

APPLICATION

I. USE OF THE FORM

The NFIP Flood Insurance Application form, or a similar form for WYO companies, must be used for all flood insurance policies except the Preferred Risk Policy.

This section includes important guidance to carry out the regulatory intent and instructions on the rating of the different building types.

The flood insurance rate to be applied to a building in the NFIP is determined by establishing:

- Whether the building is Post-FIRM construction or Pre-FIRM construction.
- The building description with regard to:
 - Building occupancy
 - Building type
 - Basement type
 - Elevated building type
- The flood risk zone
- The elevation of the building

II. TYPES OF BUILDINGS

For purposes of the NFIP, distinctions have been made among the following building types:

- No basement
 - One floor
 - Split level
 - Two or more floors
- Unfinished basement
 - Split level
 - Two or more floors
- Finished basement
 - Split level
 - Two or more floors
- Manufactured (mobile) home, including doublewide, or travel trailer, on foundation
- Elevated building
 - No enclosure
 - With enclosure (including crawl space)

An elevated building is a building that has no basement and that has its lowest elevated floor raised above ground level by foundation walls, shear walls, posts, piers, pilings, or columns.

For Post-FIRM buildings in V Zones, elevated on solid perimeter foundation walls, submit the Application to the NFIP Bureau's Underwriting Department for rating.

III. SCHEDULED BUILDING POLICY

1. To obtain a Scheduled Building Policy, an Application must be completed for each building and/or contents for which coverage is requested.
2. For each scheduled building (building and/or contents coverage), the Federal Policy Fee is \$30.00 per building
3. All Flood Insurance Application forms must be completed in accordance with all Flood Insurance Manual rules and the Scheduled Building Policy qualifications.
4. If requesting a Scheduled Building Policy, indicate Building #1, Building #2, etc., in the upper right corner of each Application. Staple together the Applications as a single unit.

IV. COMPLETING PART 1 OF THE FLOOD INSURANCE APPLICATION FORM

The following are instructions for completing Part 1 of the Flood Insurance Application form.

A. Policy Status

In the upper right corner of the form, check the appropriate box to indicate if the application is for a NEW policy or a RENEWAL of an existing policy. If the application is for a renewal, enter the current 10-digit NFIP policy number.

B. Policy Term (Billing/Policy Period)

Check the appropriate box to indicate who should receive the renewal bill. If BILL FIRST MORTGAGEE is checked, complete "First Mortgagee" section. If BILL SECOND MORTGAGEE, BILL LOSS PAYEE, or BILL OTHER is checked, provide mailing instructions in the "Second Mortgagee or Other" section.

Enter the policy effective date and policy expiration date (month-day-year). The effective date of the policy is determined by adding the appropriate waiting period to the date of application listed in the "Signature" section. The standard waiting period is 30 days.

NOTE: Refer to the General Rules section, page GR 8, for exceptions to the standard waiting period.

C. Agent Information

Enter the producer's name, agency name and number, address, city, state, ZIP Code, telephone number, and fax number. Enter the producer's Tax I.D. Number or Social Security Number.

D. Insured Mail Address

Enter the name, mailing address, city, state, ZIP Code, and telephone number of the insured. Reporting the insured's Tax I.D. Number or Social Security Number is optional.

If the insured's mailing address is a post office box or a rural route number, or if the address of the property to be insured is different from the mailing address, the "Property Location" section of the Application must be completed. If there is more than one building at the property location, see "H. Property Location" in the next column for further instructions.

E. Disaster Assistance

Check YES if flood insurance is being required for disaster assistance. Identify the Government (disaster) agency, and enter the complete name and mailing address of the disaster agency. Enter the insured's case file number, Tax I.D. Number, or Social Security Number.

If NO is checked, no further information is required.

F. First Mortgagee

Enter the name, mailing address, city, state, ZIP Code, telephone number, and fax number of the first mortgagee. Enter the loan number. If not available at the time of application, the loan number should be added to the policy by submitting a General Change Endorsement form.

For condominium association applications, the mortgagees for the individual condominium unit owners must not be entered here. The General Property Form and RCBAP provide coverage for

the entire building and the real property elements, including all units within the building and the improvements within the units.

G. Second Mortgagee Or Other

Identify additional mortgagees by checking the appropriate box and entering the loan number, the mortgagee's name, mailing address, telephone number, and fax number.

For condominium associations, follow the appropriate instructions provided under "F. First Mortgagee."

If more than one additional mortgagee or disaster assistance agency exists, provide the requested information on the insurance agency's letterhead and attach the letterhead to the Application form. Provide the disaster assistance case number or the insured's Social Security Number.

H. Property Location

Check YES if the location of the property being insured is the same as the insured's mailing address entered in the "Insured Mail Address" section. Leave the rest of the section blank unless there is more than one building at the property location.

If more than one building is at the location of the insured property, use the "Property Location" section to specifically identify the building. An example would be where five buildings with the same mailing address and location are insured with separate policies. Describe briefly the building (barn, silo, etc.) in this section or submit a sketch showing the location of insured buildings to assist the NFIP in matching the policy number to the specific building insured. A clear description of the insured's property is important.

If NO, provide address or location of the property to be insured.

If the insured's mailing address is a post office box or rural route number, give the street address, legal description, or geographic location of the property.

I. Community

Enter the name of the county or parish where the property is located.

Check YES if the property is located in an unincorporated area of a county; otherwise, check NO.

NOTE: The mailing address may or may not reflect the community where the property is located. Do not rely on the mailing address when determining community status and identification. Because of possible changes in the Flood Insurance Rate Map (FIRM), do not rely on information from a prior policy.

Enter the community identification number, map panel number, and revision suffix for the community where the property is located. When there is only one panel (i.e., a flat map), the community number will consist of only six digits. Use the FIRM in effect and that has been published at the time of presentation of premium and completion of application.

NOTE: Not all communities that have been assigned NFIP community numbers are participating in the National Flood Insurance Program. Policies may not be written in nonparticipating communities.

Community number and status may be obtained by calling the NFIP insurer, by consulting a local community official, or by checking the NFIP *Community Status Book* online (<http://www.fema.gov/fema/csb.shtm>).

Check YES if the property is located in a Special Flood Hazard Area; otherwise, check NO.

Enter the FIRM zone in the space provided. If the program type is Emergency, leave this area blank.

Check R if the community is in the Regular Program, or check E if the community is in the Emergency Program.

If the community program type is Regular and the building is Pre-FIRM construction, enter the FIRM zone, if known; otherwise, enter UNKNOWN and follow the Alternative Rating procedure explained in the Rating section of this manual. UNKNOWN cannot be used for manufactured homes or other buildings located in a community having flood Zones V or V1-V30 (VE).

Determine whether the community is located in a CBRS or OPA. See CBRS section for additional information.

J. Building

Complete all required information in this section.

- Building Occupancy

Indicate the type of occupancy for the building (i.e., single family, 2-4 family, other residential, or non-residential).

- Basement or Enclosed Area Below an Elevated Building

Indicate whether the building contains a basement (i.e., lowest floor is below ground on all sides). If an enclosure is the lowest floor for rating, use the "With Basement/Enclosure" Rate Table to determine the rate.

If the enclosure is not the lowest floor for rating, use the "Without Basement/Enclosure" Rate Table and describe the building as "Without Basement/Enclosure." In A zones, this means that the enclosure was designed with proper openings; in Post-FIRM V zones constructed before October 1, 1981, the enclosure is less than 300 square feet with breakaway walls and no machinery or equipment in the enclosure is below the BFE.

The writing company may use the "Obstruction Type" description provided in the *Transaction Record Reporting and Processing (TRRP) Plan* to show the enclosure on the policy declarations page.

- Small Business Risk

Indicate Yes or No.

- Number of Floors or Building Type

Indicate the number of floors in the entire building, including the basement/enclosed area if applicable, in the appropriate space.

If the building type is a townhouse/rowhouse being covered under an RCBAP, check "Townhouse/Rowhouse (RCBAP Lowrise Only)."

If the building is a manufactured (mobile) home or travel trailer on a foundation, check "Manufactured (Mobile) Home on Foundation" regardless of the building's size. Dimensions of manufactured (mobile) homes and travel trailers are used only for determining replacement cost eligibility, not for rating.

- **Number of Occupancies (Units)**
For other than single family dwellings, indicate the number of units.
- **Condo Coverage**
If condominium coverage is being purchased, indicate whether the coverage is for a condominium unit or the entire condominium building.
- **Residential Condominium Building Association Policy**
For a Residential Condominium Building Association Policy (RCBAP), enter the total number of units (including non-residential) within the building and indicate whether the building is a high-rise or low-rise.
- **Estimated Replacement Cost**
Using normal company practice, estimate the replacement cost value and enter the value in the space provided. Include the cost of the building foundation when determining the replacement cost value.
- **Insured's Principal Residence**
Indicate whether the building is the policyholder's principal residence.
- **Building in Course of Construction**
Indicate whether the building is in the course of construction.
- **Deductible and Deductible Buyback**
Enter the deductible amount for building and/or contents. Also indicate whether the applicant is "buying back" a \$500 deductible. Refer to page RATE 12 to buy back a \$500 deductible. (See deductible factors on pages RATE 13 and CONDO 22.)
- **Elevated Building**
Indicate whether this is an elevated building. If it is, also indicate, in the next block, whether the area below the lowest elevated floor is free of obstruction or with obstruction.

For all elevated buildings using elevation for rating, complete Part 2 on the back of the Flood Insurance Application after you have completed Part 1.

- **Describe Building and Use**
For other than 1-4 family dwellings, describe the insured building and its use. This includes manufactured (mobile) homes and travel trailers, other residential structures, and non-residential buildings. For all manufactured (mobile) homes and travel trailers, complete Part 2 on the back of the Flood Insurance Application after you have completed Part 1.
- **State Government Ownership of Property**
Check YES if the property is owned by state government; otherwise, check NO.

K. Contents

Check the box that describes the location of the contents to be insured. Describe any contents that are not personal property household contents.

If only building insurance is to be purchased, be sure to notify the applicant of the availability of contents insurance. It is recommended that the applicant initial the contents coverage section if no contents insurance is requested. This will make the applicant aware that the policy will not provide payment for contents losses.

L. Construction Data

1. Construction Date

Check one of the five blocks in the first part of this section, and enter the appropriate date for the date of construction or building permit date. (For substantial improvement, see the "Substantial Improvement Exception" instructions that follow.)

In the Emergency Program, provide the month/day/year of construction. If the month and day are unknown, enter July 1 (07/01) and enter the best information for the year of construction. The rest of the sections should be left blank.

If the building was constructed or substantially improved on or before December 31, 1974, or before the effective date of the initial FIRM for the community, the building is considered Pre-FIRM construction. Otherwise, the building is considered Post-FIRM.

If the building was substantially improved, enter the actual month, day, and year that

substantial improvement started or the building permit date.

If the building was substantially damaged, enter the actual month, day, and year that substantial damage occurred. Substantial improvement includes buildings that have incurred "substantial damage" regardless of the actual repair work performed. The agent must obtain and submit a statement from a community official before the building can be considered substantially damaged.

If the policy is for a manufactured (mobile) home or travel trailer located outside a manufactured (mobile) home park or subdivision, enter the date of permanent placement of the manufactured (mobile) home. See the Rating section of this manual for rules for manufactured (mobile) homes located in manufactured (mobile) home parks and subdivisions.

Compare the date of construction or substantial improvement with the effective date of the initial FIRM to determine if the building was constructed Pre- or Post- the effective date of the initial FIRM.

- Substantial Improvement Exception

For new applications, renewal applications, and endorsements when making a *rating correction concerning a substantial improvement* to a Pre-FIRM building where the improvement is an addition to the building and it meets the conditions of Pre-FIRM construction, found on pages RATE 15-16 of this manual, the producer should complete the Construction Data section of the Application as follows:

- a. Enter the date of construction for the Pre-FIRM part of the building (not the date of construction of the addition). This date will be shown as the construction date on the declarations page.
- b. Do not respond to the question IS BUILDING POST-FIRM CONSTRUCTION? Instead, complete the top part of this section as follows:

"Substantial Improvement but continues to be Pre-FIRM."

- c. Supply the elevation data for the ADDITION.

- d. Complete the remainder of both parts of the Construction Data section in the usual manner.

If a policyholder elects to use the normal Post-FIRM rating for substantial improvement, the producer must complete Part 2 of the Application as indicated.

2. Elevation Information

Elevation information must be completed in the second part of the Construction Data section.

- Post-FIRM Construction

Check YES if the building is Post-FIRM construction or substantial improvement; otherwise, check NO.

- Building Diagram Number and Lowest Adjacent Grade

Provide the building diagram number and lowest adjacent grade from the Elevation Certificate (EC).

NOTE: Elevation Certificates certified on or after January 1, 2007, must be submitted on the new EC form. The EC must meet all photo requirements described on pages CERT 1-2 of this manual. *An EC submitted without the required photographs is not considered valid for rating.*

The lowest adjacent grade is not required for buildings without estimated BFE located in AO and unnumbered A and V zones. Policies rated using the Floodproofing Certificate do not require either the lowest adjacent grade or the diagram number.

In communities that participate in the NFIP's Community Rating System (CRS), building elevation information may be available from the community office in charge of building permits or floodplain management.

- Elevation Information for Buildings in the Course of Construction

When the building is in the course of construction, the elevation information provided by the surveyor on the EC must be based on the proposed architectural plans. The NFIP requires the agent to describe and rate the structure based on the proposed plans.

Buildings in the course of construction are to be rated the same as completed construction. A renewal application and a new EC are required at renewal time. For example, if the building is elevated and the proposed plans show an enclosure, the building must be described as elevated with an enclosure. The only exception is when an EC was prepared in the course of construction, and the surveyor was able to provide all elevation information required on the EC.

- Lowest Floor Elevation and Related Items

Use the eight building diagrams on pages CERT 18-19 to determine the correct lowest floor. See pages LFG 1-7 for information about determining the lowest floor for rating. When entering elevation data, **drop hundredths of a foot** and show only tenths of a foot. For example, if the elevation difference is 10.49', enter 10.4'; do not round up to 10.5'.

- Wave Height Adjustment

In Zones V, V1-V30, and VE, if NO is checked for the question about Effects of Wave Action, refer to page RATE 29 for guidelines for FIRMS with wave heights.

- Floodproofing

If YES is checked for Floodproofed and the FIRM zone entered in the Community section of the Application is V, V1-V30, or VE, the Application must be submitted to the NFIP for underwriting and rating. For all other zones, refer to pages RATE 30-31 for elevation difference and rating guidelines.

- Elevation Certification

Enter the elevation certification date for all new business applications.

M. Coverage and Rating

Check desired coverage against the "Amount of Insurance Available" table on page RATE 1. Then enter the limits, indicate the rates and rate type, and add additional charges/credits, i.e., deductible reduction/increase, ICC Premium, CRS Premium Discount, Probation Surcharge (if any), and Federal Policy Fee. Calculate the Total Prepaid Amount.

N. Signature

The producer must sign the Application and is responsible for the completeness and accuracy of the information provided on it. Enter the date of application (month/day/year). The waiting period is added to this date to determine the policy effective date of the policy listed in the Policy Term section. A check or money order for the Total Prepaid Amount, payable to the NFIP, must accompany the application.

A credit card payment by VISA, MasterCard, Diner's Club, or American Express will also be acceptable if a disclaimer form, signed by the insured, is submitted with the Flood Insurance Application. The disclaimer will state that cancellation of a policy due to a billing dispute will be permitted only for a billing error or fraud. If the credit card information is taken over the telephone by the producer, the producer may sign the authorization form on behalf of the payor only after having read the disclaimer to the payor.

V. COMPLETING PART 2 OF THE FLOOD INSURANCE APPLICATION FORM

After completing Part 1 of the Flood Insurance Application, the producer must complete all relevant items in Part 2 of the Application for the following risks:

- Post-FIRM construction located in Zones A1-A30, AE, AH, AO, A, V1-V30, VE, and V.
- Pre-FIRM construction using optional Post-FIRM rating located in Zones A1-A30, AE, AH, AO, A, V1-V30, VE, and V.

Part 2 of the Application collects information about risk factors affecting the building, occupancy information, and elevation data

relative to the ground level. A completed Elevation Certificate must be attached to the Application before sending it to the NFIP.

To complete Part 2 of the Application, the producer must:

- Obtain all necessary information from the applicant. Then select the building diagram that best illustrates the applicant's building. These diagrams are shown in the Elevation Certificate and Instructions, which are reproduced in the Special Certifications section of this manual.
- Transcribe the information from the applicant and Elevation Certificate onto Part 2 of the Application. For renewal applications, enter the policy number in the space at the top of the form. Be sure to have the applicant or the applicant's representative sign and date the bottom of the form.

The applicant or the applicant's representative must complete all numbered sections of the form, check all appropriate boxes, provide all information, and respond to all YES/NO questions that are applicable to the building. (For example, Section II should be completed only for Elevated Buildings.)

SECTION I—ALL BUILDING TYPES

1. The number of the building diagram selected is entered here. Use the diagrams shown at the end of the Elevation Certificate and Instructions.
- 2-4. The agent may obtain the requested elevation information from Section C of the Elevation Certificate, or the applicant or the applicant's representative may provide this information. If the applicant or the applicant's representative furnishes these measurements, they must be taken with a ruler or tape measure. All measurements are rounded to the nearest foot using the ground (grade) immediately next to the building.

NOTE: The terms "grade" and "ground" are used interchangeably. The intent is that man-made alterations of the grade, such as a declining driveway into a building or a dugout entrance to a basement, do not represent ground level.

5. If "OTHER" is checked in Question 5b, a brief description of the source must be provided.

6. If the answer to Question 6a is NO, Question 6b should be disregarded.
7. If the answer to Question 7a is NO, Questions 7b, 7c, 7d, and 7e should be ignored.

SECTION II—ELEVATED BUILDINGS

If the building is a manufactured (mobile) home/travel trailer that has been elevated, complete this section in addition to Sections I and III.

8. Check the type of foundation used for the building.
9. If YES is checked, check the appropriate item(s).
10. **Refer to page LFG 1** to verify that the area below the elevated floor satisfies the definition of an enclosed area.

If Question 10a is NO, do not answer Questions 10b through 10f.

In Question 10b, enter the size of the area in square feet.

If Question 10c is YES, check the single most appropriate of boxes 1-4.

In Question 10d, check YES if the area is constructed with openings (excluding doors), within 1 foot of adjacent grade, to allow the passage of flood waters. Enter the number of openings and their total area in square inches.

If Question 10e is YES, provide a description.

In Question 10f, check YES if the enclosed area has more than 20 linear feet of finished wall, paneling, etc.; otherwise, check NO.

SECTION III—MANUFACTURED (MOBILE) HOMES/TRAVEL TRAILERS

11. Fill in the make, year of manufacture, model number, and serial number.
12. Enter the dimensions, excluding any permanent addition or extension to the manufactured (mobile) home or travel trailer.

13. Check YES if permanent additions or extensions are present; otherwise, check NO. If YES, enter dimensions.
14. If OTHER is checked, describe the anchoring system.
15. Check the appropriate box for how the manufactured (mobile) home was installed.
16. Check YES if the manufactured (mobile) home is located in a manufactured (mobile) home park or subdivision; otherwise, check NO.

VI. MAILING INSTRUCTIONS

After completing all sections on the Application, attach all required certifications or other documents to the applicant's check, draft, or money order, payable to the NFIP for the Total Prepaid Amount.

A credit card payment by VISA, MasterCard, Diner's Club, or American Express will also be acceptable if a disclaimer form, signed by the insured, is submitted with the Flood Insurance Application. The disclaimer will state that cancellation of a policy due to a billing dispute will be permitted only for a billing error or fraud. If the credit card information is taken over the telephone by the producer, the producer may sign the authorization form on behalf of the payor only after having read the disclaimer to the payor.

Mail the original copy of the Application with the Total Prepaid Amount to the NFIP. Distribute copies of the Application to the agency file, the applicant, and the mortgagee. A copy of the Application and a copy of the premium payment are sufficient to satisfy the mortgagee's proof-of-purchase requirements.

After receipt of the Application and total prepaid amount, the NFIP will process the Application

and issue the policy. The policy contract and declarations page will be mailed to the insured. Copies of the declaration page will be mailed to the producer and mortgagee(s).

VII. HANDLING OF INCOMPLETE OR INCORRECT APPLICATIONS

If an Application is not complete, or if the information presented on the Application is not correct, the Application will not be processed but will be placed in a pending file until the completed or corrected information is provided by the producer. For the NFIP direct business, if the missing information is not provided, a policy will be issued using Tentative Rates. If insufficient information is available to tentatively rate the policy, the flood insurance will be rejected and the premium remittance refunded.

For NFIP direct business, in the case of incomplete applications, the NFIP Servicing Agent will send the producer a transmittal document and a letter requesting the incomplete or missing information. Copies of this letter will be provided to the named insured and mortgagee(s). The producer should provide the additional or corrected information to the NFIP Servicing Agent along with the transmittal document.

Since coverage cannot be conferred in excess of the coverage that can be purchased for the amount presented (received by the NFIP), it is important that underpayment errors be corrected immediately. In the case of an underpayment, when both building and contents coverage have been requested, the coverage reduction will be prorated between building and contents in accordance with NFIP rules. The ratio of building to contents coverage for the full requested coverage will be used to determine the portion of the submitted premium available to purchase building and contents coverage.

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

O.M.B. No. 1660-0006 Expires July 31, 2009
PART I (OF 2) OF FLOOD INSURANCE APPLICATION

National Flood Insurance Program

CURRENT POLICY NUMBER

NEW

RENEWAL FL _____

IMPORTANT— PLEASE PRINT OR TYPE

POLICY TERM	DIRECT BILL INSTRUCTIONS: <input type="checkbox"/> BILL INSURED <input type="checkbox"/> BILL FIRST MORTGAGEE <input type="checkbox"/> BILL SECOND MORTGAGEE <input type="checkbox"/> BILL LOSS PAYEE <input type="checkbox"/> BILL OTHER		POLICY PERIOD IS FROM _____ TO _____ 12:01 A.M. LOCAL TIME AT THE INSURED PROPERTY LOCATION	
	WAITING PERIOD: <input type="checkbox"/> STANDARD 30-DAY INITIAL PURCHASE OF FLOOD INSURANCE RELATED TO: <input type="checkbox"/> LOAN— NO WAITING <input type="checkbox"/> MAP REV. (ZONE CHANGE FROM NON-SFHA TO SFHA)— ONE DAY			
AGENT INFORMATION	ADDRESS OF LICENSED PROPERTY OR CASUALTY INSURANCE AGENT OR BROKER:		NAME, MAILING ADDRESS, AND TELEPHONE NO. OF INSURED:	
	AGENCY NO.: _____ AGENTS TAX ID <input type="checkbox"/> OR SSN <input type="checkbox"/> _____ PHONE NO.: _____ FAX NO.: _____		INSURED'S SOCIAL SECURITY NUMBER: _____	
DISAS. ASSIST.	IS INSURANCE REQUIRED FOR DISASTER ASSISTANCE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO IF YES, CHECK THE GOVERNMENT AGENCY: <input type="checkbox"/> SBA <input type="checkbox"/> FEMA <input type="checkbox"/> FHA ENTER CASE FILE NUMBER OR INSURED'S SOCIAL SECURITY NUMBER _____ <input type="checkbox"/> OTHER (SPECIFY): _____			
	FIRST MORTGAGE	NAME AND ADDRESS OF FIRST MORTGAGEE		IF SECOND MORTGAGEE, LOSS PAYEE OR OTHER IS TO BE BILLED, THE FOLLOWING MUST BE COMPLETED, INCLUDING THE NAME AND ADDRESS
LOAN NO.: _____ FAX NO.: _____ PHONE NO.: _____		<input type="checkbox"/> 2ND MORTGAGEE <input type="checkbox"/> DISASTER AGENCY <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> IF OTHER, PLEASE SPECIFY: _____		
PROPERTY LOCATION	IS INSURED PROPERTY LOCATION SAME AS INSURED MAILING ADDRESS? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO IF NO, ENTER PROPERTY ADDRESS. IF RURAL, DESCRIBE PROPERTY LOCATION (DO NOT USE P.O. BOX).			
	LOAN NO.: _____ FAX NO.: _____ PHONE NO.: _____			
COMMUNITY	NAME OF COUNTY/PARISH _____ LOCATED IN AN UNINCORPORATED AREA OF THE COUNTY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO COMMUNITY NO./PANEL NO. AND SUFFIX FOR LOCATION OF PROPERTY INSURED _____ COMMUNITY PROGRAM TYPE IS:			
	IS BUILDING IN SPECIAL FLOOD HAZARD AREA? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO FLOOD INSURANCE RATE MAP ZONE _____		<input checked="" type="checkbox"/> REGULAR <input type="checkbox"/> EMERGENCY	
BUILDING	BUILDING OCCUPANCY <input type="checkbox"/> SINGLE FAMILY <input type="checkbox"/> 2-4 FAMILY <input type="checkbox"/> OTHER RESIDENTIAL <input type="checkbox"/> NON-RESIDENTIAL (INCLUDING HOTEL/MOTEL)		RESIDENTIAL CONDOMINIUM BUILDING ASSOCIATION POLICY ONLY. TOTAL NUMBER OF UNITS (INCLUDE NON-RES.) <input type="checkbox"/> HIGH-RISE <input type="checkbox"/> LOW-RISE	
	NUMBER OF FLOORS IN ENTIRE BUILDING (INCLUDE BASEMENT/ENCLOSED AREA, IF ANY) OR BUILDING TYPE <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 OR MORE <input type="checkbox"/> SPLIT LEVEL <input type="checkbox"/> TOWN-HOUSE/ROW-HOUSE (RCBAP LOWRISE ONLY) <input type="checkbox"/> MANUFACTURED (MOBILE) HOME ON FOUNDATION		ESTIMATED REPLACEMENT COST IF SINGLE FAMILY PRINCIPAL RESIDENCE, RCBAP OR ANY V-ZONE BUILDING AMOUNT \$ _____	
CONTENTS	BASEMENT OR ENCLOSED AREA BELOW AN ELEVATED BUILDING: <input type="checkbox"/> NONE <input type="checkbox"/> FINISHED <input type="checkbox"/> UNFINISHED		IS BUILDING INSURED'S PRINCIPAL RESIDENCE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
	DOES INSURED QUALIFY AS A SMALL BUSINESS RISK? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		IS THIS BUILDING IN THE COURSE OF CONSTRUCTION? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
CONSTRUCTION DATA	CONTENTS LOCATED IN: <input type="checkbox"/> BASEMENT/ENCLOSURE <input type="checkbox"/> BASEMENT/ENCLOSURE AND ABOVE <input type="checkbox"/> LOWEST FLOOR ONLY ABOVE GROUND LEVEL <input type="checkbox"/> LOWEST FLOOR ABOVE GROUND LEVEL AND HIGHER <input type="checkbox"/> ABOVE GROUND LEVEL MORE THAN ONE FULL FLOOR (IF SINGLE FAMILY, CONTENTS ARE RATED THROUGHOUT THE BUILDING)			
	IS PERSONAL PROPERTY HOUSEHOLD CONTENTS? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO IF NO, PLEASE DESCRIBE: _____			
COVERAGE AND RATING	ALL BUILDINGS: CHECK ONE OF THE FIVE BLOCKS: <input type="checkbox"/> BUILDING PERMIT DATE OR <input type="checkbox"/> DATE OF CONSTRUCTION ____/____/____ (MM/DD/YY) <input type="checkbox"/> SUBSTANTIAL IMPROVEMENT DATE ____/____/____ (MM/DD/YY) <input type="checkbox"/> MANUFACTURED (MOBILE) HOMES LOCATED IN A MOBILE HOME PARK OR SUBDIVISION: CONSTRUCTION DATE OF MOBILE HOME PARK OR SUBDIVISION FACILITIES ____/____/____ (MM/DD/YY) <input type="checkbox"/> MANUFACTURED (MOBILE) HOMES LOCATED OUTSIDE A MOBILE HOME PARK OR SUBDIVISION: DATE OF PERMANENT PLACEMENT ____/____/____ (MM/DD/YY)			
	IS BUILDING POST-FIRM CONSTRUCTION? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO BUILDING DIAGRAM NUMBER _____ LOWEST ADJACENT GRADE (LAG) _____ IF POST-FIRM CONSTRUCTION IN ZONES A, A1-A30, AE, AO, AH, V, V1-V30, VE, OR IF PRE-FIRM CONSTRUCTION IS ELEVATION RATED, ATTACH CERTIFICATION. LOWEST FLOOR ELEVATION _____ (-) BASE FLOOD ELEVATION _____ (=) DIFFERENCE TO NEAREST FOOT _____ (+ OR -) IN ZONES V AND V1-V30 ONLY DOES BASE FLOOD ELEVATION INCLUDE EFFECTS OF WAVE ACTION? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO IS BUILDING FLOOD-PROOFED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO (SEE FLOOD INSURANCE MANUAL FOR CERTIFICATION FORM.) ELEVATION CERTIFICATION DATE _____			
SIGNATURE	COVERAGE REQUESTED—CHECK ONE BLOCK: <input type="checkbox"/> BUILDING AND CONTENTS <input type="checkbox"/> BUILDING ONLY <input type="checkbox"/> CONTENTS ONLY			
	RATE TYPE: (ONE BUILDING PER POLICY—BLANKET COVERAGE NOT PERMITTED) <input type="checkbox"/> MANUAL <input type="checkbox"/> SUBMIT FOR RATING <input type="checkbox"/> ALTERNATIVE <input type="checkbox"/> V-ZONE RISK FACTOR RATING FORM <input type="checkbox"/> MORTGAGE PORTFOLIO PROTECTION PROGRAM <input type="checkbox"/> PROVISIONAL RATING		PAYMENT OPTION: <input type="checkbox"/> CREDIT CARD <input type="checkbox"/> OTHER: _____	
THE ABOVE STATEMENTS ARE CORRECT TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT ANY FALSE STATEMENTS MAY BE PUNISHABLE BY FINE OR IMPRISONMENT UNDER APPLICABLE FEDERAL LAW. SEE REVERSE SIDE OF COPIES 2, 3, & 4		ANNUAL SUBTOTAL \$ _____ ICC PREMIUM _____ SUBTOTAL _____ CRS PREMIUM DISCOUNT _____ % SUBTOTAL _____ PROBATION SURCHARGE + _____ FEDERAL POLICY FEE + _____ TOTAL PREPAID AMOUNT \$ _____		
SIGNATURE OF INSURANCE AGENT/BROKER _____ DATE (MM/DD/YY) _____ (OVER)				

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PLEASE ATTACH TO NFIP COPY OF APPLICATION THE CHECK OR MONEY ORDER FOR THE TOTAL PREPAID PREMIUM MADE PAYABLE TO THE NATIONAL FLOOD INSURANCE PROGRAM

F-050 (8/06)

IMPORTANT — COMPLETE PART 1 AND, IF REQUIRED, PART 2 (ON LAST PAGE) BEFORE SENDING APPLICATION TO THE NFIP — IMPORTANT

**FLOOD INSURANCE
FLOOD INSURANCE APPLICATION
FEMA FORM 81-16**

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 current Repetitive Loss Target Group (RLTG) property owners and Preferred Risk Policy (PRP) 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. Solicitation of your Social Security Number (SSN) is authorized under Executive Order 9397. Providing the SSN, as well as the other information, is voluntary but failure to do so may delay or prevent issuance of the flood insurance policy.

DISCLOSURE OF YOUR SOCIAL SECURITY NUMBER UNDER PUBLIC LAW 93-579 SECTION 7(B)

Solicitation of the Social Security Number (SSN) is authorized under provisions of E.O. 9397, dated November 22, 1943. The disclosure of your SSN is voluntary. However, since many persons appearing in the Government's administrative records possess identical names, the use of your SSN would provide for your precise identification.

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.G. 3507; and 5 CFR 1320.

PAPERWORK BURDEN DISCLOSURE NOTICE

Public reporting burden for this form is estimated to average 12 minutes per response. Burden means the time, effort, and financial resources expended by persons to generate, maintain, retain, disclose, or to provide information to us. You may send comments regarding the burden estimate or any aspect of the form, including suggestions for reducing the burden to: U.S. Department of Homeland Security, Emergency Preparedness and Response Directorate, Federal Emergency Management Agency, 500 C Street, SW, Washington, DC 20472, Paperwork Reduction Project (1660-0006). **NOTE: Do not send your completed form to this address.**

