

**U.S. DEPARTMENT OF HOMELAND SECURITY  
FEDERAL EMERGENCY MANAGEMENT AGENCY**

**National Flood Insurance Program**

**PREFERRED RISK POLICY AND NEWLY MAPPED APPLICATION, PAGE 1 (OF 2)**

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

<input type="checkbox"/> NEW	<input type="checkbox"/> RENEWAL
<input type="checkbox"/> TRANSFER (NFIP POLICIES ONLY)	
PRIOR POLICY #: _____	

<b>BILLING</b>	FOR RENEWAL, BILL: <input type="checkbox"/> INSURED <input type="checkbox"/> FIRST MORTGAGEE <input type="checkbox"/> SECOND MORTGAGEE	<input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> OTHER (AS SPECIFIED IN THE "2ND MORTGAGEE/OTHER" BOX BELOW)	<b>POLICY PERIOD</b>	POLICY PERIOD IS FROM ____/____/____ TO ____/____/____ 12:01 A.M. LOCAL TIME AT THE INSURED PROPERTY LOCATION. WAITING PERIOD: <input type="checkbox"/> STANDARD 30-DAY <input type="checkbox"/> REQUIRED FOR LOAN TRANSACTION – NO WAITING PERIOD <input type="checkbox"/> MAP REVISION (ZONE CHANGE FROM NON-SFHA TO SFHA) – 1 DAY <input type="checkbox"/> TRANSFER (NFIP POLICIES ONLY) – NO WAITING PERIOD
	NAME AND MAILING ADDRESS OF AGENT/PRODUCER:  AGENCY NO.: _____ AGENT'S NO.: _____ PHONE NO.: _____ FAX NO.: _____ EMAIL ADDRESS: _____			<b>INSURED INFORMATION</b>
<b>AGENT/PRODUCER INFORMATION</b>	<b>NOTE: ONE BUILDING PER POLICY – BLANKET COVERAGE NOT PERMITTED.</b> IS BUILDING LOCATED IN A CBRS OR OPA? <input type="checkbox"/> YES <input type="checkbox"/> NO 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		<b>1ST MORTGAGEE</b>	
	<b>PROPERTY LOCATION</b>	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.		<b>2ND MORTGAGEE/OTHER</b>
<b>DISASTER ASSISTANCE</b>		IS INSURANCE REQUIRED FOR DISASTER ASSISTANCE? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, CHECK THE GOVERNMENT AGENCY: <input type="checkbox"/> SBA <input type="checkbox"/> FEMA <input type="checkbox"/> FHA <input type="checkbox"/> OTHER (SPECIFY): _____ CASE FILE NO.: _____		
	<b>COMMUNITY</b>	<b>RATING MAP INFORMATION</b> NAME OF COUNTY/PARISH: _____ COMMUNITY NO./PANEL NO. AND SUFFIX: _____ - _____ FIRM ZONE: _____ MAP DATE: ____/____/____ <b>CURRENT MAP INFORMATION</b> CURRENT COMMUNITY NO./PANEL NO. AND SUFFIX: _____ - _____ CURRENT FIRM ZONE: _____ CURRENT BFE: _____ MAP DATE: ____/____/____ <b>NEWLY MAPPED INFORMATION</b> DATE THE BUILDING WAS NEWLY MAPPED INTO THE SFHA: ____/____/____		<b>ALL BUILDINGS</b>
<b>NON-ELEVATED BUILDINGS</b>		1. <b>GARAGE</b> 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 2. <b>BASEMENT/SUBGRADE CRAWLSPACE</b> 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: _____		



**PREFERRED RISK POLICY AND NEWLY MAPPED APPLICATION  
FEMA FORM 086-0-5**

**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 certain property 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 10 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, 500 C Street SW, Washington, DC 20742, Paperwork Reduction Project (1660-0006).

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