS OF AGENT/PRODUCER: AGENCY NO.: _____ AGENT'S TAX ID: _____ PHONE NO.: _____ FAX NO.: _____ EMAIL ADDRESS: _____	INSURED INFORMATION	NAME AND MAILING ADDRESS OF INSURED: PHONE NO.: _____ 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
PROPERTY LOCATION	NOTE: ONE BUILDING PER POLICY – BLANKET COVERAGE NOT PERMITTED. 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.	1ST MORTGAGEE	NAME AND MAILING ADDRESS OF FIRST MORTGAGEE: LOAN NO.: _____ IS INSURANCE REQUIRED UNDER MANDATORY PURCHASE? <input type="checkbox"/> YES <input type="checkbox"/> NO
DISASTER ASSISTANCE	IS INSURANCE REQUIRED FOR DISASTER ASSISTANCE? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, CHECK THE GOVERNMENT AGENCY: <input type="checkbox"/> SBA <input type="checkbox"/> FEMA <input type="checkbox"/> FHA <input type="checkbox"/> OTHER (SPECIFY): _____ CASE FILE NO.: _____	2ND MORTGAGEE/OTHER	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
COMMUNITY	RATING MAP INFORMATION NAME OF COUNTY/PARISH: _____ COMMUNITY NO./PANEL NO. AND SUFFIX: _____ - _____ FIRM ZONE: _____ MAP DATE: ____/____/____ 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: ____/____/____	PRIOR NFIP COVERAGE	COMPLETE THIS SECTION ONLY FOR PRE-FIRM BUILDINGS LOCATED IN AN SFHA. 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
ALL BUILDINGS	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. 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 <input type="checkbox"/> POOLHOUSE, CLUBHOUSE, RECREATION BUILDING <input type="checkbox"/> OTHER: _____ 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 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: _____	8. PRIMARY RESIDENCE, RENTAL PROPERTY, TENANT'S COVERAGE	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 10. IS BUILDING ELEVATED? <input type="checkbox"/> YES <input type="checkbox"/> NO 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 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
NON-ELEVATED BUILDINGS	1. GARAGE 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	2. BASEMENT/SUBGRADE CRAWLSPACE	DOES THE BASEMENT/SUBGRADE CRAWLSPACE CONTAIN MACHINERY AND/OR EQUIPMENT? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, SELECT THE VALUE BELOW: <input type="checkbox"/> UP TO \$10,000 <input type="checkbox"/> \$10,001 TO \$20,000 <input type="checkbox"/> IF GREATER THAN \$20,000 - INDICATE THE AMOUNT: _____ DOES THE BASEMENT/SUBGRADE CRAWLSPACE CONTAIN A WASHER, DRYER OR FOOD FREEZER? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, SELECT THE VALUE BELOW: <input type="checkbox"/> UP TO \$5,000 <input type="checkbox"/> \$5,001 TO \$10,000 <input type="checkbox"/> IF GREATER THAN \$10,000 - INDICATE THE AMOUNT: _____

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 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.

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