

**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): _____	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
AGENT/PRODUCER INFORMATION	NAME AND MAILING ADDRESS OF AGENT/PRODUCER: AGENCY NO.: _____ AGENT'S TAX ID: _____ PHONE NO.: _____ FAX NO.: _____ EMAIL ADDRESS: _____		POLICY PERIOD
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.		INSURED INFORMATION
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 NUMBER IN BOX ABOVE) 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: ____/____/_____ 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: _____		1ST MORTGAGEE
ALL 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		2ND MORTGAGEE/OTHER
NON-ELEVATED BUILDINGS	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: _____		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
			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
			10. 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
			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

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 APPLICATION MUST BE COMPLETED FOR ALL BUILDINGS.

POLICY #: _____

<p>ELEVATED BUILDINGS (INCLUDING MANUFACTURED [MOBILE] HOMES/TRAVEL TRAILERS)</p> <p>1. IF THE BUILDING IS ELEVATED, IS THE AREA BELOW</p> <p><input type="checkbox"/> FREE OF OBSTRUCTION <input type="checkbox"/> WITH OBSTRUCTION</p> <p>2. ELEVATING FOUNDATION TYPE</p> <p><input type="checkbox"/> PIERS, POSTS, OR PILES <input type="checkbox"/> REINFORCED MASONRY PIERS OR CONCRETE PIERS OR COLUMNS <input type="checkbox"/> REINFORCED CONCRETE SHEAR WALLS <input type="checkbox"/> WOOD SHEAR WALLS <input type="checkbox"/> SOLID FOUNDATION WALLS</p> <p>3. MACHINERY AND/OR EQUIPMENT</p> <p>DOES THE AREA BELOW THE ELEVATED FLOOR CONTAIN MACHINERY AND/OR EQUIPMENT? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>IF YES, SELECT THE VALUE BELOW:</p> <p><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: _____</p>	<p>DOES THE AREA BELOW THE ELEVATED FLOOR CONTAIN A WASHER, DRYER OR FOOD FREEZER? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>IF YES, SELECT THE VALUE BELOW:</p> <p><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: _____</p> <p>4. AREA BELOW THE ELEVATED FLOOR</p> <p>IS THE AREA BELOW THE ELEVATED FLOOR ENCLOSED? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>IF YES, CHECK ONE OF THE FOLLOWING:</p> <p><input type="checkbox"/> FULLY <input type="checkbox"/> PARTIALLY</p> <p>IS THERE A GARAGE? (CHECK ONE)</p> <p><input type="checkbox"/> NO GARAGE <input type="checkbox"/> BENEATH THE LIVING SPACE <input type="checkbox"/> NEXT TO THE LIVING SPACE</p> <p>DOES THE AREA BELOW THE ELEVATED FLOOR CONTAIN ELEVATORS? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>IF YES, HOW MANY? _____</p>	<p>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.</p> <p>INDICATE MATERIAL USED FOR ENCLOSURE:</p> <p><input type="checkbox"/> INSECT SCREENING <input type="checkbox"/> LIGHT WOOD LATTICE <input type="checkbox"/> SOLID WOOD FRAME WALLS (IF BREAKAWAY, SUBMIT CERTIFICATION DOCUMENTATION) <input type="checkbox"/> SOLID WOOD FRAME WALLS (NON-BREAKAWAY) <input type="checkbox"/> MASONRY WALLS (IF BREAKAWAY, SUBMIT CERTIFICATION DOCUMENTATION) <input type="checkbox"/> MASONRY WALLS (NON-BREAKAWAY) <input type="checkbox"/> OTHER (DESCRIBE): _____</p> <p>IF ENCLOSED WITH A MATERIAL OTHER THAN INSECT SCREENING OR LIGHT WOOD LATTICE, PROVIDE THE SIZE OF ENCLOSED AREA: _____ SQUARE FEET</p> <p>IS THE ENCLOSED AREA/CRAWLSPACE USED FOR ANY PURPOSE OTHER THAN SOLELY FOR</p>	<p>PARKING OF VEHICLES, BUILDING ACCESS AND/OR STORAGE? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>IF YES, DESCRIBE: _____</p> <p>DOES THE ENCLOSED AREA HAVE MORE THAN 20 LINEAR FEET OF FINISHED INTERIOR WALL, PANELING, ETC.? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>5. FLOOD OPENINGS</p> <p>IS THE ENCLOSED AREA/CRAWLSPACE CONSTRUCTED WITH OPENINGS (EXCLUDING DOORS) TO ALLOW THE PASSAGE OF FLOODWATERS THROUGH THE ENCLOSED AREA? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>IF YES, INDICATE NUMBER OF PERMANENT FLOOD OPENINGS WITHIN 1 FOOT ABOVE ADJACENT GRADE: _____</p> <p>TOTAL AREA OF ALL PERMANENT FLOOD OPENINGS: _____ SQUARE INCHES.</p> <p>ARE FLOOD OPENINGS ENGINEERED? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>IF YES, SUBMIT CERTIFICATION.</p>
--	---	--	---

<p>NOTE: WHEELS MUST BE REMOVED FOR TRAVEL TRAILER TO BE INSURABLE.</p> <p>1. MANUFACTURED (MOBILE) HOME/TRAVEL TRAILER DATA</p> <p>YEAR OF MANUFACTURE: _____</p> <p>MAKE: _____</p> <p>MODEL NUMBER: _____</p> <p>SERIAL NUMBER: _____</p> <p>DIMENSIONS: _____ x _____ FEET</p> <p>ARE THERE ANY PERMANENT ADDITIONS AND/OR EXTENSIONS? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>IF YES, THE DIMENSIONS ARE: _____ x _____ FEET</p>	<p>2. ANCHORING</p> <p>THE MANUFACTURED (MOBILE) HOME/TRAVEL TRAILER ANCHORING SYSTEM UTILIZES: (CHECK ALL THAT APPLY.)</p> <p><input type="checkbox"/> OVER-THE-TOP TIES <input type="checkbox"/> GROUND ANCHORS <input type="checkbox"/> FRAME TIES <input type="checkbox"/> SLAB ANCHORS <input type="checkbox"/> FRAME CONNECTORS <input type="checkbox"/> OTHER (DESCRIBE): _____</p> <p>3. INSTALLATION</p> <p>THE MANUFACTURED (MOBILE) HOME/TRAVEL TRAILER WAS INSTALLED IN ACCORDANCE WITH: (CHECK ALL THAT APPLY.)</p> <p><input type="checkbox"/> MANUFACTURER'S SPECIFICATIONS <input type="checkbox"/> LOCAL FLOODPLAIN MANAGEMENT STANDARDS <input type="checkbox"/> STATE AND/OR LOCAL BUILDING STANDARDS</p>
--	--

<p>CONSTRUCTION INFORMATION</p> <p>CHECK ONE OF THE FOLLOWING AND ENTER DATE FOR ORIGINAL CONSTRUCTION: <input type="checkbox"/> BUILDING PERMIT <input type="checkbox"/> CONSTRUCTION _____/_____/_____</p> <p>CHECK IF BUILDING HAS BEEN SUBSTANTIALLY IMPROVED AND ENTER DATE: <input type="checkbox"/> SUBSTANTIAL IMPROVEMENT _____/_____/_____</p> <p>CHECK ONE OF THE FOLLOWING FOR MANUFACTURED (MOBILE) HOMES/TRAVEL TRAILERS: <input type="checkbox"/> LOCATED OUTSIDE A MOBILE HOME PARK OR SUBDIVISION: DATE OF PERMANENT PLACEMENT _____/_____/_____ <input type="checkbox"/> LOCATED INSIDE A MOBILE HOME PARK OR SUBDIVISION: CONSTRUCTION DATE OF MOBILE HOME PARK OR SUBDIVISION FACILITIES _____/_____/_____</p>	<p>CONTENTS</p> <p>CONTENTS LOCATED IN:*</p> <p><input type="checkbox"/> BASEMENT/ENCLOSURE <input type="checkbox"/> BASEMENT/ENCLOSURE AND ABOVE <input type="checkbox"/> LOWEST FLOOR ONLY ABOVE GROUND LEVEL <input type="checkbox"/> LOWEST FLOOR ABOVE GROUND LEVEL AND HIGHER <input type="checkbox"/> ABOVE GROUND LEVEL MORE THAN 1 FULL FLOOR</p> <p>IS PERSONAL PROPERTY HOUSEHOLD CONTENTS? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>IF NO, DESCRIBE: _____</p> <p>*IF SINGLE FAMILY, CONTENTS ARE RATED THROUGHOUT THE BUILDING.</p>
---	---

<p>ELEVATION DATA</p> <p>IS BUILDING POST-FIRM CONSTRUCTION? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>(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.)</p>	<p>ELEVATION CERTIFICATION DATE: _____/_____/_____</p> <p>BUILDING DIAGRAM NO.: _____ LOWEST ADJACENT GRADE (LAG): _____</p> <p>LOWEST FLOOR ELEVATION: _____ (-) BASE FLOOD ELEVATION: _____ (-) DIFFERENCE TO NEAREST FOOT: _____ (+ OR -)</p> <p>IN ZONES V AND V1-V30 ONLY, DOES BASE FLOOD ELEVATION INCLUDE EFFECTS OF WAVE ACTION? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>IS BUILDING FLOODPROOFED? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>(SEE THE NFIP FLOOD INSURANCE MANUAL FOR CERTIFICATION REQUIREMENTS.)</p>
---	---

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	
BASIC	ADDITIONAL	TOTAL	BASIC	ADDITIONAL	TOTAL	<input type="checkbox"/> CREDIT CARD	
						<input type="checkbox"/> OTHER: _____	
IF RETURN PREMIUM, MAIL REFUND TO: <input type="checkbox"/> INSURED <input type="checkbox"/> AGENT/PRODUCER <input type="checkbox"/> PAYOR							
<p>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.</p> <p>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 REVERSE SIDE OF COPIES.</p>							
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) _____/_____/_____			
						SUBTOTAL	
						DEDUCTIBLE DISCOUNT/SURCHARGE	
						SUBTOTAL	
						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 (+/-)	

NFIP COPY

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

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 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, 1800 South Bell Street, Arlington VA 20598-3005, Paperwork Reduction Project (1660-0033).

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