

National Flood Insurance Program

FLOOD INSURANCE APPLICATION, PAGE 1 (OF 2)

O.M.B. No. xxxx-xxxx Expires xxxxx xx, 20xx

We may void your flood insurance policy and deny any claims under that policy if you or your agent conceal or misrepresent any material fact or circumstance, engage in fraudulent conduct, or make false statements when completing this application.

NEW RENEWAL ENDORSEMENT TRANSFER (NFIP POLICIES ONLY)
 POLICY #: _____
 PRIOR POLICY #: _____

IMPORTANT—PLEASE PRINT OR TYPE; ENTER DATES AS MM/DD/YYYY.

BILLING	FOR RENEWAL, BILL: <input type="checkbox"/> POLICYHOLDER <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	POLICY PERIOD	POLICY PERIOD IS FROM ____/____/____ TO ____/____/____ WAITING PERIOD: <input type="checkbox"/> STANDARD 30-DAY (12:01 A.M. LOCAL TIME) <input type="checkbox"/> MAP REVISION – 1-DAY (12:01 A.M. LOCAL TIME, THE NEXT CALENDAR DAY) <input type="checkbox"/> LOAN TRANSACTION – NO WAITING PERIOD (EFFECTIVE AT TIME OF LOAN CLOSING) <input type="checkbox"/> POST-WILDFIRE – 1-DAY (12:01 A.M. LOCAL TIME, THE NEXT CALENDAR DAY) <input type="checkbox"/> TRANSFER (NFIP POLICIES ONLY) – NO WAITING PERIOD (12:01 A.M. LOCAL TIME)
AGENT/PRODUCER INFORMATION	NAME AND MAILING ADDRESS OF AGENT/PRODUCER: AGENCY NO.: _____ AGENT NO.: _____ PHONE NO.: _____ EMAIL ADDRESS: _____	2ND MORTGAGEE/OTHER	NAME AND MAILING ADDRESS OF: <input type="checkbox"/> 2ND MORTGAGEE <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> OTHER IF OTHER, SPECIFY: _____ LOAN NO.: _____
POLICYHOLDER INFORMATION	NAME(S) AND MAILING ADDRESS OF POLICYHOLDER(S): PHONE NO.: _____ EMAIL ADDRESS: _____ IS THE POLICYHOLDER A TENANT? <input type="checkbox"/> YES <input type="checkbox"/> NO IS THE POLICYHOLDER A CONDOMINIUM ASSOCIATION? <input type="checkbox"/> YES <input type="checkbox"/> NO IS THE POLICYHOLDER A SMALL BUSINESS? <input type="checkbox"/> YES <input type="checkbox"/> NO IS THE POLICYHOLDER A NON-PROFIT ENTITY? <input type="checkbox"/> YES <input type="checkbox"/> NO IS THE POLICY FORCE-PLACED BY A LENDER? <input type="checkbox"/> YES <input type="checkbox"/> NO	COMMUNITY INFORMATION	CURRENT MAP INFORMATION CURRENT COMMUNITY NO./PANEL NO. AND SUFFIX: _____ - _____ CURRENT FIRM ZONE: _____ MAP DATE: ____/____/____ COMMUNITY PROGRAM TYPE IS: <input type="checkbox"/> REGULAR <input type="checkbox"/> EMERGENCY
1ST MORTGAGEE	NAME AND MAILING ADDRESS OF FIRST MORTGAGEE: LOAN NO.: _____	BUILDING LOCATION	NOTE: ONE BUILDING PER POLICY IS THE PROPERTY LOCATION THE SAME AS THE POLICYHOLDER MAILING ADDRESS? <input type="checkbox"/> YES <input type="checkbox"/> NO (IF NO, ENTER PROPERTY ADDRESS AND TYPE.) PROPERTY ADDRESS TYPE: <input type="checkbox"/> STREET <input type="checkbox"/> OTHER: _____ FOR AN ADDRESS WITH MULTIPLE BUILDINGS AND/OR FOR A BUILDING WITH ADDITIONS OR EXTENSIONS, DESCRIBE THE INSURED BUILDING: _____ LATITUDE AND LONGITUDE (OPTIONAL): DATUM: <input type="checkbox"/> WGS84 <input type="checkbox"/> NAD83 LATITUDE: _____ LONGITUDE: _____ IS BUILDING LOCATED IN A CBRS SYSTEM UNIT OR OPA? <input type="checkbox"/> SYSTEM UNIT <input type="checkbox"/> OPA <input type="checkbox"/> NO YEAR SYSTEM UNIT OR OPA ADDED TO CBRS: <input type="checkbox"/> 1982 <input type="checkbox"/> 1990 IF IN BUFFER ZONE, DID USFWS ISSUE AN OFFICIAL DETERMINATION SHOWING BUILDING OUTSIDE SYSTEM UNIT OR OPA? <input type="checkbox"/> YES <input type="checkbox"/> NO IF IN OPA, IS BUILDING USE CONSISTENT WITH PROTECTED AREA PURPOSE? <input type="checkbox"/> YES <input type="checkbox"/> NO
BUILDING INFORMATION	1. BUILDING OCCUPANCY (CHECK ONE) <input type="checkbox"/> SINGLE-FAMILY HOME <input type="checkbox"/> RESIDENTIAL MANUFACTURED/MOBILE HOME <input type="checkbox"/> RESIDENTIAL UNIT <input type="checkbox"/> TWO-TO-FOUR FAMILY BUILDING <input type="checkbox"/> OTHER RESIDENTIAL BUILDING <input type="checkbox"/> RESIDENTIAL CONDOMINIUM BUILDING <input type="checkbox"/> NON-RESIDENTIAL BUILDING <input type="checkbox"/> NON-RESIDENTIAL MANUFACTURED/MOBILE BUILDING <input type="checkbox"/> NON-RESIDENTIAL UNIT 2. BUILDING DESCRIPTION (CHECK ONE) <i>Residential</i> <input type="checkbox"/> ENTIRE APARTMENT BUILDING <input type="checkbox"/> APARTMENT UNIT <input type="checkbox"/> ENTIRE COOPERATIVE BUILDING <input type="checkbox"/> COOPERATIVE UNIT <input type="checkbox"/> DETACHED GUEST HOUSE <input type="checkbox"/> MAIN DWELLING <input type="checkbox"/> ENTIRE RESIDENTIAL CONDOMINIUM BUILDING <input type="checkbox"/> RESIDENTIAL CONDOMINIUM UNIT (IN RESIDENTIAL BUILDING) <input type="checkbox"/> RESIDENTIAL CONDOMINIUM UNIT (IN NON-RESIDENTIAL BUILDING) <input type="checkbox"/> OTHER DWELLING TYPE: _____ <i>Non-Residential</i> <input type="checkbox"/> AGRICULTURAL BUILDING <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> DETACHED GARAGE <input type="checkbox"/> GOVERNMENT-OWNED <input type="checkbox"/> HOUSE OF WORSHIP <input type="checkbox"/> RECREATION BUILDING <input type="checkbox"/> STORAGE/TOOL SHED <input type="checkbox"/> OTHER NON-RESIDENTIAL TYPE: _____ 3. FOUNDATION TYPE <input type="checkbox"/> SLAB ON GRADE (Non-Elevated) <input type="checkbox"/> BASEMENT (Non-Elevated) <input type="checkbox"/> CRAWLSPACE (Elevated or Non-Elevated Sub-Grade Crawlspace) <input type="checkbox"/> ELEVATED WITHOUT ENCLOSURE ON POST, PILE, OR PIER <input type="checkbox"/> ELEVATED WITH ENCLOSURE ON POST, PILE, OR PIER <input type="checkbox"/> ELEVATED WITH ENCLOSURE NOT ON POST, PILE, OR PIER (Solid Foundation Walls) IS THE ENCLOSURE/CRAWLSPACE CONSTRUCTED WITH PROPER FLOOD OPENINGS OR ENGINEERED OPENINGS? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, ENTER THE TOTAL NUMBER OF FLOOD OPENINGS _____ TOTAL AREA OF ALL PERMANENT OPENINGS: _____ SQUARE INCHES	TOTAL ENCLOSED AREA	TOTAL ENCLOSED AREA: _____ SQUARE FEET 4. FIRST FLOOR HEIGHT DETERMINATION 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): ____ FIRST FLOOR HEIGHT USED (IN FEET): ____ METHOD USED TO DETERMINE FIRST FLOOR HEIGHT: _____ 5. BUILDING CHARACTERISTICS IS BUILDING UNDER CONSTRUCTION? <input type="checkbox"/> YES <input type="checkbox"/> NO DATE OF CONSTRUCTION: ____/____/____ HAS THE BUILDING BEEN SUBSTANTIALLY IMPROVED? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, ENTER SUBSTANTIALLY IMPROVED DATE: ____/____/____ CONSTRUCTION TYPE: <input type="checkbox"/> FRAME <input type="checkbox"/> MASONRY <input type="checkbox"/> OTHER: _____
IS THE BUILDING OVER WATER?	IS THE BUILDING OVER WATER? <input type="checkbox"/> NO <input type="checkbox"/> PARTIALLY <input type="checkbox"/> ENTIRELY IS THE BUILDING PROPERLY FLOODPROOFED? <input type="checkbox"/> YES <input type="checkbox"/> NO IS THE BUILDING ELIGIBLE FOR THE MACHINERY AND EQUIPMENT MITIGATION DISCOUNT? <input type="checkbox"/> YES <input type="checkbox"/> NO BUILDING SQUARE FOOTAGE: _____ NUMBER OF DETACHED STRUCTURES ON PROPERTY: _____ NUMBER OF ELEVATORS: _____ NUMBER OF FLOORS IN BUILDING (EXCLUDING BASEMENT/ENCLOSED AREA, IF ANY): _____ IF THE COVERAGE IS FOR A UNIT, INDICATE THE FLOOR WHERE THE UNIT IS LOCATED: _____ TOTAL NUMBER OF UNITS IN THE BUILDING: _____ BUILDING REPLACEMENT COST (INCLUDING FOUNDATION): \$ _____ IS THE BUILDING A RENTAL PROPERTY? <input type="checkbox"/> YES <input type="checkbox"/> NO IS BUILDING THE POLICYHOLDER'S PRIMARY RESIDENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO IF MANUFACTURED/MOBILE HOME OR BUILDING (INCLUDING TRAVEL TRAILER) PROVIDE IDENTIFICATION NUMBER: _____		

NFIP COPY

U.S. DEPARTMENT OF HOMELAND SECURITY | FEDERAL EMERGENCY MANAGEMENT AGENCY
National Flood Insurance Program

O.M.B. No. xxxx-xxxx Expires xxxxx xx, 20xx

FLOOD INSURANCE APPLICATION, PAGE 2 (OF 2)

NEW RENEWAL ENDORSEMENT TRANSFER (NFIP POLICIES ONLY)
 POLICY #: _____
 PRIOR POLICY #: _____

IMPORTANT—PLEASE PRINT OR TYPE; ENTER DATES AS MM/DD/YYYY.

<p>COVERAGES AND DEDUCTIBLES</p> <p>SFIP Form: <input type="checkbox"/> Dwelling <input type="checkbox"/> General Property <input type="checkbox"/> RCBAP</p> <p>Amount of Insurance: Building \$ _____ Contents \$ _____</p> <p>Deductible: Building \$ _____ Contents \$ _____</p> <p>Rate Category: <input type="checkbox"/> Rating Engine <input type="checkbox"/> Provisional Rate</p>	<p>DISCOUNTS</p> <p>Did the applicant have a prior NFIP policy for the building that received a Newly Mapped discount and lapsed? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, did the lapse occur for a valid reason? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Is the property eligible for the Newly Mapped discount? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Did the applicant have a prior NFIP policy for the building that received a Pre-FIRM discount and lapsed? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, did the lapse occur for a valid reason? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
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I declare under penalty of perjury that the foregoing is true and correct.

_____ SIGNATURE OF INSURANCE AGENT/PRODUCER	_____/_____/_____ DATE (MM/DD/YYYY)
_____ SIGNATURE OF POLICYHOLDER (OPTIONAL)	_____/_____/_____ DATE (MM/DD/YYYY)

COMPONENTS OF THE TOTAL AMOUNT DUE		
Building Premium	+	\$
Contents Premium	+	\$
Increased Cost of Compliance (ICC) Premium	+	\$
Mitigation Discount	-	\$
Community Rating System Discount	-	\$
FULL RISK PREMIUM	=	\$
STATUTORY DISCOUNTS		
Annual Increase Cap	-	\$
Pre-FIRM Discount	-	\$
Newly Mapped Discount	-	\$
Other Statutory Discounts	-	\$
ADJUSTED PREMIUM	=	\$
Reserve Fund Assessment	+	\$
HFIAA Surcharge	+	\$
Federal Policy Fee	+	\$
Probation Surcharge	+	\$
TOTAL AMOUNT DUE	=	\$

Enter any additional information:

COVERAGE, DEDUCTIBLES, AND DISCOUNTS

SIGNATURE

TOTAL AMOUNT DUE

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U.S. DEPARTMENT OF HOMELAND SECURITY | FEDERAL EMERGENCY MANAGEMENT AGENCY
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 National Flood Insurance Act of 1968, on the grounds of race, color, creed, sex, age, or national origin.

PRIVACY ACT NOTICE

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 8 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.