**Narrative of Changes Table**

*The purpose of the Narrative of Changes Table is to demonstrate changes to a collection since the previous approval.*

Collection Title: National Flood Insurance Program Policy Forms

OMB Control No.: 1660-0006

Current Expiration Date: April 30, 2020

Collection Instrument(s): FEMA Forms 086-0-1, 086-0-2, and 086-0-3

| **Location** | | **Current version** | | Proposed Revision | Justification | |
| --- | --- | --- | --- | --- | --- | --- |
| **FEMA Form 086-0-1 Flood Insurance Application Form** | | | | | | |
| **Policyholder Information** | | Is the policyholder a tenant?  Is the policyholder a condominium association?  Is the policyholder a small business?  Is the policyholder a non-profit entity? | | Add: IS THE POLICY FORCE-PLACED BY A LENDER? YES NO | To monitor mandatory purchase compliance | |
| **Waiting Period** | | STANDARD 30-DAY (12:01 A.M. LOCAL TIME)  LOAN TRANSACTION — NO WAITING PERIOD (EFFECTIVE AT TIME OF LOAN CLOSING)  MAP REVISION — 1-DAY (12:01 A.M. LOCAL TIME, THE NEXT CALENDAR DAY)  TRANSFER (NFIP POLICIES ONLY) — NO WAITING PERIOD (12:01 A.M. LOCAL TIME) | | Add: POST-WILDFIRE — 1-DAY (12:01 A.M. LOCAL TIME, THE NEXT CALENDAR DAY) | To align with NFIP guidance | |
| **Property Address** | | Property Address | | Change section title to Building Location | Greater clarity in distinguishing the specific building being insured | |
| **Property Address** | | Property Address Type for Building;  Street  Latitude/Longitude  Other \_\_\_\_\_\_\_\_\_\_\_\_ | | Made separate line for Latitude/Longitude as shown below:  LATITUDE AND LONGITUDE (OPTIONAL):  Latitude:  Longitude:  Datum:  \_\_ WGS84   \_\_ NAD83 | Use of geolocation to enhance building location accuracy | |
| **Property Address** | | IS BUILDING LOCATED IN A CBRS SYSTEM UNIT OR OPA? YES NO | | IS BUILDING LOCATED IN A CBRS SYSTEM UNIT OR OPA?  \_\_ SYSTEM UNIT \_\_ OPA \_\_\_ NO  YEAR SYSTEM UNIT OR OPA ADDED TO CBRS: \_\_ 1982 \_\_ 1990  IF IN BUFFER ZONE, DID USFWS ISSUE AN OFFICIAL DETERMINATION SHOWING BUILDING OUTSIDE SYSTEM UNIT OR OPA?  YES NO  IF IN OPA, IS BUILDING USE CONSISTENT WITH PROTECTED AREA PURPOSE?  YES NO | Revise to ensure consistency with NFIP eligibility rules and system requirements | |
| **Building Information** | | 1.BUILDING OCCUPANCY (CHECK ONE)  SINGLE FAMILY  2–4 FAMILY  OTHER RESIDENTIAL  NON-RESIDENTIAL BUSINESS OTHER NON-RESIDENTIAL | | See changes shown in red below.  1.BUILDING OCCUPANCY (CHECK ONE):  SINGLE-FAMILY HOME  RESIDENTIAL MANUFACTURED/ MOBILE HOME  RESIDENTIAL UNIT  ~~2-4~~ TWO-TO-FOUR FAMILY BUILDING  OTHER RESIDENTIAL BUILDING  RESIDENTIAL CONDOMINIUM BUILDING  NON-RESIDENTIAL BUILDING  NON-RESIDENTIAL MANUFACTURED/MOBILE BUILDING  NON-RESIDENTIAL UNIT  ~~NON-RESIDENTIAL BUSINESS~~  ~~OTHER NON-RESIDENTIAL~~ | Revised and expanded options to better capture the occupancy for the building being insured | |
| **Building Information** | | 2. BUILDING DESCRIPTION (CHECK ONE)  MAIN HOUSE  APARTMENT (ENTIRE BUILDING)  APARTMENT — UNIT  AGRICULTURAL BUILDING  COMMERCIAL BUILDING  CONDOMINIUM (ENTIRE BUILDING)  CONDOMINIUM — UNIT  COOPERATIVE (ENTIRE BUILDING)  COOPERATIVE — UNIT  DETACHED GUEST HOUSE  DETACHED GARAGE  HOUSE OF WORSHIP  MANUFACTURED (MOBILE) HOME/  TRAVEL TRAILER  POOL HOUSE, CLUBHOUSE, OR  RECREATION BUILDING  TOWNHOUSE/ROWHOUSE  STORAGE/TOOL SHED  OTHER \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  IF MANUFACTURED (MOBILE) HOME/TRAVEL TRAILER PROVIDE IDENTIFICATION NUMBER:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | See changes shown in red below.   1. BUILDING DESCRIPTION (CHECK ONE)   *Residential*  ENTIRE APARTMENT BUILDING ~~(ENTIRE BUILDING)~~  APARTMENT UNIT  ENTIRE COOPERATIVE BUILDING ~~(ENTIRE BUILDING)~~  COOPERATIVE UNIT  DETACHED GUEST HOUSE  MAIN DWELLING  ~~MAIN HOUSE~~  ~~MANUFACTURED (MOBILE) HOME/TRAVEL TRAILER~~  ENTIRE RESIDENTIAL CONDOMINIUM BUILDING ~~(ENTIRE BUILDING)~~  RESIDENTIAL CONDOMINIUM UNIT (IN RESIDENTIAL BUILDING)  RESIDENTIAL CONDOMINIUM UNIT (IN NON-RESIDENTIAL BUILDING)  ~~TOWNHOUSE/ROWHOUSE~~  OTHER DWELLING TYPE: \_\_\_\_\_\_\_\_\_\_  *Non-Residential*  AGRICULTURAL BUILDING  COMMERCIAL ~~BUILDING~~  DETACHED GARAGE  GOVERNMENT-OWNED  HOUSE OF WORSHIP  ~~POOL HOUSE, CLUBHOUSE, OR~~ RECREATION BUILDING  STORAGE/TOOL SHED  OTHER NON-RESIDENTIAL TYPE: \_\_\_\_\_\_\_\_\_ | Simplify the agent’s identification of which building the policyholder wants to insure and simplify guidance and system requirements | |
| **Building Information** | | IF MANUFACTURED (MOBILE) HOME/TRAVEL TRAILER PROVIDE IDENTIFICATION NUMBER:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | Moved to 5. Building Characteristics | Better alignment | |
| **Building Information** | | 3.FOUNDATION TYPE  SLAB ON GRADE (NON-ELEVATED)  BASEMENT (NON-ELEVATED)  CRAWLSPACE (ELEVATED, INCLUDING NON-ELEVATED SUB-GRADE CRAWLSPACE)  ELEVATED WITHOUT ENCLOSURE ON POST, PILE, OR PIER  ELEVATED WITH ENCLOSURE ON POST, PILE, OR PIER  ELEVATED WITH ENCLOSURE NOT ON POST, PILE, OR PIER (SOLID FOUNDATION WALLS) | | Revised as shown in red:  3.FOUNDATION TYPE  SLAB ON GRADE (NON-ELEVATED)  BASEMENT (NON-ELEVATED)  CRAWLSPACE (ELEVATED OR NON-ELEVATED SUBGRADE CRAWLSPACE)  ELEVATED WITHOUT ENCLOSURE ON POSTS, PILES, OR PIERS  ELEVATED WITH ENCLOSURE ON POSTS, PILES, OR PIERS  ELEVATED WITH ENCLOSURE NOT ON POSTS, PILES, OR PIERS (SOLID FOUNDATION WALLS) | Align with NFIP guidance. | |
| **Building Information** | | 4.FIRST FLOOR HEIGHT DETERMINATION | | Delete: NUMBER OF STAIRS TO FRONT DOOR/ ENTRANCE (OPTIONAL) | Remove this option. | |
| **Building Information** | | 4.FIRST FLOOR HEIGHT DETERMINATION | | Revised as shown in red:  ELEVATION CERTIFICATE (OPTIONAL):  ELEVATION CERTIFICATE DATE:  \_\_/\_\_ /\_\_\_\_\_  BUILDING DIAGRAM NUMBER:  *If using Section C:*  LOWEST ADJACENT GRADE (IN FEET):  LOWEST FLOOR ELEVATION (IN FEET):  FIRST FLOOR HEIGHT (IN FEET):  *If using Section E:*  FIRST FLOOR HEIGHT (IN FEET): | Clarify use of Elevation Certificate data for First Floor Height determination. | |
| **Building Information** | | 5. Building Characteristics  IS THE MACHINERY AND EQUIPMENT PROPERLY ELEVATED? | | Delete and replace with:  “IS THE BUILDING ELIGIBLE FOR THE MACHINERY AND EQUIPMENT MITIGATION DISCOUNT?” | Clarify to align with guidance. | |
| **Building Information** | | 5. Building Characteristics  BUILDING SQUARE FOOTAGE? \_\_\_\_\_\_\_\_\_\_ | | BUILDING SQUARE FOOTAGE \_\_\_\_\_\_\_\_\_\_ | Delete unnecessary question mark. | |
| **Building Information** | | 5. Building Characteristics  NUMBER OF FLOORS IN BUILDING (EXCLUDING BASEMENT/ENCLOSED AREA, IF ANY)? \_\_\_\_\_\_\_\_\_\_ | | NUMBER OF FLOORS IN BUILDING (EXCLUDING BASEMENT/ENCLOSED AREA, IF ANY) \_\_\_\_\_\_\_\_\_\_ | Delete unnecessary question mark. | |
| **Building Information** | | 5. Building Characteristics  Non-Residential Occupancy | | Delete | Delete to avoid confusion with other references to non-residential occupancy. | |
| **Coverages, Deductibles, and Discounts** | | Coverages and Deductibles   * SFIP Form: \_\_\_\_\_\_ * Optional Coverage Endorsements and Limit Adjustments: \_\_\_ | | Revise as shown below:  SFIP Form:  \_\_ Dwelling \_\_ General Property \_\_ RCBAP | Simplify to limit options to the three SFIP forms currently available. | |
| **Coverages, Deductibles, and Discounts** | | Discounts   * Did the applicant have a prior NFIP policy receiving the Newly Mapped discount that lapsed because the community was suspended from the NFIP?” * Is the property eligible for the Newly Mapped discount? | | Revised as shown in red below:  Discounts   * DID THE APPLICANT HAVE A PRIOR NFIP POLICY FOR THE BUILDING THAT RECEIVED A NEWLY MAPPED DISCOUNT AND LAPSED? YES NO * IF YES, DID THE LAPSE OCCUR FOR A VALID REASON? YES NO * IS THE PROPERTY ELIGIBLE FOR THE NEWLY MAPPED DISCOUNT?YES NO | Simpler guidance for agents and policyholders to determine Newly Mapped discount eligibility. | |
| **Coverages, Deductibles, and Discounts** | | Discounts  Did the applicant allow a prior NFIP policy receiving the Pre-FIRM discount to lapse because flood insurance was no longer required? | | Replace with:   * DID THE APPLICANT HAVE A PRIOR NFIP POLICY FOR THE BUILDING THAT RECEIVED A PRE-FIRM DISCOUNT AND LAPSED? YES NO * IF YES, DID THE LAPSE OCCUR FOR A VALID REASON? YES NO | Simpler guidance for agents and policyholders to determine Pre-FIRM discount eligibility. | |
| **Components of the Total Amount Due** | | (Two Rows in Table)   * Mitigation Premium Reduction * Community Rating System Reduction | | Revised as shown in red below:   * Mitigation Discount ~~Premium Reduction~~ * Community Rating System Discount ~~Reduction~~ | Alignment with policyholder Declarations page | |
| **Components of the Total Amount Due** | | ADJUSTED PREMIUM row in table | | Change to  DISCOUNTED PREMIUM | Alignment with policyholder Declarations page | |
|  | | | | | | |
| **FEMA Form 086-0-2 Cancellation/Nullification Form** | | | | | | |
| **Location** | **Current version** | | Proposed Revision | | | Justification |
| **Signature** | SIGNATURE OF POLICYHOLDER  SIGNATURE OF AGENT/PRODUCER | | Add a second line for SIGNATURE OF POLICYHOLDER | | | Allow for signature of second policyholder |
|  | | | | | | |
| **FEMA Form 086-0-3 General Change Endorsement Form** | | | | | | |
| **Location** | **Current version** | | Proposed Revision | | | Justification |
| **Reason for Change** | REASON FOR CHANGE (CHECK ALL THAT APPLY)  BILLING  AGENT/PRODUCER  POLICYHOLDER INFORMATION  MAILING ADDRESS  ASSIGNMENT  MORTGAGEE  COMMUNITY INFORMATION  PROPERTY ADDRESS (CORRECTION)  BUILDING INFORMATION  COVERAGE/DEDUCTIBLE  OTHER (SPECIFY): | | Additions shown in red below:  REASON FOR CHANGE (CHECK ALL THAT APPLY)  BILLING  AGENT/PRODUCER  POLICYHOLDER INFORMATION  MAILING ADDRESS  ASSIGNMENT  MORTGAGEE  COMMUNITY INFORMATION  PROPERTY ADDRESS (CORRECTION)  BUILDING INFORMATION  COVERAGE/DEDUCTIBLE  POLICY FORM  CONSTRUCTION COMPLETED  STATUTORY DISCOUNTS  RATE CATEGORY  OTHER (SPECIFY): | | | Alignment with guidance. |
| **Type of Change** | TYPE OF CHANGE (CHECK ALL THAT APPLY)  NON-PREMIUM CHANGE  PREMIUM CHANGE  RATING ADJUSTMENT  CORRECTING A MISRATING  COVERAGE/DEDUCTIBLE CHANGE  CORRECTING THE POLICY FORM  RATE CATEGORY CHANGE  OTHER (SPECIFY) | | Additions shown in red below:  TYPE OF CHANGE (CHECK ALL THAT APPLY)  NON-PREMIUM CHANGE  PREMIUM CHANGE  RATING ADJUSTMENT  RATING CORRECTION  COVERAGE/DEDUCTIBLE CHANGE  RATE CATEGORY CHANGE  ADDING AN ELEVATION CERTIFICATE  OTHER (SPECIFY): | | | Alignment with guidance |
| **Waiting Period** | WAITING PERIOD:  STANDARD 30-DAY (12:01 A.M. LOCAL TIME)  LOAN TRANSACTION — NO WAITING PERIOD (EFFECTIVE AT TIME OF LOAN CLOSING)  MAP REVISION — 1-DAY (12:01 A.M. LOCAL TIME, THE NEXT CALENDAR DAY)  RATING | | WAITING PERIOD:  STANDARD 30-DAY (12:01 A.M. LOCAL TIME)  MAP REVISION — 1-DAY (12:01 A.M. LOCAL TIME, THE NEXT CALENDAR DAY)  LOAN TRANSACTION — NO WAITING PERIOD (EFFECTIVE AT TIME OF LOAN CLOSING)  POST-WILDFIRE — 1-DAY (12:01 A.M. LOCAL TIME, THE NEXT CALENDAR DAY)  NONE — RATING CHANGE OR NON-PREMIUM CHANGE | | | Alignment with guidance. |
| **Amount Due** | Components of the Total Amount Due table:  PRIOR ANNUAL COST $  UPDATED ANNUAL COST + $  PRO-RATA FACTOR $  TOTAL AMOUNT DUE (+/-) $ | | Add a new row for Difference:  PRIOR ANNUAL COST $  UPDATED ANNUAL COST + $  DIFFERENCE (+/-)  PRO-RATA FACTOR $  TOTAL AMOUNT DUE(+/-) $ | | | Clarify that the pro-rata factor is to be applied to the difference between the costs. |