National Flood Insurance Program **FLOOD INSURANCE APPLICATION**, PART 1 (0F 2)

O.M.B. I	NO. 1660-00	006 Expires	August 31, 2013
□NEW	RENEWAL	TRANSFER	(NFIP ONLY)
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ІМРО	RTANT—PLE	ASE PRINT OR TYP	E; ENTER DAT	ES AS MIN	//DD/YYYY.			PF	RIOR POLICY #:			
BILLING	FOR RENEWAL, E INSURED FIRST MORTO SECOND MO	GAGEE	LOSS PAYEE OTHER (AS SP			PERIOD	POLICY PERIOD IS FROM/					
AGENT/PRODUCER INFORMATION	AGENCY NO.: PHONE NO.:	ING ADDRESS OF AGENT, AGEI	NT'S TAX ID:			INSURED POLICY	MAP REVISION (ZONE CHANGE FROM NON-SFHA TO SFHA) — 1 DAY TRANSFER (NFIP ONLY) — NO WAITING PERIOD PROPERTY PURCHASED ON OR AFTER 07/06/2012:					
PROPERTY LOCATION	IS INSURED PRO YES N GEOGRAPHIC LO	DING PER POLICY — BL. PERTY LOCATION SAME A D IF NO, ENTER PROPERTY CATION OF PROPERTY (DO	S INSURED'S MAIL (ADDRESS. IF RUR. NOT USE P.O. BOX)	ING ADDRESS AL, ENTER LEG	S? GAL DESCRIPTION	1ST MORTGAGEE	NAME AND MAILING ADDRESS OF FIRST MORTGAGEE: LOAN NO.:					
DISASTER ASSISTANCE	IS INSURANCE R IF YES, CHECK TI	SCRIBE THE INSURED BUI EQUIRED FOR DISASTER HE GOVERNMENT AGENCY SPECIFY):	ASSISTANCE?	lyes □ n fema □ f	IO FHA	2ND MORTGAGEE/ OTHER		SPECIFY:	S OF □ 2ND MORTGAGEE □ LOSS	PAYEE OTHER		
COMMUNITY	FIRM ZONE:	TY/PARISH: ./PANEL NO. AND SUFFIX		=.		GR/	Andfathered Continuo Rrent Commu	US COVERAGE (PROJECTION OF AMEL N	NO IF YES, ☐ BUILT IN COMPLIAN DVIDE PRIOR POLICY NUMBER IN BOX ABI 10. AND SUFFIX: CURRENT BFE:	OVE) 		
BUILDING	BUILDING OCCU SINGLE FAM 2-4 FAMILY OTHER RESIDE HOTEL/MOTE BUILDING PURP 100% RESID 100% NON-I MIXED-USE OF RESIDEN	DENTIAL NTIAL (INCLUDING L) OSE IENTIAL RESIDENTIAL - SPECIFY PERCENTAGE TIAL USE:	BASEMENT, ENCL NONE CRAWLSPACE SUBGRADE CI NUMBER OF FLOCE ENCLOSED AREA, 1 SPLIT LEVEL MANUFACTUR IS COVERAGE FOR IS BUILDING IN A COUNTY TOTAL NUMBER OF THE PROPERTY TOTAL NUMBER	OSURE, CRA CRAWLSPACE ORS IN BUILD IF ANY) OR B 2 TOWNHO ED (MOBILE) A CONDO UN CONDOMINIUM F UNITS: LOW-RISE	FINISHED BASEI UNFINISHED UNF	MENT/ENCLOSUF SEMENT/ENCLOS BASEMENT/ OR MORE (RCBAP LOW-RIS RAILER ON FOUNI NO ERSHIP? YES	IS BUILDING WALLED AND ROOFED? YES NO IS BUILDING IN THE COURSE OF CONSTRUCTION? YES NO IS BUILDING OVER WATER? NO PARTIALLY ENTIRELY IS BUILDING INSURED'S PRINCIPAL/PRIMARY RESIDENCE? YES NO IS BUILDING A RENTAL PROPERTY? YES NO IS THE INSURED A TENANT? YES NO IF YES, IS THE TENANT REQUESTING BUILDING COVERAGE? YES NO IF YES, SEE NOTICE BELOW. IS THE BUILDING A SEVERE REPETITIVE LOSS PROPERTY? YES NO					
CONTENTS	LOWEST FLC LOWEST FLC AND HIGHER	ENCLOSURE ENCLOSURE AND ABOVE FOR ONLY ABOVE GROUNI FOR ABOVE GROUND LEVI UND LEVEL MORE THAN	CON IF N D LEVEL —————————————————————————————————	ERSONAL PRO ITENTS? O, DESCRIBE:	OPERTY HOUSEHO YES NO	NSTRUCTION FORMATION	CONSTRUCTION DATE:// CHECK ONE OF THE FOLLOWING: □ BUILDING PERMIT □ SUBSTANTIAL IMPROVEMENT □ CONSTRUCTION □ FOR MANUFACTURED (MOBILE) HOMES/ TRAVEL TRAILERS LOCATED IN A					
ELEVATION DATA	IS BUILDING POST-FIRM CONSTRUCTION? BUILDING DIAGRAM NO.: LOWEST ADJACENT GRADE (LAG):											
	(INCLUDING FOL	DING REPLACEMENT CO	ST			DEDUCTIBLE:		YES NO	CONTENTS \$			
COVERAGE AND RATING	INSURANCE COVERAGE	TOTAL AMOUNT OF INSURANCE	AMOUNT OF INSURANCE	BASIC LIMITS	ANNUAL PREMIUM	Al	DDITIONAL LIN ULAR PROGRAM	MITS	DEDUCTIBLE PREMIUM REDUCTION/INCREASE	TOTAL PREMIUM		
AGE /	BUILDING	000.002			.00			.00	.00	.00		
OVER	CONTENTS				.00		:	.00	.00	.00		
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SIGNATURE	SIGNATURE OF INS	SURANCE AGENT/PRODUCEI	3			DATE (MM	/ <u></u> /_ /DD/YYYY)		SUBTOTAL PROBATION SURCHARGE FEDERAL POLICY FEE			
	SIGNATURE OF INSURED (OPTIONAL) TOTAL AMOUNT DUE \$									\$		

National Flood Insurance Program

FLOOD INSURANCE APPLICATION, PART 1 (OF 2)

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O.M.B. No. 1660-0006 Expires August 31, 2013							
□ NEW □ RENEWAL □ TRANSFER (NFIP ONLY)							
PRIOR POLICY #:							

/IPO	IPORTANT—PLEASE PRINT OR TYPE; ENTER DATES AS MM/DD/YYYY.							ΤΠΟΚΤΟΣΙΟΊ π.					
BILLING	FOR RENEWAL, E INSURED FIRST MORTO SECOND MO	GAGEE	LOSS PAYEE OTHER (AS :			PEDIOD	12:0 WAIT	1 A.M.	LOCAL TIME AT TH RIOD: STAND REQUI	RED FOR LOAN TRANSACTION — NO WA	ITING PERIOD		
INFORMATION									MAP REVISION (ZONE CHANGE FROM NON-SFHA TO SFHA) — 1 DAY TRANSFER (NFIP ONLY) — NO WAITING PERIOD PROPERTY PURCHASED ON OR AFTER 07/06/2012: YES NO IF YES, INDICATE THE PROPERTY PURCHASE DATE:// NAME AND MAILING ADDRESS OF INSURED:				
PROPERTY LOCATION	IS INSURED PRO YES NO GEOGRAPHIC LO	LDING PER POLICY — BL PERTY LOCATION SAME A O IF NO, ENTER PROPERTY CATION OF PROPERTY (DO	AS INSURED'S MA Y ADDRESS. IF RU I NOT USE P.O. BO?	ILING ADDRES RAL, ENTER LE ().	S? GAL DESCRIPTION	I, OR 151	PHONE NO.: NAME AND MAILING ADDRESS OF FIRST MORTGAGEE: LOAN NO.:						
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COMMUNITY	FIRM ZONE:	TY/PARISH: ./PANEL NO. AND SUFFI)		=		(GRANDFAT CON CURRENT (HERED? NTINUOL COMMU	US COVERAGE (PRONITY NO./PANEL N	NO IF YES, D BUILT IN COMPLIAN OVIDE PRIOR POLICY NUMBER IN BOX AB IO. AND SUFFIX:	OVE)		
_	COMMUNITY PROGRAM TYPE IS: REGULAR EMERGENCY BUILDING OCCUPANCY SINGLE FAMILY OTHER RESIDENTIAL NON-RESIDENTIAL (INCLUDING HOTEL/MOTEL) BASEMENT, ENCLOSURE, CRAWLSPACE ONNE FINISHED BASEMENT/ENCLOSURE, CRAWLSPACE ONNE SINISHED BASEMENT/ENCLOSURE, CRAWLSPACE ON ONNE SINISHED BASEMENT							IS BUILDING OVER WATER? NO PARTIALLY ENTIRELY IS BUILDING INSURED'S PRINCIPAL/PRIMARY RESIDENCE? YES NO IS BUILDING A RENTAL PROPERTY? YES NO IS THE INSURED A TENANT? YES NO					
BOILDING	OF RESIDEN	PENTIAL RESIDENTIAL - SPECIFY PERCENTAGE TIAL USE: % USINESS PROPERTY?	IS COVERAGE FO IS BUILDING IN A TOTAL NUMBER HIGH-RISE	RED (MOBILE) OR A CONDO U OR CONDOMINIU OF UNITS: LOW-RISE		RAILER ON FOU	IF YES, SEE NOTICE BELOW. IS THE BUILDING A SEVERE REPETITIVE LOSS PROPERTY? YES NO DOES THE BUILDING HAVE ANY ADDITIONS OR EXTENSIONS? YES (ADDITIONS AND EXTENSIONS MAY BE SEPARATELY INSURED.) IS BUILDING ELEVATED? YES NO				YES NO NS? YES NO D.)		
CONTENTS	IS BUILDING LOCATED ON FEDERAL LAND?							(ONE O IILDING INSTRUI R MANU AVEL TR OBILE H	PERMIT CTION JFACTURED (MOB VAILERS LOCATED (OME PARK OR SU	SUBSTANTIAL IMP FOR MANUFACTUR ILE) HOMES/ DUTSIDE A BDIVISION: SUBSTANTIAL IMP FOR MANUFACTUR TRAVEL TRAILERS L MOBILE HOME PAI CONSTRUCTION D	EED (MOBILE) HOMES/ LOCATED IN A RK OR SUBDIVISION: ATE OF MOBILE HOME		
DATA	IS BUILDING POST-FIRM CONSTRUCTION? SELEVATION CONSTRUCTION IN ZONES A, A1-A30, AE, A0, AH, V, V1-V30, VE, OR IF PRE-FIRM CONSTRUCTION RATED, ATTACH ELEVATION CERTIFICATE.) SELEVATION CONSTRUCTION IN ZONES A, A1-A30, AE, A0, AH, V, V1-V30, VE, OR IF PRE-FIRM CONSTRUCTION IS ELEVATION RATED, ATTACH ELEVATION CERTIFICATE.) DATE OF PERMANENT PLACEMENT PARK OR SUBDIVISION FACILITIES												
	ESTIMATED BUIL (INCLUDING FOL	LDING REPLACEMENT CO JNDATION): \$	ST			DEDUCTIBL I			YES NO	CONTENTS \$			
	INCOMPANIES.	TOTAL	AN-20117 - 2-	BASIC LIMITS	:	·	ADDITION EGULAR PR		1 ONLY)	DEDUCTIBLE			
	INSURANCE COVERAGE BUILDING	TOTAL AMOUNT OF INSURANCE	AMOUNT OF INSURANCE	RATE	ANNUAL PREMIUM .00	AMOUNT (INSURANC		RATE	ANNUAL PREMIUM .00	PREMIUM REDUCTION/INCREASE .00	TOTAL PREMIUM .00		
	RATE CATEGOI MANUAL	RY:	I RATE □ F	ROVISIONAL	.00	PAYMENT N	☐ CRE	EDIT CA	.00 RD	.00 ANNUAL SUBTOTAL ICC PREMIUM	.00		
		IG COVERAGE BENEFITS -					OT AVAILAB	LE IF OT	THER NFIP	SUBTOTAL CRS PREMIUM DISCOUNT %			
	THE ABOVE STATE	RAGE HAS BEEN PURCHAS EMENTS ARE CORRECT TO IMPRISONMENT UNDER A	THE BEST OF MY F	NOWLEDGE. I	UNDERSTAND THA	T ANY FALSE S	TATEMENTS	S MAY B	BE PUNISHABLE	SUBTOTAL			
		SURANCE AGENT/PRODUCE		JLL N		, ,	/ MM/DD/YY	<u></u> /_		RESERVE FUND % SUBTOTAL PROBATION SURCHARGE			
	SIGNATURE OF INS	SURED (OPTIONAL)				DATE (N	/_ MM/DD/YY	<u>/_</u>		FEDERAL POLICY FEE TOTAL AMOUNT DUE	\$		

National Flood Insurance Program

FLOOD INSURANCE APPLICATION, PART 1 (OF 2)

O.M.B. No. 1660-0006 Expires August 31, 2013						
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PRIOR POLICY #·						

MPO	RTANT—PLEASE PRINT OF	TYPE; ENTE	R DATES AS MIV	I/DD/YYYY.		THION TOLIOT #.					
BILLING	FOR RENEWAL, BILL: INSURED FIRST MORTGAGEE SECOND MORTGAGEE		PAYEE R (AS SPECIFIED IN TH IGAGEE/OTHER" BOX E		PERIOD	12:01 A.M	. LOCAL TIME AT TH ERIOD: STAND REQUII	RED FOR LOAN TRANSACTION — NO WA	ITING PERIOD		
AGENT/PRODUCER INFORMATION	AGENCY NO.:PHONE NO.:EMAIL ADDRESS:	_ AGENT'S TAX IC);		INSURED POLICY	MAP REVISION (ZONE CHANGE FROM NON-SFHA TO SFHA) — 1 DAY TRANSFER (NFIP ONLY) — NO WAITING PERIOD PROPERTY PURCHASED ON OR AFTER 07/06/2012:					
PROPERTY LOCATION	NOTE: ONE BUILDING PER POLICI IS INSURED PROPERTY LOCATION S YES NO IF NO, ENTER PR GEOGRAPHIC LOCATION OF PROPER FOR AN ADDRESS WITH MULTIPLE E	SAME AS INSUREI OPERTY ADDRESS TY (DO NOT USE F	D'S MAILING ADDRESS 5. IF RURAL, ENTER LEG P.O. BOX).	6? AL DESCRIPTION	1ST MORTGAGEE	PHONE NO NAME AND LOAN NO.:	MAILING ADDRES:	S OF FIRST MORTGAGEE:			
DISASTER ASSISTANCE	EXTENSIONS, DESCRIBE THE INSUR IS INSURANCE REQUIRED FOR DIS. IF YES, CHECK THE GOVERNMENT / OTHER (SPECIFY): CASE FILE NO.:	ED BUILDING:	CE? YES N	O THA	2ND MORTGAGEE/	NAME AND IF OTHER, LOAN NO.:	MAILING ADDRESS SPECIFY:		S PAYEE OTHER		
COMMUNITY	RATING MAP INFORMATION NAME OF COUNTY/PARISH: COMMUNITY NO./PANEL NO. AND FIRM ZONE:	SUFFIX:	=_		GRA	ANDFATHERED CONTINUO RRENT COMM	OUS COVERAGE (PRO UNITY NO./PANEL N	NO IF YES, D BUILT IN COMPLIAN DVIDE PRIOR POLICY NUMBER IN BOX AB 10. AND SUFFIX:	OVE)		
BUILDING	COMMUNITY PROGRAM TYPE IS: BUILDING OCCUPANCY SINGLE FAMILY 2-4 FAMILY OTHER RESIDENTIAL NON-RESIDENTIAL (INCLUDING HOTEL/MOTEL) BUILDING PURPOSE 100% RESIDENTIAL 100% NON-RESIDENTIAL MIXED-USE — SPECIFY PERCEN OF RESIDENTIAL USE: IS BUILDING A BUSINESS PROPER	BASEMEI NONE CRAW SUBG NUMBER ENCLOSE 1 SPLIT MANI IS COVER IS BUILDI TOTAL NU HIGH	NT, ENCLOSURE, CRAN	FINISHED BASEI UNFINISHED BASEI ING (INCLUDING UILDING TYPE 3 USE/ROWHOUSE HOME/TRAVEL TF IIT? YES I FORM OF OWNE	MENT/ENCLOSUR SEMENT/ENCLOS BASEMENT/ OR MORE (RCBAP LOW-RIS RAILER ON FOUNI NO ERSHIP? YES	IS BUILDING OVER WATER?					
CONTENTS	CONTENTS LOCATED IN*: BASEMENT/ENCLOSURE BASEMENT/ENCLOSURE AND A LOWEST FLOOR ONLY ABOVE GROUN AND HIGHER ABOVE GROUND LEVEL MORE 1 FULL FLOOR	ABOVE ROUND LEVEL ID LEVEL	IS PERSONAL PROCONTENTS? IF NO, DESCRIBE: *IF SINGLE FAMILY THROUGHOUT THE	PERTY HOUSEHO YES NO	NSTRUCTION	CONSTRUCTION DATE:/					
ELEVATION DATA	IS BUILDING POST-FIRM CONSTRUCTION? BUILDING DIAGRAM NO: LOWEST ADJACENT GRADE (LAG):										
	ESTIMATED BUILDING REPLACEMENT (INCLUDING FOUNDATION): \$	ENT COST			DEDUCTIBLE : DEDUCTIBLE B		\$ YES	CONTENTS \$			
COVERAGE AND RATING	INSURANCE TOTAL AMOUL			ANNUAL PREMIUM	ı			DEDUCTIBLE PREMIUM REDUCTION/INCREASE	TOTAL PREMIUM		
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SIGNATURE	NOTICE: BUILDING COVERAGE BENE BUILDING COVERAGE HAS BEEN PUTHE ABOVE STATEMENTS ARE CORRIBY FINE AND/OR IMPRISONMENT UTSIGNATURE OF INSURANCE AGENT/PRISONMENT UTSIGNATURE OF INSURANCE AGENT UTSIGNATURE OF INSUR	EFITS — EXCEPT FO RCHASED BY THE ECT TO THE BEST (NDER APPLICABLE	APPLICANT OR ANY OTH OF MY KNOWLEDGE. I U	Dominium Build Her Party for Th	OTHER: DING — ARE NOT A HE SAME BUILDIN T ANY FALSE STAT COPIES 2, 3, AND	SUBTOTAL SUBTOTAL CRS PREMIUM DISCOUNT % SUBTOTAL CRS PREMIUM DISCOUNT % SUBTOTAL					
	SIGNATURE OF INSURED (OPTIONAL)				DATE (MM	ATE (MM/DD/YYYY) / TOTAL AMOUNT DUE \$					

National Flood Insurance Program FLOOD INSURANCE APPLICATION, PART 1 (OF 2)

O.M.B. No. 1660-0006 Expires August 31, 2013
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PRIOR POLICY #:

PORTANT—PLEASE PRINT O	R TYPE; ENTE	R DATES AS MM/D	D/YYYY.			PF	NOR POLICY #:			
FOR RENEWAL, BILL: INSURED FIRST MORTGAGEE SECOND MORTGAGEE		PAYEE R (AS SPECIFIED IN THE "2 GAGEE/OTHER" BOX BELO		POLICY PERIOD	POLICY PERIOD IS FROM/ TO/					
NAME AND MAILING ADDRESS O AGENCY NO.: PHONE NO.: EMAIL ADDRESS:	AGENT'S TAX ID:	: X NO.:		ED	MAP REVISION (ZONE CHANGE FROM NON-SFHA TO SFHA) — 1 DAY TRANSFER (NFIP ONLY) — NO WAITING PERIOD PROPERTY PURCHASED ON OR AFTER 07/06/2012: YES NO IF YES, INDICATE THE PROPERTY PURCHASE DATE: //// NAME AND MAILING ADDRESS OF INSURED:					
NOTE: ONE BUILDING PER POLI IS INSURED PROPERTY LOCATION YES NO IF NO, ENTER F GEOGRAPHIC LOCATION OF PROPE	SAME AS INSURED PROPERTY ADDRESS.	o'S MAILING ADDRESS? . IF RURAL, ENTER LEGAL D		1ST NORTGAGEE IN	RIGA					
FOR AN ADDRESS WITH MULTIPLE EXTENSIONS, DESCRIBE THE INSU IS INSURANCE REQUIRED FOR DI IF YES, CHECK THE GOVERNMENT OTHER (SPECIFY): CASE FILE NO.:	RED BUILDING: SASTER ASSISTANC AGENCY: SBA	E? YES NO		2ND MORTGAGEE/ OTHER	IF OTHER,	SPECIFY:	S OF 2ND MORTGAGEE LOSS	PAYEE OTHER		
RATING MAP INFORMATION NAME OF COUNTY/PARISH: COMMUNITY NO./PANEL NO. ANI FIRM ZONE:) SUFFIX:			GRAI GRAI CURI	NDFATHERED CONTINUCT RENT COMMI	G INFORMATION 0? YES D DUS COVERAGE (PROUNTY NO./PANEL N	NO IF YES, ☐ BUILT IN COMPLIAN DVIDE PRIOR POLICY NUMBER IN BOX AB IO. AND SUFFIX:	OVE)		
HOTEL/MOTEL) BUILDING PURPOSE 100% RESIDENTIAL 100% NON-RESIDENTIAL MIXED-USE — SPECIFY PERCI	SINGLE FAMILY □ 2-4 FAMILY □ OTHER RESIDENTIAL □ NON-RESIDENTIAL (INCLUDING HOTEL/MOTEL) BUILDING PURPOSE □ 100% RESIDENTIAL □ 100% NON-RESIDENTIAL □ MIXED-USE — SPECIFY PERCENTAGE OF RESIDENTIAL USE:% SINGLE FAMILY CRAWLSPACE □ UNFINISHED BASEMENT/ENCE SUBGRADE CRAWLSPACE UNFINISHED BASEMENT/ENCE UNFINISHED BASEMENT/ENCE SUBGRADE CRAWLSPACE UNFINISHED BASEMENT/ENCE UNFINISHED BASEMENT/ENCE UNFINISHED BASEMENT/ENCE UNFINISHED BASEMENT/ENCE UNFINISHED BASEMENT/ENCE UNFINISHED BASEMENT/ENCE						IS BUILDING OVER WATER?			
CONTENTS LOCATED IN*: BASEMENT/ENCLOSURE BASEMENT/ENCLOSURE AND LOWEST FLOOR ONLY ABOVE LOWEST FLOOR ABOVE GROUND HIGHER ABOVE GROUND LEVEL MOR 1 FULL FLOOR	IS PERSONAL PROPER CONTENTS? YES IF NO, DESCRIBE: *IF SINGLE FAMILY, COITHROUGHOUT THE BUIL	TY HOUSEHO NO NO	IFORMATION DID	CONSTRUCTI CHECK ONE BUILDING CONSTRU FOR MAN TRAVEL TI MOBILE I	ION DATE: OF THE FOLLOWING PERMIT JOTION JUFACTURED (MOB RAILERS LOCATED (HOME PARK OR SU	_// 3: SUBSTANTIAL IMPI FOR MANUFACTUR TRAVEL TRAILERS L MOBILE HOME PAF BDIVISION: CONSTRUCTION D	ROVEMENT ED (MOBILE) HOMES/ OCATED IN A RK OR SUBDIVISION: ATE OF MOBILE HOME			
IS BUILDING POST-FIRM CONSTRUCTION? YES NO										
ESTIMATED BUILDING REPLACEN (INCLUDING FOUNDATION): \$	MENT COST			DEDUCTIBLE : DEDUCTIBLE BU			CONTENTS \$			
INSURANCE TOTAL AMO COVERAGE OF INSURA			ANNUAL REMIUM		DITIONAL LII LAR PROGRAI RATE		DEDUCTIBLE PREMIUM REDUCTION/INCREASE	TOTAL PREMIUM		
BUILDING CONTENTS			.00			.00	.00	.00		
RATE CATEGORY:	T FOR RATE	∷ :		PAYMENT METH		÷	ANNUAL SUBTOTAL ICC PREMIUM SUBTOTAL	\$		
NOTICE: BUILDING COVERAGE BEI BUILDING COVERAGE HAS BEEN F THE ABOVE STATEMENTS ARE COR BY FINE AND/OR IMPRISONMENT	URCHASED BY THE A	APPLICANT OR ANY OTHER F MY KNOWLEDGE. I UNDE	PARTY FOR THE	HE SAME BUILDING TANY FALSE STATE	G. MENTS MAY		CRS PREMIUM DISCOUNT % SUBTOTAL RESERVE FUND % SUBTOTAL			
SIGNATURE OF INSURANCE AGENT/F				DATE (MM/	, ,		PROBATION SURCHARGE FEDERAL POLICY FEE	6		
SIGNATURE OF INSURED (OPTIONAL)				DATE (MM/	DD/YYYY) '		TOTAL AMOUNT DUE	\$		

National Flood Insurance Program

O.M.B. No. 1660-0006 Expires August 31, 2013

FLOOD INSURANCE APPLICATION, PART 2 (0F 2)

ALL DATA PROVIDED BY THE INSURED OR OBTAINED FROM THE ELEVATION CERTIFICATE SHOULD BE REVIEWED AND TRANSCRIBED BELOW. THIS PAR								
THE APPLICATION MUST BE COMPLETED FOR ALL BUILDINGS.	PRIOR POLICY #:							
SECTION I – ALL	BUILDING TYPES							
1. Building Use: Main house/building Detached guest house Detached garage Agricultural building Warehouse Tool/storage shed Poolhouse, clubhouse, recreation building Other:	f) Does the garage have more than 20 linear feet of finished interior wall, paneling, etc.? YES NO 3. Basement/Subgrade Crawlspace a) Is the basement/subgrade crawlspace floor below grade on all sides? YES NO b) If yes, does the basement/subgrade crawlspace contain machinery and/or equipment? YES NO If yes, check the applicable items: Air conditioner Air conditioner Subgrade requipment Subgrade crawlspace contain machinery and/or equipment? Subgrade requipment Subgrade re							
	VATED BUILDINGS bile] Homes/Travel Trailers)							
1 Flevating Foundation Type	Calid ward from a wells (non-breakgrown)							
Diers, posts, or piles Reinforced masonry piers or concrete piers or columns Reinforced concrete shear walls Solid foundation walls (Note: Not approved for elevating in Zones V1–V30, VE, or V.) Machinery and Equipment Below the Elevated Floor Does the area below the elevated floor contain machinery and/or equipment? YES NO If yes, check the applicable items: Furnace Heat pump Air conditioner Water heater Fuel tank Cistern Elevator equipment Washer & dryer Food freezer Other machinery and/or equipment servicing the building (describe):	Solid wood frame walls (inon-breakaway) Masonry walls (if breakaway, submit certification documentation) Masonry walls (non-breakaway) Other (describe): d) If enclosed with a material other than insect screening or light wood lattice, provide size of enclosed area: ls the enclosed area used for any purpose other than solely for parking of vehicles, building access, and/or storage? YES NO If yes, describe:							
SECTION III – MANUFACTURED (MOBILE) HOMES/TRAVEL TRAILERS (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 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							
THE ABOVE STATEMENTS ARE CORRECT TO THE BEST OF MY KNOWLEDGE. BY FINE AND/OR IMPRISONMENT UNDER APPLICABLE FEDERAL LAW.	I UNDERSTAND THAT ANY FALSE STATEMENTS MAY BE PUNISHABLE							
SIGNATURE OF INSURANCE AGENT/PRODUCER	DATE (MM/DD/YYYY)							
SIGNATURE OF INSURED (OPTIONAL)	///							

National Flood Insurance Program

FLOOD INSURANCE APPLICATION FEMA FORM 086-0-1

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.

PAPERWORK BURDEN DISCLOSURE NOTICE

Public reporting burden for this form is estimated to average 12 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, 1800 South Bell Street, Arlington VA 20598-3005, Paperwork Reduction Project (1660-0033).

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