

GENERAL CHANGE ENDORSEMENT

The NFIP General Change Endorsement form cannot be used to renew, extend, or change a policy term. However, the General Change Endorsement form, or a similar form for WYO companies, can be used to make certain types of coverage and rating changes or corrections to existing policy data.

I. ENDORSEMENT RULES

A. Coverage Endorsements

1. Additional Coverage or Increase in Amount of Insurance

Added coverage, or an increase in the amount of insurance, is permitted at any time during a policy term. The additional premium is calculated pro rata for the balance of the policy term, at either the rate in effect on the endorsement effective date or the rate in effect on the policy effective date, in accordance with each WYO company's standard business practice. (See Examples 1 through 4 at the end of this section.) Refer to the General Rules section, page GR 7, for the applicable waiting period.

2. Reduction of Insurance

A reduction in the amount of *building* insurance *cannot* be made unless part of the building has been removed, which reduces the building's value to less than the amount of the building insurance, or a current appraisal or cost estimate is provided which shows that the building's current coverage amount is higher than the estimated replacement cost of the building. (See Example 6 at the end of this section.)

A reduction in the amount of *contents* insurance *cannot* be made unless some of the contents have been sold or removed, which reduces the contents' value to less than the amount of the contents insurance.

3. Removal of a Coverage

There is no return premium for the removal of building or contents coverage unless the property is no longer at the described location or the property of the policyholder. (See Example 5 at the end of this section.)

B. Rating Endorsements

1. Rate Reduction

It is not permissible to revise a policy's rating during a policy term, due to a rate decrease, unless the effective date of the rate change is prior to the policy's effective date.

2. Rating Error

The NFIP rules require that the policy must be in effect in order to process refunds.

a. Current Term Refunds

Corrections will be allowed for only the current year for failure of the WYO company or NFIP Direct to:

- Use the map grandfather rule.
- Use the V-Zone Risk Factor Rating Form. The endorsement effective date is either the date the V-Zone Risk Factor Rating Form was certified or the effective date of the current policy year, whichever is later.
- Make a timely revision of alternative rates (rates used for Pre-FIRM rated risks where the zone is unknown).
- Use Post-FIRM rating for a Pre-FIRM structure. The refund will be processed if the insured provides an Elevation Certificate. The endorsement effective date is the effective date of the current policy year.
- Use an Elevation Certificate on Post-FIRM buildings rated using "Without Certification of Compliance or Elevation Certificate" for Zones AO and AH, or "No Elevation Certificate or No Estimated BFE" for Unnumbered A Zone. The endorsement effective date is the effective date of the current policy term.

b. Current and One Prior Term Refunds

Premium refunds will be allowed for the current and 1 prior policy year when an incorrect flood zone and/or Base Flood

Elevation was used at the time the policy was issued and the current FIRM shows a more hazardous zone or higher Base Flood Elevation.

3. Revision of an Alternative Rating

Alternative rating is used to compute the premium on a Renewal Notice following conversion of a community from the Emergency Program to the Regular Program. Alternative rates are also used by producers for the rating of Pre-FIRM construction. Alternative rating allows the producer and the policyholder 1 year to revise the rating, so a premium refund can be obtained from the renewal or inception date if it is determined that the insured property is located in a lower rated zone. During subsequent policy terms, such revisions may also be made effective with the start of the policy term.

4. Map Revision

A map change (reprinting, Letter of Map Amendment [LOMA], Letter of Map Revision [LOMR], or Letter of Determination Review [LODR]) may change the flood zone in which a property is located to a lower rated zone, or it may change the Base Flood Elevation. In such cases, the policy rating may be revised for the current and prior policy years if the change occurred prior to the current policy year.

When a community has been converted from the Emergency Program to the Regular Program, the policy rating may be revised to reflect the correct flood zone. However, no premium refund is allowed on premium previously paid.

C. Misrated Policy

Premium refunds will be allowed with proper documentation (see III.B.2.a.) going back a maximum of 6 calendar years when there was a misrating such as an incorrect building description, lowest floor elevation, community number, flood zone, or Base Flood Elevation, so long as the insured can provide proof of the misrating.

The flood zone and Base Flood Elevation can only be corrected using the current FIRM.

Any lapse in coverage does not extend the number of years the premium refund is allowed.

D. Conversion of Standard Rated Policy to PRP Due to Misrating or Map Revision

A policy written as a Standard B, C, or X Zone policy and later found to be eligible for a PRP may be endorsed or rewritten as a PRP for only the current policy term.

When the risk has been rated with other than B, C, or X Zone rates, but is later found to be in a B, C, or X Zone and eligible for a PRP, the writing company will be allowed to endorse or cancel/rewrite up to 6 years.

The policy may be canceled/rewritten using Cancellation Reason Code 22 if both of the following conditions are met:

- The request to endorse or cancel/rewrite the policy is received during the current policy term.
- The policy has no open claim or closed paid claim.

The new PRP building coverage will be equal either to the building limit issued under the Standard B, C, or X Zone policy or the next higher limit available under the PRP if there is no PRP option equal to the Standard B, C, or X Zone building limit.

E. Changing Deductibles

Increasing deductibles is permitted during the current policy term. (See Example 7 at the end of this section.) Deductibles cannot be reduced mid-term, unless required by the mortgagee and written authorization is provided by the mortgagee. A 30-day waiting period will apply unless the request to reduce the deductible is in connection with making, extending, or renewing a loan.

The ICC premium is not eligible for the deductible discount or surcharge. First calculate the deductible discount or surcharge, then add in the ICC premium, for each policy year.

F. Correcting Property Address

A policy cannot be endorsed to change the location. This includes relocation from one unit to another unit in the same building.

However, an erroneous address (e.g., through typographical error) can be corrected through endorsement. The agent must provide proof or a reasonable explanation for the error.

II. ENDORSEMENT PROCESSING PRIOR TO POLICY RENEWAL (NFIP DIRECT BUSINESS ONLY)

A. During Last 90 Days of Policy Term

1. If the premium payment for renewal of the policy has not already been processed by the NFIP, a General Change Endorsement processed will produce a revised Renewal Notice for the upcoming term.
2. If the original Renewal Notice has not been paid, the payor may use the revised Renewal Notice or subsequent Final Notice.

B. During Last 75 Days of Policy Term

1. If the original Renewal Notice *has not been paid*, the producer must submit the General Change Endorsement for the current policy term only and submit a renewal Application for the upcoming term. *A separate premium payment must be submitted for each transaction.* (The insured and/or mortgagee, if payor, should be advised not to pay the Renewal Notice or Final Notice when a renewal Application and premium have been submitted.)
2. If the original Renewal Notice *has been paid*, the producer must submit the General Change Endorsement together with any required additional premium for the renewal policy term and, if applicable, a separate General Change Endorsement and additional premium for the remainder of the current policy term. The effective date of the endorsement to increase coverage (up to the inflation factor) will be the "renewal date" only if the endorsement and additional premium are received within the 30-day grace period.

C. Refunds Generated from Endorsement Processing

The return premium is based on rates in effect on the effective date of the change or the policy effective date, in accordance with the WYO company's standard business practice. It is calculated by revising the rate, effective from the inception date of the current policy term, provided the inception date is on or after the community conversion date.

The Federal Policy Fee and Probation Surcharge (if applicable) are not subject to calculation of return premiums.

III. PREPARATION OF FORM

A. General Instructions

Endorsements are processed by submitting a completed General Change Endorsement form and proper documentation (see III.B.2.a.) to the writing company.

Instructions for completing the General Change Endorsement form are self-explanatory. The following items are of special note:

- The policy term cannot be changed. All calculations must reflect the policy term shown on the current declarations page.
- A geographic location must be given for a property. For example, the insured's mailing address may be shown as:

Route 4
Box 179
Danville, Ohio 43014

The property location should be completed as: Farmhouse on the north side of U.S. 70, 6 miles west of Danville, Ohio 43014.

- The contents location section should be completed if contents coverage is being added/deleted or if the location of the contents being insured within the described building has changed. Provide an explanation of the change of location in the description area of the section.
- The insured must sign and date the General Change Endorsement form whenever there is a request to reduce policy limits, make policy assignment, or change the agent of record.

B. Refund Processing Procedures

1. The current NFIP insurer (WYO Company or Direct Business) will be responsible for returning the premium for the current and prior policy year, provided that it was the insurer for that period. If another NFIP insurer was the insurer for the prior policy year, it will be responsible for returning the premium for that year. Agents submit requests to their carrier.
2. Requests for refunds for more than 2 years must be processed by the NFIP Bureau.
 - a. For requests processed by the Bureau, the current NFIP insurer must submit all of the documentation necessary to

make a refund for any period exceeding 2 years. At a minimum, this documentation will consist of the following:

- The company's statistical records or declarations pages for each policy term and evidence of premium payments obtained from the insured if these documents are not available from the company's records.
- An endorsement request for each year and the premium refund calculation for each year that the company had the policy.
- A Letter of Map Amendment (LOMA); a Letter of Map Revision (LOMR); a Letter of Determination Review (LODR); a copy of the most recent flood map marked to show the exact location and flood zone of the building; a letter indicating the exact location and flood zone of the building, and signed and dated by a local community official; an Elevation Certificate indicating the

exact location and flood zone of the building, and signed and dated by a surveyor, engineer, architect, or local community official; or a flood zone determination certification that guarantees the accuracy of the information.

- b. In order for the Bureau to process a refund request, the appropriate documentation must be mailed directly to the NFIP Bureau and Statistical Agent, Underwriting Department, P.O. Box 310, Lanham, MD 20703.
3. WYO Companies will be notified of the premium refunded and the Expense Allowance due to the NFIP. The companies must maintain this documentation as part of their underwriting files.
 4. Any lapse in coverage does not extend the number of years the premium refund is allowed.

The Bureau will return to the sender any unauthorized refund requests for more than 2 years.

IV. ENDORSEMENT RATING EXAMPLES

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EXAMPLE 1

INCREASING COVERAGE ON A PREFERRED RISK POLICY

- Policy term is October 15, 2004-2005
 - Pre-FIRM, X-Zone, with basement
 - Present coverage:
Building \$75,000/Contents \$30,000
 - Premium at policy inception was \$232.
 - Endorsement effective date is June 2, 2005.
 - Coverages added are \$125,000 on the building and \$50,000 on the contents for a total of \$200,000 on the building and \$80,000 on the contents.
- Rates in effect on the effective date of the policy are to be used in calculating the premiums.
 - The difference between these two premiums is \$99.
 - Prorate the difference using the pro rata factor below:

Time period is June 2, 2005,
to October 15, 2005
Number of days is 135
Pro rata factor is .370

| INSURANCE COVERAGE | SECTION A CURRENT COVERAGE | | | SECTION B + INCREASED - DECREASED COVERAGE ONLY | | | NEW PREMIUM TOTALS | |
|---|-------------------------------|-------------------------------------|-------------------|---|---------------|----------------------------|--------------------|------------|
| | AMOUNT | RATE | PREMIUM | AMOUNT | RATE | PREMIUM | | |
| BUILDING BASIC | 75,000 | — | 232 | 125,000 | — | 331 | 331 | |
| BUILDING ADDITIONAL | | | | | | | — | |
| CONTENTS BASIC | 30,000 | | | 50,000 | | | — | |
| CONTENTS ADDITIONAL | | | | | | | — | |
| IF CHANGING AMOUNT OF INSURANCE, ENTER NEW TOTAL AMOUNT BELOW | | | | PAYMENT OPTION: <input type="checkbox"/> CREDIT CARD <input type="checkbox"/> OTHER: _____ | SUBTOTAL | | 331 | |
| BUILDING COVERAGE | | | CONTENTS COVERAGE | | | DEDUCT. DISCOUNT/SURCHARGE | — | |
| BASIC | ADDITIONAL | TOTAL | BASIC | | ADDITIONAL | TOTAL | SUBTOTAL | 331 |
| | | 200,000 | | | 80,000 | ICC PREMIUM | — | |
| | | | | SUBTOTAL | | 331 | | |
| IF RETURN PREMIUM, MAIL REFUND TO: <input type="checkbox"/> INSURED <input type="checkbox"/> AGENT <input type="checkbox"/> PAYOR. 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. | | | | CRS PREMIUM DISCOUNT ____% | | — | | |
| | | | | SUBTOTAL | | 331 | | |
| | | | | PREMIUM PREVIOUSLY PAID <i>(Excludes Probation Surcharge/ Federal Policy Fee)</i> | | 232 | | |
| | | | | DIFFERENCE + (-) | | +99 | | |
| | | | | PRO RATA FACTOR | | .370 | | |
| | | | | TOTAL (+/-) | | +37 | | |
| SIGNATURE OF INSURED AND DATE | | SIGNATURE OF INSURANCE AGENT/BROKER | | DATE (MMDDYY) | | | | |

EXAMPLE 2

INCREASING COVERAGE, PROGRAM CONVERSION

- Policy term is January 15, 2006-2007
 - Single family dwelling, no basement, Pre-FIRM
 - Present coverage: Building \$35,000/
Contents \$10,000
 - Policy conversion date from Emergency to Regular Program: July 15, 2006
 - Building located in an A99 Zone
 - Premium rates are: Building .64/.14, Contents .99/.25.
 - Endorsement effective date is August 14, 2006. (The Emergency Program premiums that already exist on this policy are earned for the remainder of the policy term; they are not refundable.)
 - The coverages being added are \$50,000 on the building and \$15,000 on the contents for a total of \$85,000 on the building and \$25,000 on the contents; and \$30,000 coverage for ICC.
 - To increase coverage, complete Sections A and B. Section A is for current coverage, Section B should show only the amounts of the increases.
 - \$15,000 of the \$50,000 coverage to be added on the building must be calculated in the "Amount" column
- under Section B, "Increased-Decreased Coverage Only" (using the applicable rate) to amend the present coverage to the threshold for the Regular Program basic limits.
 - \$10,000 of the \$15,000 coverage to be added on the contents must be calculated under the "Amount" column under Section B, "Increased-Decreased Coverage Only" (using the applicable rate) to amend the present coverage to the threshold for the Regular Program basic limits.
 - Add Sections A and B premiums to obtain the New Premium Subtotals.
 - Add the ICC premium, which was not paid in the Emergency Program.
 - The Premium Previously Paid is \$362 (excluding ICC/Probation Surcharge/Federal Policy Fee).
 - Subtract the Premium Previously Paid from the Premium Total to obtain the Difference (additional/return premium).
 - Prorate the Difference
 - Time period is August 14, 2006, to January 15, 2007
 - Number of days is 154
 - Pro rata factor is .422

| INSURANCE COVERAGE | SECTION A CURRENT COVERAGE | | | SECTION B + INCREASED - DECREASED COVERAGE ONLY | | | NEW PREMIUM TOTALS | | | | | | | |
|---|-------------------------------|-------------------------------------|-------------------|--|---------------|--|--------------------|-------------|--|--|--|--|--|-------------|
| | AMOUNT | RATE | PREMIUM | AMOUNT | RATE | PREMIUM | | | | | | | | |
| BUILDING BASIC | 35,000 | .76 | 266 | 15,000 | .64 | 96 | 362 | | | | | | | |
| BUILDING ADDITIONAL | | | | 35,000 | .14 | 49 | 49 | | | | | | | |
| CONTENTS BASIC | 10,000 | .96 | 96 | 10,000 | .99 | 99 | 195 | | | | | | | |
| CONTENTS ADDITIONAL | | | | 5,000 | .25 | 13 | 13 | | | | | | | |
| IF CHANGING AMOUNT OF INSURANCE, ENTER NEW TOTAL AMOUNT BELOW | | | | PAYMENT OPTION: <input type="checkbox"/> CREDIT CARD <input type="checkbox"/> OTHER: _____ | | SUBTOTAL | | 619 | | | | | | |
| BUILDING COVERAGE | | | CONTENTS COVERAGE | | | DEDUCT. DISCOUNT/SURCHARGE | | — | | | | | | |
| BASIC | ADDITIONAL | TOTAL | BASIC | ADDITIONAL | TOTAL | SUBTOTAL | | 619 | | | | | | |
| 50,000 | 35,000 | 85,000 | 20,000 | 5,000 | 25,000 | ICC PREMIUM | | 6 | | | | | | |
| | | | | | | SUBTOTAL | | 625 | | | | | | |
| IF RETURN PREMIUM, MAIL REFUND TO: <input type="checkbox"/> INSURED <input type="checkbox"/> AGENT <input type="checkbox"/> PAYOR. 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. | | | | | | CRS PREMIUM DISCOUNT ____% | | — | | | | | | |
| | | | | | | | | | | | | SUBTOTAL | | 625 |
| | | | | | | | | | | | | PREMIUM PREVIOUSLY PAID <i>(Excludes Probation Surcharge/ Federal Policy Fee)</i> | | 362 |
| | | | | | | | | | | | | DIFFERENCE + (-) | | +263 |
| | | | | | | PRO RATA FACTOR | | .422 | | | | | | |
| | | | | | | TOTAL (+/-) | | +111 | | | | | | |
| SIGNATURE OF INSURED AND DATE | | SIGNATURE OF INSURANCE AGENT/BROKER | | | DATE (MMDDYY) | | | | | | | | | |

EXAMPLE 3

INCREASING COVERAGE

- Policy term is December 12, 2005-2006
- Single family dwelling, no basement
- Pre-FIRM Building
- Building located in Zone C
- Present coverage: Building \$35,000/ Contents \$10,000
- Endorsement is effective on May 1, 2006, to add additional coverage of \$65,000 on the building and \$15,000 on the contents for a total of \$100,000 building coverage and \$25,000 contents coverage.
- Premium rates are: Building .64/.14, Contents .99/.25.
- To increase coverage, complete Sections A and B. Section A is for current coverage. Section B should show the amount of the coverage increase only.
- \$15,000 of the \$50,000 coverage to be added on the building must be calculated in the "Amount" column under Section B, "Increased-Decreased Coverage Only" (using the applicable rate) to amend the present coverage to the threshold for the Regular Program basic limits.
- \$10,000 of the \$15,000 coverage to be added on the contents must be calculated under the "Amount" column under Section B, "Increased-Decreased Coverage Only" (using the applicable rate) to amend the present coverage to the threshold for the Regular Program basic limits.
- Add Section A and B premiums to obtain the New Premium Totals.
- Add the New Premium Totals to calculate the Premium Subtotal.
- Add in the ICC Premium.
- The Premium Previously Paid is \$329 (excluding Probation Surcharge/Federal Policy Fee) which is the total current annual premium including ICC premium.
- Subtract the Premium Previously Paid from the Premium Total to obtain the Difference (should be additional/return premium).
- Prorate the Difference

Time period is May 1, 2006,
to December 12, 2006
Number of days is 225
Pro rata factor is .616

| INSURANCE COVERAGE | SECTION A CURRENT COVERAGE | | | SECTION B + INCREASED - DECREASED COVERAGE ONLY | | | NEW PREMIUM TOTALS | |
|---|-------------------------------|-------------------------------------|-------------------|---|---------------|----------------------------|--------------------|------------|
| | AMOUNT | RATE | PREMIUM | AMOUNT | RATE | PREMIUM | | |
| BUILDING BASIC | 35,000 | .64 | 224 | 15,000 | .64 | 96 | 320 | |
| BUILDING ADDITIONAL | | | | 50,000 | .14 | 70 | 70 | |
| CONTENTS BASIC | 10,000 | .99 | 99 | 10,000 | .99 | 99 | 198 | |
| CONTENTS ADDITIONAL | | | | 5,000 | .25 | 13 | 13 | |
| IF CHANGING AMOUNT OF INSURANCE, ENTER NEW TOTAL AMOUNT BELOW | | | | PAYMENT OPTION: <input type="checkbox"/> CREDIT CARD <input type="checkbox"/> OTHER: _____ | SUBTOTAL | | 601 | |
| BUILDING COVERAGE | | | CONTENTS COVERAGE | | | DEDUCT. DISCOUNT/SURCHARGE | — | |
| BASIC | ADDITIONAL | TOTAL | BASIC | | ADDITIONAL | TOTAL | SUBTOTAL | 601 |
| 50,000 | 50,000 | 100,000 | 20,000 | 5,000 | 25,000 | ICC PREMIUM | 6 | |
| | | | | SUBTOTAL | | | 607 | |
| IF RETURN PREMIUM, MAIL REFUND TO: <input type="checkbox"/> INSURED <input type="checkbox"/> AGENT <input type="checkbox"/> PAYOR. 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. | | | | CRS PREMIUM DISCOUNT _____% | | | — | |
| | | | | SUBTOTAL | | | 607 | |
| | | | | PREMIUM PREVIOUSLY PAID <i>(Excludes Probation Surcharge/ Federal Policy Fee)</i> | | | 329 | |
| | | | | DIFFERENCE + (/-) | | | +278 | |
| | | | | PRO RATA FACTOR | | | .616 | |
| | | | | TOTAL (+/-) | | | +171 | |
| SIGNATURE OF INSURED AND DATE | | SIGNATURE OF INSURANCE AGENT/BROKER | | | DATE (MMDDYY) | | | |

EXAMPLE 4

INCREASING COVERAGE AFTER A RATE CHANGE

- Policy term is July 15, 2005-2006
- Single family dwelling, Regular Program
- One floor, no basement
- Current policy limits: Building \$30,000 Contents \$8,000
- Building located in an AE Zone, Post-FIRM
- Premium rates are: Building 1.08, Contents 1.10
- Post-FIRM construction with a 0 elevation difference
- Endorsement effective date is May 15, 2006
- The coverages being added are \$15,000 on the building and \$7,000 on contents for a total of \$45,000 building coverage and \$15,000 contents coverage.
- A rate increase takes effect on May 1, 2006.
- Rates in effect on the effective date of the policy are to be used.
- In Section A, enter the basic limits and rates for building and contents in effect at the beginning of the policy term.
- In Section B, enter the \$15,000 basic building amount, and the applicable rate (.98). (See page END 1, "Additional Coverage or Increase in Amount of Insurance." Companies are allowed to use either rates in effect at policy inception or rates in effect at endorsement effective date.)
- In Section B, enter the \$7,000 basic contents amount and the applicable rate (1.10).
- Add Sections A and B premiums to obtain the New Premium Totals.
- Add the New Premium Totals to calculate the Premium Subtotal.
- Add in the ICC Premium.
- The Premium Previously Paid is \$418 (excluding Probation Surcharge/Federal Policy Fee), which is the total current annual premium including ICC premium.
- Subtract the Premium Previously Paid from the Premium Total to obtain the Difference (should be additional/return premium).
- Prorate the Difference

Time period is May 15, 2006,
to July 15, 2006
Number of days is 61
Pro rata factor is .167

| INSURANCE COVERAGE | SECTION A CURRENT COVERAGE | | | SECTION B + INCREASED - DECREASED COVERAGE ONLY | | | NEW PREMIUM TOTALS | | |
|--|-------------------------------|--------|-------------------------------------|--|------------|-------------------------------|--------------------------|---|-----|
| | AMOUNT | RATE | PREMIUM | AMOUNT | RATE | PREMIUM | | | |
| BUILDING BASIC | 30,000 | 1.08 | 324 | 15,000 | 1.08 | 162 | 486 | | |
| BUILDING ADDITIONAL | | | | | | | | | |
| CONTENTS BASIC | 8,000 | 1.10 | 88 | 7,000 | 1.10 | 77 | 165 | | |
| CONTENTS ADDITIONAL | | | | | | | | | |
| IF CHANGING AMOUNT OF INSURANCE, ENTER NEW TOTAL AMOUNT BELOW | | | | PAYMENT OPTION: <input type="checkbox"/> CREDIT CARD <input type="checkbox"/> OTHER: _____ | SUBTOTAL | | 651 | | |
| BUILDING COVERAGE | | | CONTENTS COVERAGE | | | DEDUCT. DISCOUNT/SURCHARGE | | — | |
| BASIC | ADDITIONAL | TOTAL | BASIC | | ADDITIONAL | TOTAL | SUBTOTAL | | 651 |
| 45,000 | 0 | 45,000 | 15,000 | 0 | 15,000 | ICC PREMIUM | | 6 | |
| IF RETURN PREMIUM, MAIL REFUND TO: <input type="checkbox"/> INSURED <input type="checkbox"/> AGENT <input type="checkbox"/> PAYOR. 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. | | | | SUBTOTAL | | 657 | | | |
| | | | | CRS PREMIUM DISCOUNT ____% | | — | | | |
| | | | | SUBTOTAL | | 657 | | | |
| | | | | PREMIUM PREVIOUSLY PAID <i>(Excludes Probation Surcharge/ Federal Policy Fee)</i> | | 418 | | | |
| | | | | DIFFERENCE + (+/-) | | +239 | | | |
| PRO RATA FACTOR | | .167 | | | | | | | |
| TOTAL | | (+/-) | | +40 | | | | | |
| SIGNATURE OF INSURED AND DATE | | | SIGNATURE OF INSURANCE AGENT/BROKER | | | DATE (MMDDYY) | | | |

EXAMPLE 5

REMOVING CONTENTS

- Policy term is May 20, 2005-2006
- Non-residential structure
- Emergency Program
- Policy limits: Building \$100,000/Contents \$100,000
- Insured purchased a new business location and moved the contents to the new location while still retaining the old location as rental property. (This explanation should be recorded in the Reason for Change section of the General Change Endorsement form.)
- Present rates for building and contents are .83/1.62.
- Removal date and effective date of change is January 14, 2006.
- Enter the current building and contents coverages in Section A and the current rates (.83/1.62).
- Enter the decrease in contents coverage in Section B.
- Add all New Premium Totals to obtain the Premium Subtotal.
- The Premium Previously Paid is \$2,450 (excluding Probation Surcharge/Federal Policy Fee), which is the total current premium from Section A.
- Subtract the Premium Previously Paid from the Premium Total to obtain the Difference (should be additional/return premium).
- Prorate the Difference

Time period is January 14, 2006,
to May 20, 2006
Number of days is 126
Pro rata factor is .345

| INSURANCE COVERAGE | SECTION A CURRENT COVERAGE | | | | | SECTION B + INCREASED - DECREASED COVERAGE ONLY | | | NEW PREMIUM TOTALS |
|---|-------------------------------|---------|-------------------|-----------------|-------|--|--|--------|--------------------|
| | AMOUNT | RATE | PREMIUM | AMOUNT | RATE | PREMIUM | | | |
| BUILDING BASIC | 100,000 | .83 | 830 | 0 | | | | 830 | |
| BUILDING ADDITIONAL | | | | | | | | | |
| CONTENTS BASIC | 100,000 | 1.62 | 1,620 | -100,000 | 1.62 | -1,620 | | 0 | |
| CONTENTS ADDITIONAL | | | | | | | | | |
| IF CHANGING AMOUNT OF INSURANCE, ENTER NEW TOTAL AMOUNT BELOW | | | | PAYMENT OPTION: | | SUBTOTAL | | 830 | |
| BUILDING COVERAGE | | | CONTENTS COVERAGE | | | DEDUCT. DISCOUNT/SURCHARGE | | — | |
| BASIC | ADDITIONAL | TOTAL | BASIC | ADDITIONAL | TOTAL | SUBTOTAL | | 830 | |
| — | — | 100,000 | — | — | 0 | ICC PREMIUM | | — | |
| IF RETURN PREMIUM, MAIL REFUND TO: <input type="checkbox"/> INSURED <input type="checkbox"/> AGENT <input type="checkbox"/> PAYOR. 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. | | | | | | SUBTOTAL | | 830 | |
| | | | | | | CRS PREMIUM DISCOUNT ___% | | — | |
| | | | | | | SUBTOTAL | | 830 | |
| | | | | | | PREMIUM PREVIOUSLY PAID <i>(Excludes Probation Surcharge/ Federal Policy Fee)</i> | | 2,450 | |
| SIGNATURE OF INSURED AND DATE _____ SIGNATURE OF INSURANCE AGENT/BROKER _____ DATE (MMDDYY) _____ | | | | | | DIFFERENCE — (+/-) | | -1,620 | |
| | | | | | | PRO RATA FACTOR | | .345 | |
| | | | | | | TOTAL | | -559 | |

EXAMPLE 6

REDUCING BUILDING COVERAGE

- Policy term is September 1, 2005-2006
- Single family dwelling, with basement
- Regular Program, Zone B, Post-FIRM
- Policy limits: Building \$150,000/Contents \$0
- A wing of the building was destroyed by fire on July 1, 2006, and the building was repaired without the wing, reducing the value of the dwelling to \$100,000. (This explanation should be recorded in the Reason for Change section of the General Change Endorsement form.)
- Present rates are: Building .73/.20.
- Endorsement effective date is July 1, 2006.
- In Section A, enter the basic building amount (\$50,000) and the applicable rate (.73).
- In Section B, enter the new additional building amount at the same rate of .20.
- Add Sections A and B to obtain the New Premium Totals.
- Add the New Premium Totals to obtain the Premium Subtotal.
- The Premium Previously Paid is \$571 (excluding Probation Surcharge/Federal Policy Fee), which is the total current annual premium including ICC premium.
- Add ICC Premium.
- Subtract the Premium Previously Paid from the Premium Total to obtain the Difference (should be additional/return premium).
- Prorate the Difference

Time period is July 1, 2006,
to September 1, 2006
Number of days is 62
Pro rata factor is .170

| INSURANCE COVERAGE | SECTION A CURRENT COVERAGE | | | SECTION B + INCREASED - DECREASED COVERAGE ONLY | | | NEW PREMIUM TOTALS | | | |
|---|-------------------------------|----------------|-------------------------------------|--|------------|----------------------------|--------------------|--|------------|-------------|
| | AMOUNT | RATE | PREMIUM | AMOUNT | RATE | PREMIUM | | | | |
| BUILDING BASIC | 50,000 | .73 | 365 | 0 | | | 365 | | | |
| BUILDING ADDITIONAL | 100,000 | .20 | 200 | -50,000 | .20 | -100 | 100 | | | |
| CONTENTS BASIC | | | | | | | — | | | |
| CONTENTS ADDITIONAL | | | | | | | — | | | |
| IF CHANGING AMOUNT OF INSURANCE, ENTER NEW TOTAL AMOUNT BELOW | | | | PAYMENT OPTION: <input type="checkbox"/> CREDIT CARD <input type="checkbox"/> OTHER: _____ | SUBTOTAL | | 465 | | | |
| BUILDING COVERAGE | | | CONTENTS COVERAGE | | | DEDUCT. DISCOUNT/SURCHARGE | | — | | |
| BASIC | ADDITIONAL | TOTAL | BASIC | | ADDITIONAL | TOTAL | SUBTOTAL | | 465 | |
| 50,000 | 50,000 | 100,000 | | | | ICC PREMIUM | | 6 | | |
| | | | | | | SUBTOTAL | | 471 | | |
| IF RETURN PREMIUM, MAIL REFUND TO: <input type="checkbox"/> INSURED <input type="checkbox"/> AGENT <input type="checkbox"/> PAYOR. 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. | | | | | | CRS PREMIUM DISCOUNT ___% | | — | | |
| | | | | | | | | SUBTOTAL | | 471 |
| | | | | | | | | PREMIUM PREVIOUSLY PAID <i>(Excludes Probation Surcharge/ Federal Policy Fee)</i> | | 571 |
| | | | | | | | | DIFFERENCE — (+/-) | | -100 |
| | | | | | | | | PRO RATA FACTOR | | .170 |
| | | | | TOTAL (+/-) | | -17 | | | | |
| SIGNATURE OF INSURED AND DATE | | | SIGNATURE OF INSURANCE AGENT/BROKER | | | DATE (MMDDYY) | | | | |

EXAMPLE 7

INCREASING DEDUCTIBLE

- Policy term is January 15, 2006-2007
- Single family dwelling
- Emergency Program (Pre-FIRM)
- Current policy limits: Building \$35,000/Contents \$10,000
- Policy deductible: \$1,000/\$1,000
- Insured requests to increase deductible to \$4,000/\$2,000 (.825), effective June 15, 2006. (This explanation should be recorded in the Reason for Change section of the General Change Endorsement form.)
- Present rates are: Building: .76, Contents .96.
- Enter the current building and contents coverage in Section A, and enter the applicable rates.
- Add Sections A and B to obtain the New Premium Totals.
- Add the New Premium Totals to obtain the Premium Subtotal.
- The Premium Previously Paid is \$362 (excluding ICC*, and Probation Surcharge/Federal Policy Fee), which is the total current annual premium from Section A.
- Calculate the Deductible Discount amount and enter that amount in the block marked Difference.
- Prorate the Difference

Time period is June 15, 2006,
to January 15, 2007
Number of days is 214
Pro rata factor is .586

*ICC-N/A in Emergency Program

| INSURANCE COVERAGE | SECTION A CURRENT COVERAGE | | | SECTION B + INCREASED - DECREASED COVERAGE ONLY | | | NEW PREMIUM TOTALS | | |
|---|-------------------------------|-------------------|---|--|----------------------------|---------------------|--------------------|--|--|
| | AMOUNT | RATE | PREMIUM | AMOUNT | RATE | PREMIUM | | | |
| BUILDING BASIC | 35,000 | .76 | 266 | 0 | | | 266 | | |
| BUILDING ADDITIONAL | | | | | | | — | | |
| CONTENTS BASIC | 10,000 | .96 | 96 | 0 | | | 96 | | |
| CONTENTS ADDITIONAL | | | | | | | — | | |
| IF CHANGING AMOUNT OF INSURANCE, ENTER NEW TOTAL AMOUNT BELOW | | | | PAYMENT OPTION: <input type="checkbox"/> CREDIT CARD <input type="checkbox"/> OTHER: _____ | SUBTOTAL | | 362 | | |
| BUILDING COVERAGE | | CONTENTS COVERAGE | | | DEDUCT. DISCOUNT/SURCHARGE | | -63 | | |
| BASIC | ADDITIONAL | TOTAL | BASIC | ADDITIONAL | TOTAL | SUBTOTAL | | | |
| | | | | | | ICC PREMIUM | | | |
| | | | | | | SUBTOTAL | | | |
| IF RETURN PREMIUM, MAIL REFUND TO: <input type="checkbox"/> INSURED <input type="checkbox"/> AGENT <input type="checkbox"/> PAYOR. 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. | | | | CRS PREMIUM DISCOUNT ____% | | SUBTOTAL | | | |
| | | | | | | | | PREMIUM PREVIOUSLY PAID <i>(Excludes Probation Surcharge/ Federal Policy Fee)</i> | |
| | | | | | | | | DIFFERENCE <u> — </u> (+/-) | |
| | | | | | | | | PRO RATA FACTOR | |
| | | | | | | 362 | | | |
| | | | | | | -63 | | | |
| | | | | | | .586 | | | |
| | | | | | | -37 | | | |
| SIGNATURE OF INSURED AND DATE _____ | | | SIGNATURE OF INSURANCE AGENT/BROKER _____ | | | DATE (MMDDYY) _____ | | | |

**U.S. DEPARTMENT OF HOMELAND SECURITY
FEDERAL EMERGENCY MANAGEMENT AGENCY
National Flood Insurance Program
FLOOD INSURANCE GENERAL CHANGE ENDORSEMENT**

O.M.B. No. 1660-0006 Expires July 31, 2006

POLICY NUMBER

FL _____

IMPORTANT - PLEASE PRINT OR TYPE

| POLICY TERM | REASON FOR CHANGE: (ATTACH MEMO IF ADDITIONAL SPACE IS NEEDED). | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|--|--------------------------------------|-----------------------|--------------------------------------|--|-----------------------|--------|------|---------|--------|---------|----------------|--|--|--|--|--|--|--|---------------------|--|--|--|--|--|--|--|----------------|--|--|--|--|--|--|--|---------------------|--|--|--|--|--|--|--|---|---|--|--|--|----------|--|-------------------|--|--|----------------------------|--|-------------------|--|--|----------|--|-------|------------|-------|-------|------------|-------|--|--|--|--|--|--|--|--|--|-------------|--|--|--|--|----------|--|--|--|--|------------------------------|--|--|--|--|----------|--|--|--|--|--|--|--|--|--|------------------------|--|--|--|--|-----------------|--|--|--|--|-------------------|--|
| | CHANGE DIRECT BILL INSTRUCTIONS TO: <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 _____ (2:01 A.M. LOCAL TIME AT THE INSURED PROPERTY LOCATION) WAITING PERIOD: <input type="checkbox"/> STANDARD 30-DAY <input type="checkbox"/> LOAN - NO WAITING <input type="checkbox"/> MAP REV. (ZONE CHANGE FROM NON-SHFA TO SHFA) - ONE DAY ENDORSEMENT EFFEC. DATE _____ FOR ADDED COVERAGE, INCLUDE THE WAITING PERIOD FROM THE ENDORSEMENT APPLICATION DATE. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| AGENT INFORMATION | ADDRESS OF LICENSED PROPERTY OR CASUALTY INSURANCE AGENT OR BROKER: _____ ADDRESS CHANGED? <input type="checkbox"/> YES <input type="checkbox"/> NO AGENCY NO.: _____ AGENT'S TAX ID <input type="checkbox"/> Y OR SSN <input type="checkbox"/> S _____ NEW AGENT? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, THE INSURED MUST SIGN THIS FORM | NAME, MAILING ADDRESS AND TELEPHONE NO. OF INSURED: _____ _____ _____ INSURED'S SOCIAL SECURITY NUMBER: _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | PHONE NO.: _____ FAX NO.: _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| DISAS. ASSIST. | 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"/> FHHA ENTER CASE FILE NUMBER OR INSURED'S SOCIAL SECURITY NUMBER _____ <input type="checkbox"/> OTHER _____ (PLEASE SPECIFY) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| FIRST MORTGAGE | NAME AND ADDRESS OF FIRST MORTGAGEE _____ _____ LOAN NO.: _____ PHONE NO.: _____ FAX NO.: _____ | IF SECOND MORTGAGEE, LOSS PAYEE OR OTHER IS TO BE BILLED, THE FOLLOWING MUST BE COMPLETED, INCLUDING THE NAME AND ADDRESS: <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 type="checkbox"/> YES <input type="checkbox"/> NO IF NO, ENTER PROPERTY ADDRESS, IF RURAL, DESCRIBE PROPERTY LOCATION (DO NOT USE P.O. BOX) _____ THE LOCATION OF INSURED PROPERTY CANNOT BE CHANGED BY ENDORSEMENT - A NEW APPLICATION IS REQUIRED | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| COMMUNITY | NAME OF COUNTY/PARISH? _____ LOCATED IN AN UNINCORPORATED AREA OF THE COUNTY? <input type="checkbox"/> YES <input type="checkbox"/> NO COMMUNITY NO./PANEL NO. AND SUFFIX FOR LOCATION OF PROPERTY INSURED _____ COMMUNITY PROGRAM TYPE IS: <input type="checkbox"/> REGULAR <input type="checkbox"/> EMERGENCY IS BUILDING IN SPECIAL FLOOD HAZARD AREA? <input type="checkbox"/> YES <input type="checkbox"/> NO FLOOD INSURANCE RATE MAP ZONE _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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) BASEMENT OR ENCLOSED AREA BELOW AN ELEVATED BUILDING: <input type="checkbox"/> NONE <input type="checkbox"/> FINISHED <input type="checkbox"/> UNFINISHED DOES INSURED QUALIFY AS A SMALL BUSINESS RISK? <input type="checkbox"/> YES <input type="checkbox"/> NO | 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"/> TOWNHOUSE/ROW-HOUSE (RCBAP LOWRISE ONLY) <input type="checkbox"/> MANUFACTURED (MOBILE) HOME/TRAVEL TRAILER ON FOUNDATION IF NOT A SINGLE FAMILY DWELLING, THE NUMBER OF OCCUPANCIES (UNITS) IS _____ CONDO COVERAGE IS FOR: <input type="checkbox"/> UNIT <input type="checkbox"/> ENTIRE BUILDING | RESIDENTIAL CONDOMINIUM BUILDING ASSOCIATION POLICY ONLY. TOTAL NUMBER OF UNITS (INCLUDE NON-RES.) <input type="checkbox"/> HIGH-RISE <input type="checkbox"/> LOW-RISE ESTIMATED REPLACEMENT COST AMOUNT \$ _____ IS BUILDING INSURED'S PRINCIPAL RESIDENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO IS THIS BUILDING IN THE COURSE OF CONSTRUCTION? <input type="checkbox"/> YES <input type="checkbox"/> NO | DEDUCTIBLE <input type="checkbox"/> BUILDING \$ _____ <input type="checkbox"/> CONTENTS \$ _____ DEDUCTIBLE BUYBACK? <input type="checkbox"/> YES <input type="checkbox"/> NO IS BUILDING ELEVATED? <input type="checkbox"/> YES <input type="checkbox"/> NO IF BUILDING IS ELEVATED, COMPLETE PART 2 OF THE FLOOD INSURANCE APPLICATION. IF YES, AREA BELOW IS: <input type="checkbox"/> FREE OF OBSTRUCTION <input type="checkbox"/> WITH OBSTRUCTION IS INSURED PROPERTY OWNED BY STATE GOVERNMENT? <input type="checkbox"/> YES <input type="checkbox"/> NO | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 ONE FULL FLOOR (IF SINGLE FAMILY, CONTENTS ARE RATED THROUGHOUT THE BUILDING) IS PERSONAL PROPERTY HOUSEHOLD CONTENTS? <input type="checkbox"/> YES <input type="checkbox"/> NO IF NO, PLEASE DESCRIBE: _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CONSTRUCTION DATA | 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/TRAVEL TRAILERS 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/TRAVEL TRAILERS LOCATED OUTSIDE A MOBILE HOME PARK OR SUBDIVISION: DATE OF PERMANENT PLACEMENT ____/____/____ (MM/DD/YY) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CONSTRUCTION DATA | IS BUILDING POST-FIRM CONSTRUCTION? <input type="checkbox"/> YES <input type="checkbox"/> NO BUILDING DIAGRAM NUMBER _____ LOWEST ADJACENT GRADE (LAG) _____ IF POST-FIRM CONSTRUCTION IN ZONES A, AI-A30, AE, AQ, AH, VY1-V30, YE, 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 VI-V30 ONLY DOES BASE FLOOD ELEVATION INCLUDE EFFECTS OF WAVE ACTION? <input type="checkbox"/> YES <input type="checkbox"/> NO IS BUILDING FLOOD-PROOFED? <input type="checkbox"/> YES <input type="checkbox"/> NO (SEE FLOOD INSURANCE MANUAL FOR CERTIFICATION FORM.) ELEVATION CERTIFICATION DATE _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| COVERAGE AND RATING | TO INCREASE/DECREASE COVERAGE, COMPLETE SECTIONS A & B. FOR RATE CHANGE, COMPLETE SECTION C ONLY. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| COVERAGE AND RATING | <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2">INSURANCE COVERAGE</th> <th colspan="3">SECTION A CURRENT COVERAGE</th> <th rowspan="2">+ INCREASED AMOUNT</th> <th colspan="2">SECTION B DECREASED COVERAGE ONLY</th> <th rowspan="2">NEW PREMIUM TOTALS</th> </tr> <tr> <th>AMOUNT</th> <th>RATE</th> <th>PREMIUM</th> <th>AMOUNT</th> <th>PREMIUM</th> </tr> </thead> <tbody> <tr> <td>BUILDING BASIC</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>BUILDING ADDITIONAL</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>CONTENTS BASIC</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>CONTENTS ADDITIONAL</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table> | INSURANCE COVERAGE | SECTION A CURRENT COVERAGE | | | + INCREASED AMOUNT | SECTION B DECREASED COVERAGE ONLY | | NEW PREMIUM TOTALS | AMOUNT | RATE | PREMIUM | AMOUNT | PREMIUM | BUILDING BASIC | | | | | | | | BUILDING ADDITIONAL | | | | | | | | CONTENTS BASIC | | | | | | | | CONTENTS ADDITIONAL | | | | | | | | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="3"> IF CHANGING AMOUNT OF INSURANCE, ENTER NEW TOTAL AMOUNT BELOW </td> <td rowspan="2"> PAYMENT OPTION: <input type="checkbox"/> CREDIT CARD <input type="checkbox"/> OTHER: _____ </td> <td>SUBTOTAL</td> <td></td> </tr> <tr> <td colspan="3"> BUILDING COVERAGE </td> <td>DEDUCT. DISCOUNT/SURCHARGE</td> <td></td> </tr> <tr> <td colspan="3"> CONTENTS COVERAGE </td> <td>SUBTOTAL</td> <td></td> </tr> <tr> <td>BASIC</td> <td>ADDITIONAL</td> <td>TOTAL</td> <td>BASIC</td> <td>ADDITIONAL</td> <td>TOTAL</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="3"></td> <td>ICC PREMIUM</td> <td></td> </tr> <tr> <td colspan="3"></td> <td>SUBTOTAL</td> <td></td> </tr> <tr> <td colspan="3"></td> <td>CRS PREMIUM DISCOUNT _____ %</td> <td></td> </tr> <tr> <td colspan="3"></td> <td>SUBTOTAL</td> <td></td> </tr> <tr> <td colspan="3"></td> <td>PREMIUM PREVIOUSLY PAID (Excludes Probation Surcharge/ Federal Policy Fee)</td> <td></td> </tr> <tr> <td colspan="3"></td> <td>DIFFERENCE _____ (+/-)</td> <td></td> </tr> <tr> <td colspan="3"></td> <td>PRO RATA FACTOR</td> <td></td> </tr> <tr> <td colspan="3"></td> <td>TOTAL _____ (+/-)</td> <td></td> </tr> </table> | IF CHANGING AMOUNT OF INSURANCE, ENTER NEW TOTAL AMOUNT BELOW | | | PAYMENT OPTION: <input type="checkbox"/> CREDIT CARD <input type="checkbox"/> OTHER: _____ | SUBTOTAL | | BUILDING COVERAGE | | | DEDUCT. DISCOUNT/SURCHARGE | | CONTENTS COVERAGE | | | SUBTOTAL | | BASIC | ADDITIONAL | TOTAL | BASIC | ADDITIONAL | TOTAL | | | | | | | | | | ICC PREMIUM | | | | | SUBTOTAL | | | | | CRS PREMIUM DISCOUNT _____ % | | | | | SUBTOTAL | | | | | PREMIUM PREVIOUSLY PAID (Excludes Probation Surcharge/ Federal Policy Fee) | | | | | DIFFERENCE _____ (+/-) | | | | | PRO RATA FACTOR | | | | | TOTAL _____ (+/-) | |
| INSURANCE COVERAGE | SECTION A CURRENT COVERAGE | | | + INCREASED AMOUNT | SECTION B DECREASED COVERAGE ONLY | | NEW PREMIUM TOTALS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | AMOUNT | RATE | PREMIUM | | AMOUNT | PREMIUM | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| BUILDING BASIC | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| BUILDING ADDITIONAL | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CONTENTS BASIC | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CONTENTS ADDITIONAL | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| IF CHANGING AMOUNT OF INSURANCE, ENTER NEW TOTAL AMOUNT BELOW | | | PAYMENT OPTION: <input type="checkbox"/> CREDIT CARD <input type="checkbox"/> OTHER: _____ | SUBTOTAL | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| BUILDING COVERAGE | | | | DEDUCT. DISCOUNT/SURCHARGE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CONTENTS COVERAGE | | | SUBTOTAL | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| BASIC | ADDITIONAL | TOTAL | BASIC | ADDITIONAL | TOTAL | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| | | | ICC PREMIUM | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | SUBTOTAL | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | CRS PREMIUM DISCOUNT _____ % | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | SUBTOTAL | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | PREMIUM PREVIOUSLY PAID (Excludes Probation Surcharge/ Federal Policy Fee) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | DIFFERENCE _____ (+/-) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | PRO RATA FACTOR | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | TOTAL _____ (+/-) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SIGNATURE | IF RETURN PREMIUM, MAIL REFUND TO: <input type="checkbox"/> INSURED <input type="checkbox"/> AGENT <input type="checkbox"/> PAYOR. 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. SIGNATURE OF INSURED AND DATE _____ SIGNATURE OF INSURANCE AGENT/BROKER _____ DATE (MM/DD/YY) _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FEMA Form 81-18, JUL 03

PLEASE ATTACH TO NFIP COPY OF ENDORSEMENT A CHECK OR MONEY ORDER FOR THE TOTAL ADDITIONAL PREMIUM MADE PAYABLE TO THE NATIONAL FLOOD INSURANCE PROGRAM.

F-051 (12/04)

ATTACH CHECK TO ORIGINAL AND SEND TO NFIP. KEEP SECOND COPY FOR YOUR RECORDS, GIVE THIRD COPY TO INSURED, AND FOURTH COPY TO MORTGAGEE.

**FLOOD INSURANCE
GENERAL CHANGE ENDORSEMENT
FEMA FORM 81-18**

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 Executive Order 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.C. 3507; and 5 CFR 1320.

PAPERWORK BURDEN DISCLOSURE NOTICE

Public reporting burden for this form is estimated to average 9 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.**