

National Flood Insurance Program

FLOOD INSURANCE GENERAL CHANGE ENDORSEMENT

FOR ALL POLICY TYPES.

O.M.B. No. 1660-0006 | Expires XXXX XX, 20XX

IMPORTANT: Complete this General Change Endorsement form and attach an updated copy of the Flood Insurance Application Form (FEMA Form 086-0-1) reflecting the changes to the policy.

POLICY #: _____

IMPORTANT: Please print or type; enter dates as MM/DD/YYYY.

REASON FOR CHANGE	<p>REASON FOR CHANGE (CHECK ALL THAT APPLY)</p> <table style="width:100%;"> <tr> <td><input type="checkbox"/> BILLING</td> <td><input type="checkbox"/> MORTGAGEE</td> <td><input type="checkbox"/> POLICY FORM</td> </tr> <tr> <td><input type="checkbox"/> AGENT/PRODUCER</td> <td><input type="checkbox"/> COMMUNITY INFORMATION</td> <td><input type="checkbox"/> CONSTRUCTION COMPLETED</td> </tr> <tr> <td><input type="checkbox"/> POLICYHOLDER INFORMATION</td> <td><input type="checkbox"/> PROPERTY ADDRESS (CORRECTION)</td> <td><input type="checkbox"/> STATUTORY DISCOUNTS</td> </tr> <tr> <td><input type="checkbox"/> MAILING ADDRESS</td> <td><input type="checkbox"/> BUILDING INFORMATION</td> <td><input type="checkbox"/> RATE CATEGORY</td> </tr> <tr> <td><input type="checkbox"/> ASSIGNMENT</td> <td><input type="checkbox"/> COVERAGE/DEDUCTIBLE</td> <td><input type="checkbox"/> OTHER (SPECIFY):</td> </tr> </table>	<input type="checkbox"/> BILLING	<input type="checkbox"/> MORTGAGEE	<input type="checkbox"/> POLICY FORM	<input type="checkbox"/> AGENT/PRODUCER	<input type="checkbox"/> COMMUNITY INFORMATION	<input type="checkbox"/> CONSTRUCTION COMPLETED	<input type="checkbox"/> POLICYHOLDER INFORMATION	<input type="checkbox"/> PROPERTY ADDRESS (CORRECTION)	<input type="checkbox"/> STATUTORY DISCOUNTS	<input type="checkbox"/> MAILING ADDRESS	<input type="checkbox"/> BUILDING INFORMATION	<input type="checkbox"/> RATE CATEGORY	<input type="checkbox"/> ASSIGNMENT	<input type="checkbox"/> COVERAGE/DEDUCTIBLE	<input type="checkbox"/> OTHER (SPECIFY):
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WAITING PERIOD	<p>WAITING PERIOD:</p> <p><input type="checkbox"/> STANDARD 30-DAY (12:01 A.M. LOCAL TIME)</p> <p><input type="checkbox"/> MAP REVISION – 1-DAY (12:01 A.M. LOCAL TIME, THE NEXT CALENDAR DAY)</p> <p><input type="checkbox"/> LOAN TRANSACTION – NO WAITING PERIOD (EFFECTIVE AT TIME OF LOAN CLOSING)</p> <p><input type="checkbox"/> POST-WILDFIRE – 1-DAY (12:01 A.M. LOCAL TIME, THE NEXT CALENDAR DAY)</p> <p><input type="checkbox"/> NONE – RATING CHANGE OR NON-PREMIUM CHANGE</p> <p>ENDORSEMENT EFFECTIVE DATE: ____ / ____ / ____</p>															
SIGNATURE	<p>I declare under penalty of perjury that the foregoing is true and correct.</p> <table style="width:100%; margin-top: 20px;"> <tr> <td style="width:50%; border-bottom: 1px solid black;">SIGNATURE OF INSURANCE AGENT/PRODUCER</td> <td style="width:50%; border-bottom: 1px solid black;">DATE (MM/DD/YYYY)</td> </tr> <tr> <td style="border-bottom: 1px solid black;">SIGNATURE OF POLICYHOLDER (OPTIONAL)</td> <td style="border-bottom: 1px solid black;">DATE (MM/DD/YYYY)</td> </tr> <tr> <td style="border-bottom: 1px solid black;">SIGNATURE OF ASSIGNEE (FOR ASSIGNMENT ONLY)</td> <td style="border-bottom: 1px solid black;">DATE (MM/DD/YYYY)</td> </tr> </table>	SIGNATURE OF INSURANCE AGENT/PRODUCER	DATE (MM/DD/YYYY)	SIGNATURE OF POLICYHOLDER (OPTIONAL)	DATE (MM/DD/YYYY)	SIGNATURE OF ASSIGNEE (FOR ASSIGNMENT ONLY)	DATE (MM/DD/YYYY)									
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AMOUNT DUE	<table border="1" style="width:100%; border-collapse: collapse; margin: 20px auto;"> <thead> <tr style="background-color: #003366; color: white;"> <th colspan="3">COMPONENTS OF THE TOTAL AMOUNT DUE</th> </tr> </thead> <tbody> <tr> <td style="width:35%;">PRIOR ANNUAL COST</td> <td style="width:10%;"></td> <td style="width:55%; text-align:right;">\$</td> </tr> <tr> <td>UPDATED ANNUAL COST</td> <td style="text-align:center;">+</td> <td style="text-align:right;">\$</td> </tr> <tr> <td>PRO-RATA FACTOR</td> <td></td> <td style="text-align:right;">\$</td> </tr> <tr> <td>TOTAL AMOUNT DUE</td> <td style="text-align:center;">(+/-)</td> <td style="text-align:right;">\$</td> </tr> </tbody> </table>	COMPONENTS OF THE TOTAL AMOUNT DUE			PRIOR ANNUAL COST		\$	UPDATED ANNUAL COST	+	\$	PRO-RATA FACTOR		\$	TOTAL AMOUNT DUE	(+/-)	\$
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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

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 National Flood Insurance Act of 1968, on the grounds of race, color, creed, sex, age, or national origin.

PRIVACY ACT

Authority: 42 U.S.C. 4011 et seq. authorizes the collection of this information.

Purpose: FEMA will use this information to issue flood insurance policies provided through the National Flood Insurance Program.

Routine Uses: The information requested on this form may be shared externally as a “routine use” to other federal agencies, state governments, local governments, tribal governments, certain non-profit entities, private insurance companies participating in the Write Your Own Program, and their contractors to implement the National Flood Insurance Act of 1968. A complete list of the routine uses can be found in the system of records notice associated with this form, “DHS/FEMA-003 National Flood Insurance Program Files” (79 FR 28747). The Department’s full list of system of records notices can be found on the Department’s website at <http://www.dhs.gov/system-records-notices-sorns>.

Disclosure: Furnishing this information is voluntary. However, failure to furnish the requested information may delay or prevent the issuance of a flood insurance policy.

PAPERWORK REDUCTION ACT NOTICE

Public reporting burden for this form is estimated to average 6 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 submit to this collection of information unless it displays a valid OMB control number. 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 (FEMA), 500 C Street SW, Washington, DC 20472. **NOTE:** Do not send your completed form to this address.