

APPLICATION

I. USE OF THE FORM

The National Flood Insurance Program (NFIP) Flood Insurance Application form, or a similar form for Write Your Own (WYO) Companies, must be used for all flood insurance policies, except for Preferred Risk Policies (PRP) and policies for properties newly mapped into a Special Flood Hazard Area (SFHA). See the PRP and Newly Mapped sections in this manual. For a Scheduled Building Policy, an Application must be completed for each building and/or contents for which coverage is requested. See the Scheduled Building Policy subsection in this section.

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

- 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.
- Building elevation data.
- Whether the building is a Primary residence.
- Whether the building is a 1–4 Family Severe Repetitive Loss (SRL) property.
- Whether the building has been substantially improved.

II. COMPLETING PAGE 1 OF THE FLOOD INSURANCE APPLICATION FORM

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

A. Application Type

☐ NEW ☐ RENEWAL ☐ TRANSFER (NFIP ONLY)

PRIOR POLICY #: _____

Check the appropriate box to indicate if the Application is for a NEW policy, RENEWAL, or TRANSFER (Direct or WYO) of an existing policy. If the Application is for a renewal or transfer, enter the prior 10-digit policy number.

Select NEW:

- If applying for a new policy.

Select RENEWAL:

- If renewing an existing policy by application.

Select TRANSFER (NFIP ONLY):

- If the agent/producer moves his or her book of business from one insurer to another, or when an insurer acquires another's book of business.
- If the agent/producer is transferring an individual policy within the NFIP (Direct or WYO). For additional guidance, refer to the Transfer of Business subsection in the General Rules section of this manual.

B. Billing

BILLING	FOR RENEWAL, BILL:	
	<input type="checkbox"/> INSURED	<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	

Check the appropriate box to indicate who should receive the renewal bill.

C. Policy Period

POLICY PERIOD	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 ONLY) – NO WAITING PERIOD		
INDICATE THE PROPERTY PURCHASE DATE: ____/____/____		

Enter the policy effective date and policy expiration date (month/day/year). Check the box for the applicable waiting period. The effective date of the policy is determined by adding the appropriate waiting period, if applicable, to the date of application listed in the "Signature" section. The standard waiting period is 30 days. For additional guidance on exceptions to the standard waiting period, refer to the Effective Date subsection in the General Rules section of this manual.

Provide the property purchase date. Property purchase does not apply to inheritances, gifts, transfers of ownership without purchase, assignments to an estate or trust, or at the time of foreclosure.

D. Agent/Producer Information

AGENT/PRODUCER INFORMATION	NAME AND MAILING ADDRESS OF AGENT/PRODUCER:	
AGENCY NO.: _____ AGENT'S TAX ID: _____		
PHONE NO.: _____ FAX NO.: _____		
EMAIL ADDRESS: _____		

Enter the agent/producer or agency name, mailing address, agency number, tax ID number, phone number, fax number, and email address.

E. Insured Information

INSURED INFORMATION	NAME AND MAILING ADDRESS OF INSURED:	
	PHONE NO.: _____	
	IS THE INSURED A SMALL BUSINESS?	<input type="checkbox"/> YES <input type="checkbox"/> NO
	IS THE INSURED A NON-PROFIT ENTITY?	<input type="checkbox"/> YES <input type="checkbox"/> NO

Enter the name, mailing address, and telephone number of the insured.

Check YES if the insured is a small business with less than 100 employees; otherwise, check NO.

Check YES if the insured is a non-profit entity; otherwise, check NO.

F. Property Location

PROPERTY LOCATION	NOTE: ONE BUILDING PER POLICY – BLANKET COVERAGE NOT PERMITTED.	
	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	
	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.

Check YES if the location of the property being insured is the same as the insured's mailing address entered in the "Insured Information" section of the form.

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

Check the appropriate address type.

The property location should be provided as a standard street address whenever possible. The use of the legal description may be applied only while a building or subdivision is in the course of construction or prior to establishing a street address. The policy must be endorsed to indicate the street address as soon as it is available. A descriptive geographic location may be used when a building is in a very rural area of the country and a standard street address is not available. Property location cannot be listed as a post office box. Leave the rest of the section blank unless there is more than 1 building at the property location.

For an address with multiple buildings at the same location, describe the one building to be insured (barn, silo, etc.). Submit a sketch showing the location of the insured building to assist the NFIP in matching the policy number to the specific building insured.

If applying for insurance for an addition or extension separately, describe the addition or extension to be insured.

G. 1st Mortgagee

1ST MORTGAGEE	NAME AND MAILING ADDRESS OF FIRST MORTGAGEE:	
	LOAN NO.: _____	
	IS INSURANCE REQUIRED UNDER MANDATORY PURCHASE? <input type="checkbox"/> YES <input type="checkbox"/> NO	

Enter the name, mailing address, and loan number of the first mortgagee.

Check YES for Mandatory Purchase if the building is located within the SFHA and the purchase of flood insurance is being required by a federally regulated or insured lender; otherwise, check NO.

For condominium association applicants, do not enter the mortgagees for the individual condominium unit owners.

H. 2nd Mortgagee/Other

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.: _____	
	IS INSURANCE REQUIRED UNDER MANDATORY PURCHASE? <input type="checkbox"/> YES <input type="checkbox"/> NO	

Identify the second mortgagee, loss payee or other by checking the appropriate box. Enter the name, mailing address, and loan number.

Check YES for Mandatory Purchase if the building is located within the SFHA and the purchase of flood insurance is being required by a federally regulated or insured lender; otherwise, check NO.

For condominium association applicants, do not enter the mortgagees for the individual condominium unit owners.

If more than 2 additional mortgagees or disaster assistance agencies exist, provide the requested information on the insurance agency's letterhead and attach the letterhead to the application form. Include whether or not the insurance is required under Mandatory Purchase along with the mortgagee information.

I. Disaster Assistance

DISASTER ASSISTANCE	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.: _____

Check YES if flood insurance is being required for disaster assistance. Identify the Government (disaster) agency and enter the insured's case file number; otherwise, check NO.

J. Community

• Grandfathering Information

COMMUNITY	GRANDFATHERING INFORMATION
	GRANDFATHERED? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, <input type="checkbox"/> BUILT IN COMPLIANCE OR
	<input type="checkbox"/> CONTINUOUS COVERAGE (PROVIDE PRIOR POLICY NUMBER IN BOX ABOVE)

Check YES if grandfathering applies, and complete this section; otherwise, check NO.

If YES:

- Check whether the building is eligible for grandfathering under the built-in-compliance or the continuous-coverage provision.
- If grandfathering under continuous coverage, enter the prior policy number in the Application Type section.

• Rating Map Information

COMMUNITY	RATING MAP INFORMATION
	NAME OF COUNTY/PARISH: _____
	COMMUNITY NO./PANEL NO. AND SUFFIX: _____ - _____
	FIRM ZONE: _____ MAP DATE: ____/____/____
	COMMUNITY PROGRAM TYPE IS: <input type="checkbox"/> REGULAR <input type="checkbox"/> EMERGENCY

Enter the Flood Insurance Rate Map (FIRM) information that will be used for rating. However, if grandfathering applies, complete the current map information section in addition to the rating map information section and provide documentation supporting the grandfathering. For additional guidance, refer to NFIP grandfather rules subsection in the Rating section of this manual.

Enter name of the county or parish where the property is located. (Not all communities that have been assigned NFIP community numbers are participating in the NFIP. Policies may not be written in non-participating communities.)

Enter the community identification number, map panel number, and revision suffix of the map that will be used for rating for the community where the building is located. When there is only 1 panel (i.e., a flat map), the community number will consist of only 6 digits. Use the FIRM in effect and that has been published at the time of presentment of premium and completion of the Application.

NOTE: The postal address of the insured building may not reflect the community where the property is located. Therefore, do not rely on the postal address when determining community status and identification.

In addition, because of possible changes in the FIRM, do not rely on information from a prior policy as accurately reflecting the current FIRM information.

The current community number may also be obtained from a flood zone determination or by checking the *NFIP Community Status Book* online (<http://www.fema.gov/national-flood-insurance-program/national-flood-insurance-program-community-status-book>) or contacting the insurer or a local community official.

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

Enter the effective date of the map used for rating in the space provided.

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).

Check if the community is in the Regular Program or the Emergency Program.

NOTE: If the community contains a Coastal Barrier Resources System (CBRS) or Otherwise Protected Area (OPA), see the CBRS section in this manual for additional guidance.

• Current Map Information

COMMUNITY	CURRENT MAP INFORMATION
	CURRENT COMMUNITY NO./PANEL NO. AND SUFFIX: _____ - _____
	CURRENT FIRM ZONE: _____ CURRENT BFE: _____
	MAP DATE: ____/____/____

If grandfathering applies, current map information must be provided.

Enter the current community identification number, map panel number, suffix, FIRM zone, and, if applicable, the BFE. Do not use this map information for rating.

K. Prior NFIP Coverage

PRIOR NFIP COVERAGE	COMPLETE THIS SECTION ONLY FOR PRE-FIRM BUILDINGS LOCATED IN AN SFHA.	
	1. HAS THE APPLICANT HAD A PRIOR NFIP POLICY FOR THIS PROPERTY?	<input type="checkbox"/> YES <input type="checkbox"/> NO
	2. WAS THE POLICY REQUIRED BY THE LENDER UNDER MANDATORY PURCHASE?	<input type="checkbox"/> YES <input type="checkbox"/> NO
	3. IF YES, HAS THE PRIOR NFIP POLICY EVER LAPSED WHILE COVERAGE WAS REQUIRED UNDER MANDATORY PURCHASE BY THE LENDER?	<input type="checkbox"/> YES <input type="checkbox"/> NO
	4. IF YES, WAS THE LAPSE THE RESULT OF A COMMUNITY SUSPENSION?	<input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, WHAT IS THE SUSPENSION DATE? ____/____/____ WHAT IS THE REINSTATEMENT DATE? ____/____/____
	5. WILL THIS POLICY BE EFFECTIVE WITHIN 180 DAYS OF THE COMMUNITY REINSTATEMENT AFTER SUSPENSION REFERRED TO IN (4) ABOVE?	<input type="checkbox"/> YES <input type="checkbox"/> NO

Complete this section only for Pre-FIRM buildings located in an SFHA.

1. Check YES if the applicant had a prior NFIP policy for this property; otherwise, check NO. If NO, disregard questions 2 through 5.
2. Check YES if the prior policy was required by the lender under mandatory purchase; otherwise, check NO.
3. Check YES if the prior NFIP policy ever lapsed while coverage was required under mandatory purchase by the lender; otherwise, check NO.
4. Check YES if the lapse was the result of a community suspension; otherwise, check NO. If YES, enter the suspension date and the reinstatement date.
5. Check YES if the new policy will be effective within 180 days of the community reinstatement date; otherwise, check NO.

L. All Buildings

1. Building Purpose

ALL BUILDINGS	1. BUILDING PURPOSE
	<input type="checkbox"/> 100% RESIDENTIAL
	<input type="checkbox"/> 100% NON-RESIDENTIAL
	<input type="checkbox"/> MIXED-USE – SPECIFY PERCENTAGE OF RESIDENTIAL USE: ____ %

Indicate if the building's purpose is 100% Residential or 100% Non-Residential. If Mixed Use, specify percentage of residential use.

2. Building Occupancy

ALL BUILDINGS	2. BUILDING OCCUPANCY
	<input type="checkbox"/> SINGLE FAMILY
	<input type="checkbox"/> 2-4 FAMILY
	<input type="checkbox"/> OTHER RESIDENTIAL
	<input type="checkbox"/> NON-RESIDENTIAL BUSINESS
	<input type="checkbox"/> OTHER NON-RESIDENTIAL

Check the type of occupancy for the building (i.e., Single Family, 2-4 Family, Other Residential, Non-Residential Business, or Other Non-Residential).

- **Single Family** – This is either:
 - a. A residential single-family building in which the total floor area devoted to non-residential uses is less than 50% of the building's total floor area, or
 - b. A single-family residential unit within a 2-4 family building, other-residential building, business, or non-residential building, in which commercial

uses within the unit are limited to less than 50% of the unit's total floor area.

This includes a residential townhouse/rowhouse, which is a multi-floor unit divided from similar units by solid, vertical, load-bearing walls, having no openings in the walls between units and with no horizontal divisions between any of the units.

NOTE: Commercial uses within the unit are offices, private schools, studios, or small service operations within a residential building.

- **2-4 Family** – This is a residential building, including an apartment building, containing 2-4 residential spaces and in which commercial uses are limited to less than 25% of the building's total floor area. This category includes apartment buildings and condominium buildings. This excludes hotels and motels with normal room rentals for less than 6 months.

- **Other Residential** – This is a residential building that is designed for use as a residential space for 5 or more families or a mixed-use building in which the total floor area devoted to non-residential uses is less than 25% of the total floor area within the building. This category includes condominium and apartment buildings as well as hotels, motels, tourist homes, and rooming houses where the normal occupancy of a guest is 6 months or more. Additional examples of other residential buildings include dormitories and assisted-living facilities.

- **Non-Residential Business** – This is a building in which the named insured is a licensed commercial enterprise carried out to generate income and the coverage is for:

- a. A building designed as a non-habitation building;
- b. A mixed-use building in which the total floor area devoted to residential uses is
 - i. 50% or less of the total floor area within the building if the residential building is a single family property; or
 - ii. 75% or less of the total floor area within the building for all other residential properties; or
- c. A building designed for use as office or retail space, wholesale space, hospitality space, or for similar uses.

- **Other Non-Residential** – This is a subcategory of non-residential buildings; a non-habitation building that does not qualify as a business building or residential building. This category includes, but is not limited to, churches, schools, farm buildings (including grain bins and silos), garages, poolhouses, clubhouses and recreational buildings. A small business cannot use this category.

3. Is the Building a House of Worship?

ALL BUILDINGS	3. IS THE BUILDING A HOUSE OF WORSHIP?
	<input type="checkbox"/> YES <input type="checkbox"/> NO

Check YES if the primary use of the building is for a house of worship; otherwise, check NO.

4. Is the Building An Agricultural Structure?

ALL BUILDINGS	4. IS THE BUILDING AN AGRICULTURAL STRUCTURE?
	<input type="checkbox"/> YES <input type="checkbox"/> NO

Check YES if the primary use of the building is for agricultural purposes; otherwise, check NO.

5. Building Description (Check One)

ALL BUILDINGS	5. BUILDING DESCRIPTION (CHECK ONE)
	<input type="checkbox"/> MAIN HOUSE
	<input type="checkbox"/> DETACHED GUEST HOUSE
	<input type="checkbox"/> DETACHED GARAGE
	<input type="checkbox"/> BARN
	<input type="checkbox"/> APARTMENT BUILDING
	<input type="checkbox"/> APARTMENT - UNIT
	<input type="checkbox"/> COOPERATIVE BUILDING
	<input type="checkbox"/> COOPERATIVE - UNIT
	<input type="checkbox"/> WAREHOUSE
	<input type="checkbox"/> TOOL/STORAGE SHED
	<input type="checkbox"/> POOLHOUSE, CLUBHOUSE, RECREATION BUILDING
	<input type="checkbox"/> OTHER: _____

Check the box that best indicates the insured building's description. If OTHER, provide the building description.

6. Condominium Information

ALL BUILDINGS	6. CONDOMINIUM INFORMATION
	IS BUILDING IN A CONDOMINIUM FORM OF OWNERSHIP? <input type="checkbox"/> YES <input type="checkbox"/> NO
	IS COVERAGE FOR THE ENTIRE BUILDING? <input type="checkbox"/> YES <input type="checkbox"/> NO
	TOTAL NUMBER OF UNITS: _____
	<input type="checkbox"/> HIGH-RISE <input type="checkbox"/> LOW-RISE
	IS COVERAGE FOR A CONDOMINIUM UNIT? <input type="checkbox"/> YES <input type="checkbox"/> NO

• Condominium Form of Ownership

Check YES if the building is in a condominium form of ownership; otherwise, check NO. For guidance on condominiums, refer to the Condominiums section of this manual. A Homeowners Association (HOA) may or may not be in a condominium form of ownership.

• Entire Building

Check YES if coverage is for the entire building; otherwise, check NO.

• Total Number of Units

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. The RCBAP covers only a residential condominium building in a Regular Program community.

- High-Rise Building – A condominium building having 5 or more units and at least 3 floors excluding enclosures.
- Low-Rise Building – A condominium building having fewer than 5 units regardless of the number of floors, or 5 or more units with fewer than 3 floors including a basement.

• Condominium Unit

Check YES if coverage is for a condominium unit. Otherwise, check NO.

7. Additions and Extensions (if Applicable)

ALL BUILDINGS	7. ADDITIONS AND EXTENSIONS (IF APPLICABLE)
	DOES THE BUILDING HAVE ANY ADDITIONS OR EXTENSIONS? <input type="checkbox"/> YES <input type="checkbox"/> NO (ADDITIONS AND EXTENSIONS MAY BE SEPARATELY INSURED.)
	COVERAGE IS FOR:
	<input type="checkbox"/> BUILDING INCLUDING ADDITION(S) AND EXTENSION(S)
	<input type="checkbox"/> BUILDING EXCLUDING ADDITION(S) AND EXTENSION(S) PROVIDE POLICY NUMBER FOR ADDITION OR EXTENSION: _____
	<input type="checkbox"/> ADDITION OR EXTENSION ONLY (INCLUDE DESCRIPTION IN THE PROPERTY LOCATION BOX ABOVE). PROVIDE POLICY NUMBER FOR BUILDING EXCLUDING ADDITION(S) OR EXTENSION(S): _____

Check YES if the building has additions or extensions attached to and in contact with the building by means of a rigid exterior wall, a solid load-bearing interior wall, a stairway, an elevated walkway, or a roof. Check NO if the building has no additions or extensions. For additional guidance, refer to the Additions or Extensions subsection in the General Rules section of this manual.

Check the appropriate box to indicate the desired coverage if the building has additions or extensions.

NOTE: Coverage automatically extends to additions and extensions, unless a separate policy is purchased for the addition(s) or extension(s). When insuring a building with additions and extensions under a single policy, the zone and elevation of the lowest floor of any additions and extensions cannot be excluded from the policy rating.

For additional guidance on additions and extensions, refer to the Single Building subsection of the General Rules section of this manual.

Check "Building including addition(s) and extension(s)" if the coverage intended by this Application is for both a main building and any additions or extensions on one policy. If this section is left blank, coverage is presumed to include any additions and extensions discovered at the time of loss.

Check “Building excluding addition(s) and extension(s)” if the coverage intended by this Application is for a main building only, because the addition(s) and extensions(s) will be insured by another policy. Provide the policy (or quote or Application) number for the policy covering the addition or extension. Additions and extensions cannot be excluded from coverage on the building except by insuring them separately.

Check “Addition or extension only (include description in the Property Location box above)” if the coverage intended by this Application is for an addition or extension only. A separate Elevation Certificate may be required to obtain the necessary information for rating. Provide the policy (or quote or Application) number for the policy covering the main building.

8. Insured's Primary Residence, Rental Property, Tenant's Coverage

ALL BUILDINGS	8. PRIMARY RESIDENCE, RENTAL PROPERTY, TENANT'S COVERAGE
	IS BUILDING INSURED'S PRIMARY RESIDENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO
	IS BUILDING A RENTAL PROPERTY? <input type="checkbox"/> YES <input type="checkbox"/> NO
	IS THE INSURED A TENANT? <input type="checkbox"/> YES <input type="checkbox"/> NO
	IF YES, IS THE TENANT REQUESTING BUILDING COVERAGE? <input type="checkbox"/> YES <input type="checkbox"/> NO
	IF YES, SEE NOTICE IN SIGNATURE BLOCK ON PAGE 2.

• Insured's Primary Residence

A primary residence is a single family building, condominium unit, apartment unit, or unit within a cooperative building that will be lived in by the policyholder or the policyholder's spouse for more than 50% of the 365 calendar days following the current policy effective date or some lesser amount of time if the policyholder does not lease the residence to another party or use the residence as rental or income property at any time during the policy term. A policyholder and the policyholder's spouse may not collectively have more than one primary residence. Policyholders with primary residences may include the following:

- Active-duty military personnel who are deployed for 50% or more of the policy year in compliance with military orders;
- Policyholders displaced from a primary residence and living in a temporary residence due to a federally declared disaster or a loss event on the primary residence claimed on any line of insurance for 50% or more of the policy year; or
- Policyholders who are absent from a primary residence for reasons such as routine business travel, hospitalizations, and/or vacation for 50% or more of the policy year.

Check YES if an applicant or an applicant's spouse is the primary resident; otherwise, check NO.

If YES, the Application must include current documentation of primary residence status. Acceptable documentation is one of the following: Homestead Tax Credit Form for Primary Residence, driver's license, automobile registration, proof of insurance for a vehicle, voter's registration, or documents showing where children attend school.

If documentation of a primary residence is not available, the insurer must obtain a signed and dated statement from the applicant which specifies that the property is the insured's primary residence. For additional guidance, refer to the Primary Residence Determination subsection in the General Rules section of this manual.

NOTE: If the building is a non-primary residence located in Zone A, AE, A1–A30, AO, AH, V, VE, V1–V30, or D, and Pre-FIRM subsidized rates are used, use Table 2B in the Rating section of this manual. For loss settlement, the definition of principal residence in the SFIP will be used.

• Rental Property

Check YES if the building is a rental property; otherwise, check NO.

• Tenant's Coverage

If the insured is a tenant, check YES; otherwise, check NO. If the tenant is requesting building coverage, check YES; otherwise, check NO. If YES, see the Notice in the Signature block on Page 2. The building owner must be named on the policy. If building coverage is purchased by a tenant due to a lease agreement, the tenant may also be named on the policy. Coverage for contents owned by the tenant must be written on a separate policy in the name of the tenant only. For additional guidance, refer to the Tenant's Coverage subsection in the General Rules section of this manual.

9. Building Information

ALL BUILDINGS	9. BUILDING INFORMATION
	IS BUILDING IN THE COURSE OF CONSTRUCTION? <input type="checkbox"/> YES <input type="checkbox"/> NO
	IS BUILDING WALLED AND ROOFED? <input type="checkbox"/> YES <input type="checkbox"/> NO
	IS BUILDING OVER WATER? <input type="checkbox"/> NO <input type="checkbox"/> PARTIALLY <input type="checkbox"/> ENTIRELY
	IS BUILDING LOCATED ON FEDERAL LAND? <input type="checkbox"/> YES <input type="checkbox"/> NO
	IS BUILDING A SEVERE REPETITIVE LOSS PROPERTY? <input type="checkbox"/> YES <input type="checkbox"/> NO

• Building in the Course of Construction

Check YES if the building is in the course of construction (if the building is not yet walled and roofed); otherwise, check NO.

- **Building Walled and Roofed**

Check YES if the building has at least 2 outside rigid walls and a fully secured roof; otherwise, check NO.

- **Building Over Water**

Check NO if the building is not located over water. Check PARTIALLY if any part of the building is over water. Check ENTIRELY if the building is completely over water. In tidal areas, use the mean high tide in determining whether the building is partially or entirely over water. For additional guidance on buildings over water, refer to the Building Property Eligibility subsection in the General Rules section of this manual.

- **Federal Land**

Check YES if the building is located on Federal land; otherwise, check NO. For additional guidance on federally leased properties, refer to the Leased Federal Properties section of this manual.

- **Severe Repetitive Loss Property**

Check YES if the building is an SRL property; otherwise, check NO. If YES, the Application must be sent to the NFIP Special Direct Facility for processing. For additional guidance, refer to the Severe Repetitive Loss section of this manual.

10. Elevated Building

ALL BUILDINGS	10. IS BUILDING ELEVATED? <input type="checkbox"/> YES <input type="checkbox"/> NO
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Check YES if the building is an elevated building; otherwise, check NO. If YES, complete the Elevated Buildings section on Page 2. 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.

11. Basement, Enclosure, Crawlspce

ALL BUILDINGS	11. BASEMENT, ENCLOSURE, CRAWLSPACE
	<input type="checkbox"/> NONE
	<input type="checkbox"/> FINISHED BASEMENT/ENCLOSURE
	<input type="checkbox"/> CRAWLSPACE
	<input type="checkbox"/> UNFINISHED BASEMENT/ENCLOSURE
<input type="checkbox"/> SUBGRADE CRAWLSPACE	
IS THE BASEMENT/SUBGRADE CRAWLSPACE FLOOR BELOW GRADE ON ALL SIDES?	
<input type="checkbox"/> YES <input type="checkbox"/> NO	

Check whether the building contains:

- **Basement** – Any area of the building, including any sunken room or sunken portion of a room, having its floor below ground level (subgrade) on all sides.
- **Enclosure** – That portion of an elevated building below the lowest elevated floor that is either partially or fully shut in by rigid walls. A garage below or attached to an elevated building is considered an enclosure.

NOTE: A **finished** (habitable) area is an enclosed area that has more than 20 linear feet of finished interior walls (paneling, etc.).

An **unfinished** area is an enclosed area that is used only for the parking of vehicles, building access, or storage purposes and that does not meet the definition of a finished (habitable) area.

- **Crawlspace** – In an elevated building, an under-floor space that has its interior floor area (finished or not) no more than 5 feet below the top of the next higher floor.

- **Subgrade Crawlspce** – A crawlspace foundation where the subgrade under-floor area is no more than 5 feet below the top of the next higher floor and no more than 2 feet below the lowest adjacent grade on all sides. (A building with a subgrade crawlspace is not an elevated building.)

Check YES if the Basement/Subgrade Crawlspce floor is below grade on all sides; otherwise, check NO.

Select NONE if the enclosure or crawlspace is not the lowest floor for rating. In all zones with the exception of zones V, VE, and V1–V30, this means that the enclosure has proper openings, is unfinished, and is used only for building access, parking, or storage.

Select NONE for a Post-FIRM V-Zone building constructed before October 1, 1981, if the enclosure is less than 300 square feet with breakaway walls and no machinery or equipment, is unfinished, and is used only for building access, parking, or storage.

Select NONE if coverage is for an individual unit in a high-rise condominium building that is elevated with an enclosure.

NOTE: If NONE is selected, use the without basement/enclosure/crawlspace/subgrade crawlspace rates. For further guidance, refer to the Rating section of this manual.

12. Number of Floors in Building or Building Type

ALL BUILDINGS	12. NUMBER OF FLOORS IN BUILDING (INCLUDING 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"/> TOWNHOUSE/ROWHOUSE (RCBAP LOW-RISE ONLY)
	<input type="checkbox"/> MANUFACTURED (MOBILE) HOME/TRAVEL TRAILER ON FOUNDATION

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

If the building's enclosure or crawlspace is eligible for exclusion from rating, do not count the enclosed area as a floor. See the explanation under Basement/

Enclosure/Crawlspace for eligibility of exclusion from rating.

- 1 Floor – excludes unfinished attic;
- 2 Floors – includes basement, enclosure, crawlspace, and subgrade crawlspace;
- 3 or More Floors – includes basement, enclosure, crawlspace, and subgrade crawlspace;
- Split Level – A foundation with a vertical offset in the floor framing on either side of a common wall;
- Townhouses/Rowhouses (RCBAP low-rise only) – A row of homes sharing at least 1 common wall;
- Manufactured (Mobile) Home or Travel Trailer – Must be built on a permanent chassis and affixed to a permanent foundation, regardless of size. A serial number must be provided on Page 2 of the Application.

M. Non-Elevated Buildings

1. Garage

NON-ELEVATED BUILDINGS	1. GARAGE
	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

Check YES if a garage is attached to the building; otherwise, check NO. If YES, provide the total square footage of the garage.

Check YES if the garage has any openings that allow the passage of floodwaters; otherwise, check NO. If flood openings are present, provide the total number and the total square inches of permanent flood openings.

Check YES if the garage is used solely for parking of vehicles, building access, and/or storage; otherwise, check NO.

If YES, indicate if the garage contains machinery and/or equipment; otherwise, check NO.

For more information on non-elevated buildings and attached garages, refer to the Lowest Floor Guide (LFG) section of this manual.

2. Basement/Subgrade Crawlspace

NON-ELEVATED BUILDINGS	2. BASEMENT/SUBGRADE CRAWLSPACE
	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: _____

Check YES if the basement/subgrade crawlspace contains machinery and/or equipment and select the appropriate value; otherwise, check NO.

Check YES if the basement/subgrade crawlspace contains a washer, dryer, or food freezer and select the appropriate value; otherwise, check NO.

III. COMPLETING PAGE 2 OF THE FLOOD INSURANCE APPLICATION FORM

The agent/producer must complete all relevant items on Page 2 of the Application form for all buildings.

A. Elevated Buildings (Including Manufactured [Mobile] Homes/Travel Trailers)

This section is required for all elevated buildings, including manufactured (mobile) homes/travel trailers.

1. Area Below the Lowest Elevated Floor

ELEVATED BUILDINGS	1. IF THE BUILDING IS ELEVATED, IS THE AREA BELOW
	<input type="checkbox"/> FREE OF OBSTRUCTION
	<input type="checkbox"/> WITH OBSTRUCTION

If the building is elevated, indicate whether the area below the lowest elevated floor is free of obstruction or with obstruction. An obstruction is a partially or fully enclosed area, or machinery and equipment, below the lowest elevated floor of the building.

2. Elevating Foundation Type

ELEVATED BUILDINGS	2. ELEVATING FOUNDATION TYPE
	<input type="checkbox"/> PIERS, POSTS, OR PILES
	<input type="checkbox"/> REINFORCED MASONRY PIERS OR CONCRETE PIERS OR COLUMNS
	<input type="checkbox"/> REINFORCED CONCRETE SHEAR WALLS
	<input type="checkbox"/> WOOD SHEAR WALLS
	<input type="checkbox"/> SOLID FOUNDATION WALLS

Check the elevating foundation type used for the building.

NOTE: “Solid (perimeter) foundation walls” means foundation walls as shown in Building Diagram numbers 7 and 8 on the Elevation Certificate.

3. Machinery and/or Equipment Below the Elevated Floor

ELEVATED BUILDINGS

3. MACHINERY AND/OR EQUIPMENT

DOES THE AREA BELOW THE ELEVATED FLOOR CONTAIN MACHINERY AND/OR EQUIPMENT? ☐ YES ☐ NO

IF YES, SELECT THE VALUE BELOW:

☐ UP TO \$10,000

☐ \$10,001 TO \$20,000

☐ IF GREATER THAN \$20,000 – INDICATE THE AMOUNT: _____

DOES THE AREA BELOW THE ELEVATED FLOOR CONTAIN A WASHER, DRYER OR FOOD FREEZER? ☐ YES ☐ NO

IF YES, SELECT THE VALUE BELOW:

☐ UP TO \$5,000

☐ \$5,001 TO \$10,000

☐ IF GREATER THAN \$10,000 – INDICATE THE AMOUNT: _____

Check YES if the area below the elevated floor contains machinery and/or equipment and select the appropriate value. Otherwise, check NO.

Check YES if the area below the elevated floor contains a washer, dryer, or food freezer and select the appropriate value; otherwise, check NO.

4. Area Below the Elevated Floor

ELEVATED BUILDINGS

4. AREA BELOW THE ELEVATED FLOOR

IS THE AREA BELOW THE ELEVATED FLOOR ENCLOSED? ☐ YES ☐ NO

IF YES, CHECK ONE OF THE FOLLOWING:

☐ FULLY ☐ PARTIALLY

IS THERE A GARAGE? (CHECK ONE)

☐ NO GARAGE

☐ BENEATH THE LIVING SPACE

☐ NEXT TO THE LIVING SPACE

DOES THE AREA BELOW THE ELEVATED FLOOR CONTAIN ELEVATORS?

☐ YES ☐ NO

IF YES, HOW MANY? _____

Check YES if the area below the elevated floor is enclosed; otherwise, check NO. If YES, indicate whether the area is fully or partially enclosed.

Select NO if there is no garage attached to the building.

Select Beneath the Living Space if the garage is under the lowest elevated floor and within the footprint of the building.

Select **Next** to **Living Space** if the garage is not under the lowest elevated floor and is attached to the building.

For additional guidance on elevated buildings with a garage, refer to Lowest Floor Guide (LFG) section of this manual.

Check YES if the area below the elevated floor contains elevators; otherwise, check NO. If YES, indicate the number of elevators.

ELEVATED BUILDINGS

IF THE ANSWER TO ANY OF THE QUESTIONS REGARDING THE AREA BELOW THE ELEVATED FLOOR IS YES, OR THERE IS A GARAGE, ANSWER ALL THE FOLLOWING.

INDICATE MATERIAL USED FOR ENCLOSURE:

- ☐ INSECT SCREENING
- ☐ LIGHT WOOD LATTICE
- ☐ SOLID WOOD FRAME WALLS (IF BREAKAWAY, SUBMIT CERTIFICATION DOCUMENTATION)
- ☐ SOLID WOOD FRAME WALLS (NON-BREAKAWAY)
- ☐ MASONRY WALLS (IF BREAKAWAY, SUBMIT CERTIFICATION DOCUMENTATION)
- ☐ MASONRY WALLS (NON-BREAKAWAY)
- ☐ OTHER (DESCRIBE): _____

IF ENCLOSED WITH A MATERIAL OTHER THAN INSECT SCREENING OR LIGHT WOOD LATTICE, PROVIDE THE SIZE OF ENCLOSED AREA:

--	--	--	--	--	--

SQUARE FEET

Indicate the materials used for the enclosure.

For Post-FIRM buildings in V Zones, elevated on solid (perimeter) foundation walls, submit the Application to the insurer for rating.

NOTE: In V Zones, if the area below the elevated floor appears in the submitted photographs to be enclosed using masonry walls, and these walls are represented as being breakaway walls on the Application, provide certification of breakaway walls signed by a local building official, an engineer, or an architect.

If enclosed with a material other than insect screening or light wood lattice, provide the square footage of the enclosed area.

ELEVATED BUILDINGS

IS THE ENCLOSED AREA/CRAWLSPACE USED FOR ANY PURPOSE OTHER THAN SOLELY FOR PARKING OF VEHICLES, BUILDING ACCESS AND/OR STORAGE? ☐ YES ☐ NO

IF YES, DESCRIBE:

DOES THE ENCLOSED AREA HAVE MORE THAN 20 LINEAR FEET OF FINISHED INTERIOR WALL, PANELING, ETC.? ☐ YES ☐ NO

Check YES if the enclosed area is used for any purpose other than solely for parking of vehicles, building access, or storage, and provide a description; otherwise, check NO.

Check YES if the enclosed area has more than 20 linear feet of interior finished wall, paneling, etc.; otherwise, check NO.

5. Flood Openings

ELEVATED BUILDINGS	5. FLOOD OPENINGS
	IS THE ENCLOSED AREA/CRAWLSPACE CONSTRUCTED WITH OPENINGS (EXCLUDING DOORS) TO ALLOW THE PASSAGE OF FLOODWATERS THROUGH THE ENCLOSED AREA? <input type="checkbox"/> YES <input type="checkbox"/> NO
	IF YES, INDICATE NUMBER OF PERMANENT FLOOD OPENINGS WITHIN 1 FOOT ABOVE ADJACENT GRADE: _____
	TOTAL AREA OF ALL PERMANENT FLOOD OPENINGS: _____
	_____ SQUARE INCHES.
	ARE FLOOD OPENINGS ENGINEERED? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, SUBMIT CERTIFICATION.

Check YES if the area is constructed with a minimum of 2 openings (excluding doors); otherwise, check NO.

The openings must be positioned on at least 2 exterior walls and have a total net area of not less than 1 square inch for every square foot of enclosed area.

If the enclosure is partially subgrade, a minimum of 2 openings must be provided, with positioning on a single wall adjacent to the lowest grade next to the building.

The bottom of all openings must be no higher than 1 foot above the higher of the exterior or interior adjacent grade or floor immediately below the openings. Enter the number of openings and the total area of all openings in square inches.

Indicate if the flood openings are engineered. If YES, submit certification; otherwise, check NO.

For further guidance, refer to the Proper Opening Requirements in the Lowest Floor Guide (LFG) section of this manual.

B. Manufactured (Mobile) Homes/Travel Trailers (Wheels must be removed for travel trailer to be insurable.)

1. Manufactured (Mobile) Home/Travel Trailer Data

MANUFACTURED (MOBILE) HOMES/ TRAVEL TRAILERS	NOTE: WHEELS MUST BE REMOVED FOR TRAVEL TRAILER TO BE INSURABLE.
	1. MANUFACTURED (MOBILE) HOME/TRAVEL TRAILER DATA
	YEAR OF MANUFACTURE: _____
	MAKE: _____
	MODEL NUMBER: _____
SERIAL NUMBER: _____	

Enter the year of manufacture, make, model number, and serial number.

DIMENSIONS:	_____ x _____ FEET
	ARE THERE ANY PERMANENT ADDITIONS AND/OR EXTENSIONS? <input type="checkbox"/> YES <input type="checkbox"/> NO
	IF YES, THE DIMENSIONS ARE: _____ x _____ FEET

Enter the dimensions, excluding any permanent addition or extension to the manufactured (mobile) home or travel trailer.

Check YES if the mobile home or travel trailer has permanent additions or extensions. If YES, enter dimensions; otherwise, check NO.

2. Anchoring

2. ANCHORING
THE MANUFACTURED (MOBILE) HOME/TRAVEL TRAILER ANCHORING SYSTEM UTILIZES: (CHECK ALL THAT APPLY.)
<input type="checkbox"/> OVER-THE-TOP TIES <input type="checkbox"/> GROUND ANCHORS
<input type="checkbox"/> FRAME TIES <input type="checkbox"/> SLAB ANCHORS
<input type="checkbox"/> FRAME CONNECTORS
<input type="checkbox"/> OTHER (DESCRIBE): _____

Check all boxes that describe the anchoring system. If OTHER is checked, describe the anchoring system.

3. Installation

3. INSTALLATION
THE MANUFACTURED (MOBILE) HOME/TRAVEL TRAILER WAS INSTALLED IN ACCORDANCE WITH: (CHECK ALL THAT APPLY.)
<input type="checkbox"/> MANUFACTURER'S SPECIFICATIONS
<input type="checkbox"/> LOCAL FLOODPLAIN MANAGEMENT STANDARDS
<input type="checkbox"/> STATE AND/OR LOCAL BUILDING STANDARDS

Check all boxes that describe how the manufactured (mobile) home was installed.

C. Construction Information

CONSTRUCTION INFORMATION	CHECK ONE OF THE FOLLOWING AND ENTER DATE FOR ORIGINAL CONSTRUCTION:
	<input type="checkbox"/> BUILDING PERMIT <input type="checkbox"/> CONSTRUCTION _____ / _____ / _____
	CHECK IF BUILDING HAS BEEN SUBSTANTIALLY IMPROVED AND ENTER DATE:
	<input type="checkbox"/> SUBSTANTIAL IMPROVEMENT _____ / _____ / _____
	CHECK ONE OF THE FOLLOWING FOR MANUFACTURED (MOBILE) HOMES/TRAVEL TRAILERS:
<input type="checkbox"/> LOCATED OUTSIDE A MOBILE HOME PARK OR SUBDIVISION: DATE OF PERMANENT PLACEMENT	
<input type="checkbox"/> LOCATED INSIDE A MOBILE HOME PARK OR SUBDIVISION: CONSTRUCTION DATE OF MOBILE HOME PARK OR SUBDIVISION FACILITIES	

• Construction Date

Enter the building construction date (month/day/year). For Pre-FIRM buildings, enter the date the building was originally constructed, even if the building has subsequently been substantially improved. For Post-FIRM buildings, enter the date the building was originally constructed, unless the building has been substantially improved. For Post-FIRM buildings that have been substantially improved, enter the date the building was substantially improved.

Select the applicable box.

NOTE: For optional rating for Pre-FIRM buildings, refer to the Rating section of this manual.

• Building Permit

Select this box if construction began within 180 days of the building permit date and enter the building permit date.

- **Construction**

Select this box if construction began more than 180 days after the building permit date and enter the date of the start of construction.

- **Substantial Improvement**

Select this box if the building has been substantially improved. Substantial improvement is any reconstruction, rehabilitation, addition, or other improvement of a building, the cost of which equals or exceeds 50% of the market value of the building before the start of construction of the improvement.

If the Substantial Improvement box is checked for a Pre-FIRM building, refer to the Pre-FIRM Rating Hierarchy (Table 10) in the Rating section of this manual to determine if Rate Table 2B, 2C, or 2D in the Rating section, or corresponding tables in the Condominiums section should be used.

- **Manufactured (Mobile) Homes/Travel Trailers Located Outside a Mobile Home Park or Subdivision**

Select this box if the manufactured (mobile) home or travel trailer is located outside a mobile home park or subdivision, and enter the date of permanent placement.

- **Manufactured (Mobile) Homes/Travel Trailers Located Inside a Mobile Home Park or Subdivision**

Select this box if the manufactured (mobile) home or travel trailer is located inside a mobile home park or subdivision, and enter the construction date of the mobile home park or subdivision facilities.

D. Contents

CONTENTS	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 1 FULL FLOOR	
IS PERSONAL PROPERTY HOUSEHOLD CONTENTS? <input type="checkbox"/> YES <input type="checkbox"/> NO		
IF NO, DESCRIBE: _____		
*IF SINGLE FAMILY, CONTENTS ARE RATED THROUGHOUT THE BUILDING.		

Check the box that describes the location of the contents to be insured. Check YES if personal property is household contents; otherwise, check NO and describe.

E. Elevation Data

ELEVATION DATA	IS BUILDING POST-FIRM CONSTRUCTION?
	<input type="checkbox"/> YES <input type="checkbox"/> NO
	(IF POST-FIRM CONSTRUCTION IN ZONES A1-A30, AE, AO, AH, V, V1-V30, VE, OR IF PRE-FIRM CONSTRUCTION IS ELEVATION RATED, ATTACH ELEVATION CERTIFICATE.)

- **Post-FIRM Construction**

Check YES if the building was constructed or substantially improved after December 31, 1974, or on or after the effective date of the initial FIRM for the community, whichever is later; otherwise, check NO.

ELEVATION DATA	ELEVATION CERTIFICATION DATE: ____/____/____
	BUILDING DIAGRAM NO.: _____ LOWEST ADJACENT GRADE (LAG): _____
	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 type="checkbox"/> NO
	IS BUILDING FLOODPROOFED? <input type="checkbox"/> YES <input type="checkbox"/> NO (SEE THE NFIP FLOOD INSURANCE MANUAL FOR CERTIFICATION REQUIREMENTS.)

- **Elevation Information**

Enter the elevation information from the Elevation Certificate (EC) for Post-FIRM construction in zones A, A1-A30, AE, AO, AH, V, V1-V30, or VE and for Pre-FIRM construction that is elevation rated. Submit the EC and photographs. Photographs must be taken and dated within 90 days of submission.

Full-risk rates for unnumbered V Zones are located in the Specific Rating Guidelines. No EC is required for Zone D, and the full-risk rates are found in Table 3A in the Rating section of this manual.

NOTE: Post-FIRM buildings constructed in a non-SFHA and remapped to an SFHA are eligible for grandfathering. The insured has the option of obtaining an EC or continuing with the non-SFHA rates without an EC.

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.

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 Certification Date**

Enter the date the EC was signed.

- **Building Diagram Number**

Enter the building diagram number from the EC.

Applications for buildings rated using the Floodproofing Certificate do not require a diagram number.

- **Lowest Adjacent Grade**

Enter the Lowest Adjacent Grade from the EC.

The Lowest Adjacent Grade is not required for buildings located in AO Zones and buildings in Unnumbered A Zones and Unnumbered V Zones without a BFE.

Applications for buildings rated using the Floodproofing Certificate do not require a Lowest Adjacent Grade.

- **Lowest Floor Elevation**

Enter the Lowest Floor Elevation from the EC. To determine the lowest floor for rating, refer to the Lowest Floor Guide section of this manual.

When entering elevation data, drop hundredths of a foot and show only tenths of a foot. For example, if the Lowest Floor Elevation is 10.49', enter 10.4'; do not round up to 10.5'.

- **Base Flood Elevation**

Enter the Base Flood Elevation (BFE) from the EC.

In A Zones where BFEs are not available, the BFE may be provided by Federal, state, or local government agencies, such as the United States Geological Survey, United States Army Corps of Engineers, Department of Transportation, or Division of Water Resources. When sources other than these are used, the local community official must agree in writing with the established BFE.

- **Elevation Difference**

Enter the Elevation Difference.

To determine the Elevation Difference, subtract the Base Flood Elevation from the Lowest Floor Elevation. For example, if the Lowest Floor Elevation is 10.5' and the Base Flood Elevation is 9.0', then the Elevation Difference is +1.5' ($10.5' - 9.0' = 1.5'$), which is rounded to the nearest foot, which is +2'.

- **In Zones V1–V30 Only, Does Base Flood Elevation Include Effects of Wave Action?**

Check YES if the Base Flood Elevation includes the effects of wave action; otherwise, check NO. Base Flood Elevations for V Zones on FIRMs dated before January 1, 1981, may require a wave height adjustment. For additional guidance, refer to the FIRMs with Wave Heights subsection in the Rating section of this manual.

- **Is Building Floodproofed?**

Check YES if the building is floodproofed; otherwise, check NO. To receive credit for floodproofing, the completed Floodproofing Certificate must be submitted. Refer to the Floodproofed Buildings subsection in the Rating section of this manual for additional floodproofing documentation requirements.

NOTE: Buildings in V Zones on the current FIRM are not eligible for the floodproofing credit.

The residential floodproofing rating credit may be grandfathered for those residential buildings with a valid Residential Basement Floodproofing Certificate

that were constructed between the effective date of the community's floodproofing eligibility and their rescission date, but not on or after the rescission date. (See the Special Certifications section in this manual for a list of communities approved for residential basement floodproofing.)

F. Coverage and Rating

- **Estimated Building Replacement Cost**

ESTIMATED BUILDING REPLACEMENT COST (INCLUDING FOUNDATION): \$ _____

Using normal company practice, estimate the Replacement Cost Value (RCV) and enter the value in the space provided. Include the cost of the building foundation when determining the RCV.

- **Deductible**

DEDUCTIBLE: BUILDING \$ _____ CONTENTS \$ _____

Enter the deductible amount for building and/or contents. Effective April 1, 2015, a \$10,000 deductible is available for residential properties, and this option must be clearly disclosed to the applicant. For additional information and options on deductibles, refer to the Rating and Condominiums sections of this manual.

- **Insurance Coverage**

INSURANCE COVERAGE	TOTAL AMOUNT OF INSURANCE
BUILDING	
CONTENTS	

For information on coverage limits available, see the "Amount of Insurance Available" table in the Rating section of this manual, and enter the total amount of insurance requested.

- **Rating**

BASIC LIMITS			ADDITIONAL LIMITS (REGULAR PROGRAM ONLY)		
AMOUNT OF INSURANCE	RATE	ANNUAL PREMIUM	AMOUNT OF INSURANCE	RATE	ANNUAL PREMIUM
		.00			.00
		.00			.00

Enter the Basic and Additional Limits, Rates, and Annual premium.

DEDUCTIBLE	TOTAL PREMIUM
PREMIUM REDUCTION/INCREASE	
.00	.00
.00	.00

Enter Deductible (premium reduction/increase), and calculate the Total Premium.

ANNUAL SUBTOTAL	\$
ICC PREMIUM	
SUBTOTAL	
CRS PREMIUM DISCOUNT _____ %	
SUBTOTAL	
RESERVE FUND _____ %	
SUBTOTAL	
PROBATION SURCHARGE	
HFIAA SURCHARGE	
FEDERAL POLICY FEE	
TOTAL AMOUNT DUE	\$

Next, enter the Annual Subtotal, ICC Premium, and calculate the subtotal. If any, add in the CRS Premium Discount, and calculate the subtotal. For the CRS discounts, see the Community Rating System Eligible Communities list in the CRS section of this manual.

Next, enter the Reserve Fund Assessment percentage and calculate the subtotal. For the annual Reserve Fund Assessment percentage, refer to the Rating section of this manual.

Next, enter the Probation Surcharge (if any).

Next, add either a \$25.00 or a \$250.00 surcharge to the premium in accordance with Homeowner Flood Insurance Affordability Act of 2014 (HFIAA). The HFIAA surcharge is \$25.00 for policies covering primary residences, including contents-only policies, if the named insured's primary residence is a single-family dwelling, an individual condominium unit, an apartment unit, or a unit in a cooperative building. For all other policies, the HFIAA surcharge is \$250.00. The HFIAA surcharge is not subject to agent commissions.

Finally, enter the Federal Policy Fee, and calculate the Total Amount Due. For additional information and rating examples, refer to the Rating section of this manual.

• Rate Category

RATE CATEGORY:		
<input type="checkbox"/> MANUAL	<input type="checkbox"/> SUBMIT FOR RATE	<input type="checkbox"/> PROVISIONAL RATING
INDICATE THE RATE TABLE USED: _____		

Check the applicable rate type:

- Manual – Used to rate a policy using the rate tables provided in the *NFIP Flood Insurance Manual*.
- Submit for Rate – Used to rate a building for which no risk rate is published in the *NFIP Flood Insurance Manual*.
- Provisional Rating – Used for placing flood coverage prior to the receipt of an EC. It is expected that an

EC will be secured and standard rating completed within 60 days of the Policy Effective Date.

- Indicate the rate table used to issue the policy. The agent may leave this section blank. The insurer will determine the correct rate category and rate table used to issue the policy.

• Payment Method

PAYMENT METHOD:	
<input type="checkbox"/> CHECK	<input type="checkbox"/> CREDIT CARD
<input type="checkbox"/> OTHER: _____	

- Select the appropriate payment method. If paying by check or money order, make payable to the insurer.
- Select CREDIT CARD if paying by VISA, MasterCard, Discover, or American Express. Otherwise, check OTHER and describe the payment method. Payment must be for the Total Amount Due, payable to the insurer, and accompany the Application.
- For credit card payments, a disclaimer form, signed by the insured, must be 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, the agent/producer may sign the authorization form on behalf of the payor only after having read the disclaimer to the payor.

G. Signature

NOTICE: BUILDING COVERAGE BENEFITS – EXCEPT FOR A RESIDENTIAL CONDOMINIUM BUILDING – ARE NOT AVAILABLE IF OTHER NFIP BUILDING COVERAGE HAS BEEN PURCHASED BY THE APPLICANT OR ANY OTHER PARTY FOR THE SAME BUILDING.	
THE ABOVE STATEMENTS ARE CORRECT TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT ANY FALSE STATEMENTS MAY BE PUNISHABLE BY FINE AND/OR IMPRISONMENT UNDER APPLICABLE FEDERAL LAW. SEE REVERSE SIDE OF COPIES.	
SIGNATURE	SIGNATURE OF INSURANCE AGENT/PRODUCER _____ DATE (MM/DD/YYYY) / /
	SIGNATURE OF INSURED (OPTIONAL) _____ DATE (MM/DD/YYYY) / /

The agent/producer must sign and date Page 2 of the Application and is responsible for the completeness and accuracy of the information provided on it. The insured's signature is optional.

NOTE: The waiting period, if applicable, is added to the application date to determine the policy effective date entered in the Policy Period section of the Application.

Electronic transactions are permitted if the business process includes authentication of signatures and dates of receipt of premium. WYO Companies are responsible for determining the business practices and transaction authentication methods they will use to ensure the security and integrity of such transactions.

IV. SCHEDULED BUILDING POLICY

The Scheduled Building Policy is available to cover 2 to 10 buildings. The policy requires a specific amount of insurance to be designated for each building. To qualify, all buildings must have the same ownership and the same location. The properties on which the buildings are located must be contiguous.

Complete a separate Application for each building and/or contents for which coverage is requested.

All Flood Insurance Application forms must be completed in accordance with all *NFIP Flood Insurance Manual* rules and the Scheduled Building Policy qualifications above.

For each scheduled building (building and/or contents coverage), the Federal Policy Fee is \$45 per building.

V. MAILING INSTRUCTIONS

Upon completion of all sections of the Application, attach all required certifications and other documents to the Application, along with a check or money order made payable to the insurer for the Total Amount Due.

If paying by VISA, MasterCard, Discover, or American Express, submit a disclaimer form, signed by the insured, with the Flood Insurance Application.

Mail the original copy of the completed Application and all required documentation as described above, with the Total Amount Due, to the insurer. Retain a copy of the Application and supporting documents for the agency file, and provide copies of the Application to the applicant and the mortgagee.

After receipt of the Application and Total Amount Due, the insurer will validate and process the Application and issue the policy. The policy contract and

declarations page will be mailed to the insured. Copies of the declarations page will be provided to the agent/producer and any designated mortgagee(s).

VI. HANDLING OF INCOMPLETE OR INCORRECT APPLICATIONS

If an Application is incomplete, and/or the information submitted is incorrect or inconsistent, a policy will not be issued. The Application may be placed in a pending status until the agent/producer provides the complete or correct information.

For NFIP Direct business, if necessary information is not provided, a policy may be issued using Tentative Rates. If sufficient information is not available to tentatively rate the policy, the Application may be rejected and the premium refunded. In the case of an incomplete Application, the NFIP Servicing Agent will send the agent/producer a letter requesting the necessary information. Copies of this letter will be provided to the named insured and designated mortgagee(s). The agent/producer should provide the necessary information to the NFIP Servicing Agent. If the necessary information is not provided, the Application will be rejected and the premium refunded.

If the premium received is not enough to purchase the kind and amount of coverage requested, the policy will be issued for only the kind and amount of coverage that can be purchased for the premium payment received. In the case of an underpayment, when both building coverage 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.

THIS LAYOUT OF THE REVISED FLOOD INSURANCE APPLICATION, PAGE 1 OF 2, IS PROVIDED FOR YOUR REFERENCE.
THE FINAL FORM WILL BE RELEASED UPON O.M.B. APPROVAL.

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

National Flood Insurance Program

FLOOD INSURANCE APPLICATION, PAGE 1 (OF 2)
IMPORTANT—PLEASE PRINT OR TYPE; ENTER DATES AS MM/DD/YYYY.

☐ NEW ☐ RENEWAL ☐ TRANSFER (NFIP ONLY)

PRIOR POLICY #:

BILLING	AGENCY/PRODUCER INFORMATION	PROPERTY LOCATION	DISASTER ASSISTANCE	COMMUNITY	ALL BUILDINGS	NON-ELEVATED BUILDINGS		
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)	NAME AND MAILING ADDRESS OF AGENT/PRODUCER: AGENCY NO.: _____ AGENT'S TAX ID: _____ PHONE NO.: _____ FAX NO.: _____ EMAIL ADDRESS: _____	NOTE: ONE BUILDING PER POLICY – BLANKET COVERAGE NOT PERMITTED. 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 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.	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.: _____	GRANDFATHERING INFORMATION GRANDFATHERED? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, <input type="checkbox"/> BUILT IN COMPLIANCE OR <input type="checkbox"/> CONTINUOUS COVERAGE (PROVIDE PRIOR POLICY NUMBER IN BOX ABOVE) RATING MAP INFORMATION NAME OF COUNTY/PARISH: _____ COMMUNITY NO./PANEL NO. AND SUFFIX: _____ FIRM ZONE: _____ MAP DATE: ____/____/____ COMMUNITY PROGRAM TYPE IS: <input type="checkbox"/> REGULAR <input type="checkbox"/> EMERGENCY CURRENT MAP INFORMATION CURRENT COMMUNITY NO./PANEL NO. AND SUFFIX: _____ CURRENT FIRM ZONE: _____ CURRENT BFE: _____ MAP DATE: ____/____/____	1. BUILDING PURPOSE <input type="checkbox"/> 100% RESIDENTIAL <input type="checkbox"/> 100% NON-RESIDENTIAL <input type="checkbox"/> MIXED-USE – SPECIFY PERCENTAGE OF RESIDENTIAL USE: _____ % 2. BUILDING OCCUPANCY <input type="checkbox"/> SINGLE FAMILY <input type="checkbox"/> 2-4 FAMILY <input type="checkbox"/> OTHER RESIDENTIAL <input type="checkbox"/> NON-RESIDENTIAL BUSINESS <input type="checkbox"/> OTHER NON-RESIDENTIAL 3. IS THE BUILDING A HOUSE OF WORSHIP? <input type="checkbox"/> YES <input type="checkbox"/> NO 4. IS THE BUILDING AN AGRICULTURAL STRUCTURE? <input type="checkbox"/> YES <input type="checkbox"/> NO 5. BUILDING DESCRIPTION (CHECK ONE) <input type="checkbox"/> MAIN HOUSE <input type="checkbox"/> DETACHED GUEST HOUSE <input type="checkbox"/> DETACHED GARAGE <input type="checkbox"/> BARN <input type="checkbox"/> APARTMENT BUILDING <input type="checkbox"/> APARTMENT – UNIT <input type="checkbox"/> COOPERATIVE BUILDING <input type="checkbox"/> COOPERATIVE – UNIT <input type="checkbox"/> WAREHOUSE <input type="checkbox"/> TOOL/STORAGE SHED <input type="checkbox"/> POOLHOUSE, CLUBHOUSE, RECREATION BUILDING <input type="checkbox"/> OTHER: _____ 6. CONDOMINIUM INFORMATION IS BUILDING IN A CONDOMINIUM FORM OF OWNERSHIP? <input type="checkbox"/> YES <input type="checkbox"/> NO IS COVERAGE FOR THE ENTIRE BUILDING? <input type="checkbox"/> YES <input type="checkbox"/> NO TOTAL NUMBER OF UNITS: _____ <input type="checkbox"/> HIGH-RISE <input type="checkbox"/> LOW-RISE IS COVERAGE FOR A CONDOMINIUM UNIT? <input type="checkbox"/> YES <input type="checkbox"/> NO 7. ADDITIONS AND EXTENSIONS (IF APPLICABLE) DOES THE BUILDING HAVE ANY ADDITIONS OR EXTENSIONS? <input type="checkbox"/> YES <input type="checkbox"/> NO (ADDITIONS AND EXTENSIONS MAY BE SEPARATELY INSURED.) COVERAGE IS FOR: <input type="checkbox"/> BUILDING INCLUDING ADDITION(S) AND EXTENSION(S) <input type="checkbox"/> BUILDING EXCLUDING ADDITION(S) AND EXTENSION(S) PROVIDE POLICY NUMBER FOR ADDITION OR EXTENSION: _____	1. GARAGE 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	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 ONLY) – NO WAITING PERIOD INDICATE THE PROPERTY PURCHASE DATE: ____/____/____ NAME AND MAILING ADDRESS OF INSURED: PHONE NO.: _____ IS THE INSURED A SMALL BUSINESS? <input type="checkbox"/> YES <input type="checkbox"/> NO IS THE INSURED A NON-PROFIT ENTITY? <input type="checkbox"/> YES <input type="checkbox"/> NO NAME AND MAILING ADDRESS OF FIRST MORTGAGEE: LOAN NO.: _____ IS INSURANCE REQUIRED UNDER MANDATORY PURCHASE? <input type="checkbox"/> YES <input type="checkbox"/> NO NAME AND MAILING ADDRESS OF: <input type="checkbox"/> 2ND MORTGAGEE <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> OTHER IF OTHER, SPECIFY: _____ LOAN NO.: _____ IS INSURANCE REQUIRED UNDER MANDATORY PURCHASE? <input type="checkbox"/> YES <input type="checkbox"/> NO COMPLETE THIS SECTION ONLY FOR PRE-FIRM BUILDINGS LOCATED IN AN SFHA. 1. HAS THE APPLICANT HAD A PRIOR NFIP POLICY FOR THIS PROPERTY? <input type="checkbox"/> YES <input type="checkbox"/> NO 2. WAS THE POLICY REQUIRED BY THE LENDER UNDER MANDATORY PURCHASE? <input type="checkbox"/> YES <input type="checkbox"/> NO 3. IF YES, HAS THE PRIOR NFIP POLICY EVER LAPSED WHILE COVERAGE WAS REQUIRED UNDER MANDATORY PURCHASE BY THE LENDER? <input type="checkbox"/> YES <input type="checkbox"/> NO 4. IF YES, WAS THE LAPSE THE RESULT OF A COMMUNITY SUSPENSION? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, WHAT IS THE SUSPENSION DATE? ____/____/____ WHAT IS THE REINSTATEMENT DATE? ____/____/____ 5. WILL THIS POLICY BE EFFECTIVE WITHIN 180 DAYS OF THE COMMUNITY REINSTATEMENT AFTER SUSPENSION REFERRED TO IN (4) ABOVE? <input type="checkbox"/> YES <input type="checkbox"/> NO IS BUILDING LOCATED ON FEDERAL LAND? <input type="checkbox"/> YES <input type="checkbox"/> NO IS BUILDING A SEVERE REPETITIVE LOSS PROPERTY? <input type="checkbox"/> YES <input type="checkbox"/> NO 10. IS BUILDING ELEVATED? <input type="checkbox"/> YES <input type="checkbox"/> NO 11. BASEMENT, ENCLOSURE, CRAWLSPACE <input type="checkbox"/> NONE <input type="checkbox"/> FINISHED BASEMENT/ENCLOSURE <input type="checkbox"/> CRAWLSPACE <input type="checkbox"/> UNFINISHED BASEMENT/ENCLOSURE <input type="checkbox"/> SUBGRADE CRAWLSPACE IS THE BASEMENT/SUBGRADE CRAWLSPACE FLOOR BELOW GRADE ON ALL SIDES? <input type="checkbox"/> YES <input type="checkbox"/> NO 12. NUMBER OF FLOORS IN BUILDING (INCLUDING 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"/> TOWNHOUSE/ROWHOUSE (RCBAP LOW-RISE ONLY) <input type="checkbox"/> MANUFACTURED (MOBILE) HOME/TRAVEL TRAILER ON FOUNDATION	2. BASEMENT/SUBGRADE CRAWLSPACE 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: _____

PLEASE SUBMIT TOTAL AMOUNT DUE AND ALL REQUIRED CERTIFICATIONS WITH THE NFIP COPY OF THIS APPLICATION.
IF PAYING BY CHECK OR MONEY ORDER, MAKE PAYABLE TO THE NATIONAL FLOOD INSURANCE PROGRAM.
IMPORTANT — COMPLETE PAGE 1 AND PAGE 2 BEFORE SENDING APPLICATION TO THE NFIP. — IMPORTANT

THIS LAYOUT OF THE REVISED FLOOD INSURANCE APPLICATION, PAGE 2 OF 2, IS PROVIDED FOR YOUR REFERENCE.
THE FINAL FORM WILL BE RELEASED UPON O.M.B. APPROVAL.

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

National Flood Insurance Program

FLOOD INSURANCE APPLICATION, PAGE 2 (OF 2)

IMPORTANT—PLEASE PRINT OR TYPE: ENTER DATES AS MM/DD/YYYY. ALL DATA PROVIDED BY THE INSURED OR OBTAINED FROM THE ELEVATION CERTIFICATE SHOULD BE REVIEWED AND TRANSCRIBED BELOW. THIS PART OF THE APPLICATION MUST BE COMPLETED FOR ALL BUILDINGS.		<div style="border: 1px solid black; padding: 5px;"><input type="checkbox"/> NEW <input type="checkbox"/> RENEWAL <input type="checkbox"/> TRANSFER (NFIP ONLY) PRIOR POLICY #: _____</div>																																									
ELEVATED BUILDINGS	ELEVATED BUILDINGS (INCLUDING MANUFACTURED (MOBILE) HOMES/TRAVEL TRAILERS) 1. IF THE BUILDING IS ELEVATED, IS THE AREA BELOW <input type="checkbox"/> FREE OF OBSTRUCTION <input type="checkbox"/> WITH OBSTRUCTION 2. ELEVATING FOUNDATION TYPE <input type="checkbox"/> PIERS, POSTS, OR PILES <input type="checkbox"/> REINFORCED MASONRY PIERS OR CONCRETE PIERS OR COLUMNS <input type="checkbox"/> REINFORCED CONCRETE SHEAR WALLS <input type="checkbox"/> WOOD SHEAR WALLS <input type="checkbox"/> SOLID FOUNDATION WALLS 3. MACHINERY AND/OR EQUIPMENT DOES THE AREA BELOW THE ELEVATED FLOOR 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 AREA BELOW THE ELEVATED FLOOR 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: _____ 4. AREA BELOW THE ELEVATED FLOOR IS THE AREA BELOW THE ELEVATED FLOOR ENCLOSED? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, CHECK ONE OF THE FOLLOWING: <input type="checkbox"/> FULLY <input type="checkbox"/> PARTIALLY IS THERE A GARAGE? (CHECK ONE) <input type="checkbox"/> NO GARAGE <input type="checkbox"/> BENEATH THE LIVING SPACE <input type="checkbox"/> NEXT TO THE LIVING SPACE DOES THE AREA BELOW THE ELEVATED FLOOR CONTAIN ELEVATORS? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, HOW MANY? _____	IF THE ANSWER TO ANY OF THE QUESTIONS REGARDING THE AREA BELOW THE ELEVATED FLOOR IS YES, OR THERE IS A GARAGE, ANSWER ALL THE FOLLOWING. INDICATE MATERIAL USED FOR ENCLOSURE: <input type="checkbox"/> INSECT SCREENING <input type="checkbox"/> LIGHT WOOD LATTICE <input type="checkbox"/> SOLID WOOD FRAME WALLS (IF BREAKAWAY, SUBMIT CERTIFICATION DOCUMENTATION) <input type="checkbox"/> SOLID WOOD FRAME WALLS (NON-BREAKAWAY) <input type="checkbox"/> MASONRY WALLS (IF BREAKAWAY, SUBMIT CERTIFICATION DOCUMENTATION) <input type="checkbox"/> MASONRY WALLS (NON-BREAKAWAY) <input type="checkbox"/> OTHER (DESCRIBE): _____ IF ENCLOSED WITH A MATERIAL OTHER THAN INSECT SCREENING OR LIGHT WOOD LATTICE, PROVIDE THE SIZE OF ENCLOSED AREA: _____ SQUARE FEET IS THE ENCLOSED AREA/CRAWLSPACE USED FOR ANY PURPOSE OTHER THAN SOLELY FOR	PARKING OF VEHICLES, BUILDING ACCESS AND/OR STORAGE? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, DESCRIBE: _____ DOES THE ENCLOSED AREA HAVE MORE THAN 20 LINEAR FEET OF FINISHED INTERIOR WALL, PANELING, ETC.? <input type="checkbox"/> YES <input type="checkbox"/> NO 5. FLOOD OPENINGS IS THE ENCLOSED AREA/CRAWLSPACE CONSTRUCTED WITH OPENINGS (EXCLUDING DOORS) TO ALLOW THE PASSAGE OF FLOODWATERS THROUGH THE ENCLOSED AREA? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, INDICATE NUMBER OF PERMANENT FLOOD OPENINGS WITHIN 1 FOOT ABOVE ADJACENT GRADE: _____ TOTAL AREA OF ALL PERMANENT FLOOD OPENINGS: _____ SQUARE INCHES. ARE FLOOD OPENINGS ENGINEERED? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, SUBMIT CERTIFICATION.																																							
	MANUFACTURED (MOBILE) HOMES/TRAVEL TRAILERS	NOTE: WHEELS MUST BE REMOVED FOR TRAVEL TRAILER TO BE INSURABLE. 1. MANUFACTURED (MOBILE) HOME/TRAVEL TRAILER DATA YEAR OF MANUFACTURE: _____ MAKE: _____ MODEL NUMBER: _____ SERIAL NUMBER: _____ DIMENSIONS: _____ x _____ FEET ARE THERE ANY PERMANENT ADDITIONS AND/OR EXTENSIONS? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, THE DIMENSIONS ARE: _____ x _____ FEET																																									
2. ANCHORING THE MANUFACTURED (MOBILE) HOME/TRAVEL TRAILER ANCHORING SYSTEM UTILIZES: (CHECK ALL THAT APPLY.) <input type="checkbox"/> OVER-THE-TOP TIES <input type="checkbox"/> GROUND ANCHORS <input type="checkbox"/> FRAME TIES <input type="checkbox"/> SLAB ANCHORS <input type="checkbox"/> FRAME CONNECTORS <input type="checkbox"/> OTHER (DESCRIBE): _____ 3. INSTALLATION THE MANUFACTURED (MOBILE) HOME/TRAVEL TRAILER WAS INSTALLED IN ACCORDANCE WITH: (CHECK ALL THAT APPLY.) <input type="checkbox"/> MANUFACTURER'S SPECIFICATIONS <input type="checkbox"/> LOCAL FLOODPLAIN MANAGEMENT STANDARDS <input type="checkbox"/> STATE AND/OR LOCAL BUILDING STANDARDS																																											
CONSTRUCTION INFORMATION	CHECK ONE OF THE FOLLOWING AND ENTER DATE FOR ORIGINAL CONSTRUCTION: <input type="checkbox"/> BUILDING PERMIT <input type="checkbox"/> CONSTRUCTION _____/_____/_____ CHECK IF BUILDING HAS BEEN SUBSTANTIALLY IMPROVED AND ENTER DATE: <input type="checkbox"/> SUBSTANTIAL IMPROVEMENT _____/_____/_____ CHECK ONE OF THE FOLLOWING FOR MANUFACTURED (MOBILE) HOMES/TRAVEL TRAILERS: <input type="checkbox"/> LOCATED OUTSIDE A MOBILE HOME PARK OR SUBDIVISION: DATE OF PERMANENT PLACEMENT _____/_____/_____ <input type="checkbox"/> LOCATED INSIDE A MOBILE HOME PARK OR SUBDIVISION: CONSTRUCTION DATE OF MOBILE HOME PARK OR SUBDIVISION FACILITIES _____/_____/_____																																										
	CONTENTS 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 1 FULL FLOOR IS PERSONAL PROPERTY HOUSEHOLD CONTENTS? <input type="checkbox"/> YES <input type="checkbox"/> NO IF NO, DESCRIBE: _____ *IF SINGLE FAMILY, CONTENTS ARE RATED THROUGHOUT THE BUILDING.																																										
ELEVATION DATA	IS BUILDING POST-FIRM CONSTRUCTION? <input type="checkbox"/> YES <input type="checkbox"/> NO (IF POST-FIRM CONSTRUCTION IN ZONES A1-A30, AE, AO, AH, V, V1-V30, VE, OR IF PRE-FIRM CONSTRUCTION IS ELEVATION RATED, ATTACH ELEVATION CERTIFICATE.) ELEVATION CERTIFICATION DATE: _____/_____/_____ BUILDING DIAGRAM NO.: _____ LOWEST ADJACENT GRADE (LAG): _____ 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 type="checkbox"/> NO IS BUILDING FLOODPROOFED? <input type="checkbox"/> YES <input type="checkbox"/> NO (SEE THE NFIP FLOOD INSURANCE MANUAL FOR CERTIFICATION REQUIREMENTS.)																																										
	ESTIMATED BUILDING REPLACEMENT COST (INCLUDING FOUNDATION): \$ _____ DEDUCTIBLE: BUILDING \$ _____ CONTENTS \$ _____																																										
COVERAGE AND RATING	<table border="1" style="width:100%; border-collapse: collapse;"><thead><tr><th rowspan="2">INSURANCE COVERAGE</th><th rowspan="2">TOTAL AMOUNT OF INSURANCE</th><th colspan="3">BASIC LIMITS</th><th colspan="3">ADDITIONAL LIMITS (REGULAR PROGRAM ONLY)</th><th rowspan="2">DEDUCTIBLE</th><th rowspan="2">TOTAL PREMIUM</th></tr><tr><th>AMOUNT OF INSURANCE</th><th>RATE</th><th>ANNUAL PREMIUM</th><th>AMOUNT OF INSURANCE</th><th>RATE</th><th>ANNUAL PREMIUM</th></tr></thead><tbody><tr><td>BUILDING</td><td></td><td></td><td></td><td>.00</td><td></td><td></td><td>.00</td><td>.00</td><td>.00</td></tr><tr><td>CONTENTS</td><td></td><td></td><td></td><td>.00</td><td></td><td></td><td>.00</td><td>.00</td><td>.00</td></tr></tbody></table>							INSURANCE COVERAGE	TOTAL AMOUNT OF INSURANCE	BASIC LIMITS			ADDITIONAL LIMITS (REGULAR PROGRAM ONLY)			DEDUCTIBLE	TOTAL PREMIUM	AMOUNT OF INSURANCE	RATE	ANNUAL PREMIUM	AMOUNT OF INSURANCE	RATE	ANNUAL PREMIUM	BUILDING				.00			.00	.00	.00	CONTENTS				.00			.00	.00	.00
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SIGNATURE	<div style="display: flex; justify-content: space-between;"><div>RATE CATEGORY: <input type="checkbox"/> MANUAL <input type="checkbox"/> SUBMIT FOR RATE <input type="checkbox"/> PROVISIONAL RATING INDICATE THE RATE TABLE USED: _____</div><div>PAYMENT METHOD: <input type="checkbox"/> CHECK <input type="checkbox"/> CREDIT CARD <input type="checkbox"/> OTHER: _____</div></div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div>SIGNATURE OF INSURANCE AGENT/PRODUCER _____ DATE (MM/DD/YYYY) _____</div><div>SIGNATURE OF INSURED (OPTIONAL) _____ DATE (MM/DD/YYYY) _____</div></div>							<table border="1" style="width:100%; border-collapse: collapse;"><tr><td>ANNUAL SUBTOTAL</td><td>\$ _____</td></tr><tr><td>ICC PREMIUM</td><td></td></tr><tr><td>SUBTOTAL</td><td></td></tr><tr><td>CRS PREMIUM DISCOUNT _____ %</td><td></td></tr><tr><td>SUBTOTAL</td><td></td></tr><tr><td>RESERVE FUND _____ %</td><td></td></tr><tr><td>SUBTOTAL</td><td></td></tr><tr><td>PROBATION SURCHARGE</td><td></td></tr><tr><td>HFIAA SURCHARGE</td><td></td></tr><tr><td>FEDERAL POLICY FEE</td><td></td></tr><tr><td>TOTAL AMOUNT DUE</td><td>\$ _____</td></tr></table>		ANNUAL SUBTOTAL	\$ _____	ICC PREMIUM		SUBTOTAL		CRS PREMIUM DISCOUNT _____ %		SUBTOTAL		RESERVE FUND _____ %		SUBTOTAL		PROBATION SURCHARGE		HFIAA SURCHARGE		FEDERAL POLICY FEE		TOTAL AMOUNT DUE	\$ _____												
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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 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 Severe Repetitive Loss property owners and Preferred Risk Policy 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 12 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, 1800 South Bell Street, Arlington VA 20598-3005, Paperwork Reduction Project (1660-0033).

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

