

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?	Revise to ensure consistency with NFIP eligibility rules and system requirements

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		<p>___ 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</p>	
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	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	Simplify the agent's identification of which building the policyholder wants to insure and simplify guidance and system requirements

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	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: _____	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: _____ <i>Non-Residential</i> AGRICULTURAL BUILDING COMMERCIAL BUILDING DETACHED GARAGE GOVERNMENT-OWNED HOUSE OF WORSHIP POOL HOUSE, CLUBHOUSE, OR RECREATION BUILDING STORAGE/TOOL SHED OTHER NON-RESIDENTIAL TYPE: _____	
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	Align with NFIP guidance.

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		(SOLID FOUNDATION WALLS)	
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: <i>If using Section C:</i> LOWEST ADJACENT GRADE (IN FEET): LOWEST FLOOR ELEVATION (IN FEET): FIRST FLOOR HEIGHT (IN FEET): <i>If using Section E:</i> 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.

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Coverages, Deductibles, and Discounts	<p>Discounts</p> <ul style="list-style-type: none"> 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? 	<p>Revised as shown in red below:</p> <p>Discounts</p> <ul style="list-style-type: none"> 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	<p>Discounts</p> <p>Did the applicant allow a prior NFIP policy receiving the Pre-FIRM discount to lapse because flood insurance was no longer required?</p>	<p>Replace with:</p> <ul style="list-style-type: none"> 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	<p>(Two Rows in Table)</p> <ul style="list-style-type: none"> Mitigation Premium Reduction Community Rating System Reduction 	<p>Revised as shown in red below:</p> <ul style="list-style-type: none"> 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)	Additions shown in red below: REASON FOR CHANGE (CHECK	Alignment with guidance.

Location	Current version	Proposed Revision	Justification
	BILLING AGENT/PRODUCER POLICYHOLDER INFORMATION MAILING ADDRESS ASSIGNMENT MORTGAGEE COMMUNITY INFORMATION PROPERTY ADDRESS (CORRECTION) BUILDING INFORMATION COVERAGE/DEDUCTIBLE OTHER (SPECIFY):	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):	
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	Add a new row for Difference: PRIOR ANNUAL COST \$	Clarify that the pro-rata factor is to be applied to the

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	Due table: PRIOR ANNUAL COST \$ UPDATED ANNUAL COST + \$ PRO-RATA FACTOR \$ TOTAL AMOUNT DUE (+/-) \$	UPDATED ANNUAL COST + \$ DIFFERENCE (+/-) PRO-RATA FACTOR \$ TOTAL AMOUNT DUE(+/-) \$	difference between the costs.