

# GENERAL CHANGE ENDORSEMENT

## I. USE OF THE FORM

The National Flood Insurance Program (NFIP) General Change Endorsement form or a similar request can be used to make certain types of coverage and rating changes or corrections to the existing policy.

However, this form cannot be used to 1) renew a policy, 2) extend or change a policy year, or 3) change the effective date of the policy.

An endorsement may be submitted for such reasons as:

- Change of a mortgagee
- Increasing, adding, reducing, or removing coverage amounts
- Change of the mailing address
- Change of the building description
- Change of insured information
- Rating Adjustments
- Map revisions
- Correcting a misrated policy
- Assignment of the policy
- Change of Primary Residence status

## II. ENDORSEMENT RULES

### A. Coverage Endorsements

#### 1. Addition of 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 year. The additional premium is calculated pro rata for the balance of the policy year, 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 Write Your Own (WYO) Company's standard business practice. (See Examples 1 through 3 at the end of this section.) Refer to the General Rules section for the applicable waiting period.

#### 2. Reduction in Amount 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 4 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 Coverage

Coverage may be removed and premium returned only in the following instances:

- Property is no longer at the described location
- The property is no longer owned by the policyholder
- There is more than one NFIP policy with building coverage insuring the same building.

### B. Rating Endorsements

#### 1. Rate Reduction

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

#### 2. Rating Adjustment

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

Rating adjustments will be allowed for only the current year for the following situations:

- Use of 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.
- Use of the Federal Emergency Management Agency (FEMA) Special Rates (see the Rating section). The endorsement effective date is the date that FEMA provided the rates.
- Revision of alternative rates (rates used for Pre-FIRM rated risks where the zone is unknown). The endorsement effective date is the effective date of the current policy year.
- Use of Post-FIRM/full-risk rating for a Pre-FIRM building receiving subsidized rates. The refund will be processed if the insured provides a valid Elevation Certificate (EC). The endorsement

effective date is the effective date of the current policy year.

- Use of an EC on Post-FIRM buildings rated using “Without Certification of Compliance or Elevation Certificate” for zones AO and AH, or “No Elevation Certificate or No BFE” for Unnumbered A Zone. The endorsement effective date is the effective date of the current policy year.
- Use of an updated EC. The endorsement effective date is the effective date of the current policy year.

### 3. Revision of an Alternative Rating

Alternative rating is used to determine 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 agents/producers for the rating of Pre-FIRM construction. Alternative rating allows the agent/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 years, such revisions may also be made effective with the start of the policy year.

### 4. Map Revision

When a physical revision of the FIRM, a Letter of Map Amendment (LOMA), or a Letter of Map Revision (LOMR) is issued, a policy may be endorsed to revise the flood zone or change the Base Flood Elevation (BFE) in which a building is located if the new zone and/or BFE provides a more favorable rating.

The following endorsement rules must be used:

- If a map revision or amendment became effective during the current policy year, the refund for the premium difference after revising the zone or BFE is prorated, using the date of the map revision or amendment as the endorsement effective date.
- If a map revision or amendment became effective in a prior policy year, a refund of the premium difference is granted from the date the map changed up to 5 years.
- The endorsement request must be received during the policy period; otherwise, no refund is available.
- Before refunding a premium for an expired term, the insurer must check with the policyholder for the existence of a current policy with the same

or another WYO Company. The insured may be eligible for a refund for up to 5 years.

Before processing the endorsement, the agent/producer should check the Flood Map Status Information Service to make sure that the LOMA or LOMR is still valid (or has been recertified) based on the most recent map revision. Also, if the revised map changes the BFE, verify that the same elevation datum is used to determine the building elevations on the EC.

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

A misrating means that the premium charged is incorrect because one or more of the rating characteristics used to determine the applicable premium rate for an application or renewal is discovered to be incorrect or was previously correct, but has changed.

Examples of rating characteristics used to determine premium include, but are not limited to, such factors as the loss history, building occupancy, building use, primary residency status, physical alteration of the building, replacement cost, community number, lowest floor elevation used for rating, flood zone, Base Flood Elevation, and the presence of enclosures, basements, or crawlspaces (including below-grade crawlspaces). For example, a Preferred Risk Policy (PRP) that incurs a flood loss resulting in a paid claim exceeding \$1,000 for a second time would be misrated if renewed as a PRP. Other examples include a policy issued on the incorrect Standard Flood Insurance Policy (SFIP) policy form, a building that was substantially damaged or improved, or the building's construction date incorrectly indicated on the policy.

A map revision, whether community-wide or parcel-specific (LOMA), does not imply that the previous map was incorrect. Flood risks change over time due to community development or natural causes such as erosion and subsidence. Therefore, a map revision does not imply a misrating under the previous maps. See II.B.4 of this section to process an endorsement following a map revision.

Corrections for misratings resulting in refunds are granted going back a maximum of 5 years from the current policy year to the date of misrating. Any lapse in coverage is included in determining the number of years for which a premium refund is allowed for a misrating. Proper documentation must be submitted (see IV.B.2.a. of this section).

A rating adjustment made when optional rating information is provided at a later date is not considered a misrating (see II.B of this section). For example, when an EC is provided to determine that a full-risk rate is lower than Pre-FIRM subsidized rates, the Pre-FIRM subsidized rates used for previous policy years are not deemed incorrect.

Updated documentation provided at a later date does not prove a misrating if the documentation previously used is valid. For example, when a new EC indicates a different elevation for the lowest floor than a previous EC, the newer EC must be used, but the policy is not considered misrated in previous policy years.

If however, the insurer mistyped or misinterpreted data correctly provided on the original EC, this may constitute a misrating. Also, if the insurer issued the initial policy using information provided on the Application, which is later proven incorrect by valid documentation that was previously unavailable, the policy is deemed misrated, and refunds may be issued.

**NOTE:** Refunds issued by endorsement exceeding the allowable amount will be subject to the debt collection procedures.

#### **D. Conversion of Standard-Rated Policy to PRP Due to Misrating**

A standard-rated policy may be endorsed or rewritten to a PRP and is eligible for a refund for up to 5 years for one of the following reasons:

- The policy was written as a standard-rated policy in a B, C, or X zone and later found to be eligible for a PRP.
- The policy was misrated with a zone other than B, C, or X but is later found to be eligible for a PRP.
- The policy was written as a standard-rated policy in an AR or A99 zone with an effective date of October 1, 2016, or later and is found to be eligible for a PRP.

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 year; and
- The policy has no open claim or closed paid claim.

The new PRP building coverage will be equal to either the building limit issued under the standard-rated B, C, X, AR, or A99 zone policy or the next-higher limit available under the PRP if there is no PRP option equal to the standard rated B, C, X, AR, or A99 zone building limit. For a standard-rated contents-only policy, the contents coverage will be equal to the limit issued under the

standard-rated policy or the next-higher limit. If building coverage is desired, or the building and/or contents coverage requested exceeds the limits described above, the coverage should be endorsed with a 30-day waiting period.

#### **E. Changing Deductibles**

Increasing deductibles is permitted during the current policy year.

Deductibles cannot be reduced midterm, 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, increasing, extending, or renewing a loan.

The Increased Cost of Compliance (ICC) Premium is not eligible for the deductible discount or surcharge. First calculate the deductible discount or surcharge, then add in the ICC Premium.

#### **F. Endorsements Due to Duplicate Coverage**

The SFIP covers one building per policy. Except for condominium buildings, building coverage may be issued on only one policy per building. Condominium unit owners may purchase building coverage under the Dwelling form, even if there is a Residential Condominium Building Association Policy (RCBAP) covering the building containing the unit, or other units insured separately within the building. However, the maximum building coverage available for a residential condominium building is \$250,000 times the number of units within the building, or the total replacement cost, whichever is less.

If the building owner is not shown as a named insured on an SFIP with building coverage, the policy must be endorsed to include the building owner as a named insured. If more than one SFIP with building coverage covers the same property, all but one of the policies must be endorsed to remove the building coverage or canceled. A pro-rata refund up to 5 years is available for endorsements removing building coverage due to duplicate coverage. For further guidance on removing building coverage or canceling a policy refer to the Cancellation section of this manual.

#### **G. Property Address Corrections**

A flood policy may not be endorsed to change the insured property location. This includes relocation from 1 unit to another unit within the same building, and relocation of a mobile home/travel trailer to a new location. An endorsement may not be submitted when it will result in a change to the actual building to be insured, regardless of whether a loss has or has not

occurred. A new Application and a new premium must be submitted, and any applicable waiting period for the SFIP to become effective will apply. The following exceptions allow for a property address correction:

1. An endorsement may be submitted to correct an erroneous property address (e.g., one made through typographical error or an Emergency 911 property address change) when it does not result in a change of the building to be insured. In the case where there are no paid or pending claims, a correction can be made without a waiver from the Federal Insurance Administrator of the requirement to submit accurate information in Section I of the SFIP. The address may be corrected in the following situations:

- The property address submitted on the Application was typed incorrectly, and the building description, coverage, and rating elements belong to the building at the address indicated on the correction endorsement; or
- The address used to describe the insured building indicated on the Application has changed with the United States Post Office; or
- A postal address is being supplied for a descriptive or legal address originally provided on the Application.

2. In a situation where there is a pending claim, and the agent/producer indicates that the address on the policy is not the correct address for the building intended to be insured, a waiver may be sought from the Federal Insurance Administrator of the requirement to submit accurate information in Section I of the SFIP in the following instances:

- The property address submitted on the Application was typed incorrectly, and the building description, coverage, and rating elements belong to the building at the address indicated on the correction endorsement, and the insured has no insurable interest in the building at the address incorrectly indicated on the application; or
- The address used to describe the insured building indicated on the Application has changed with the United States Post Office. The agent/producer must demonstrate that the building description, coverage, and rating elements belong to the building at the address indicated on the correction endorsement; or
- A postal address is being supplied for a descriptive or legal address originally provided on the Application. The agent/producer must demonstrate that the building description,

coverage, and rating elements belong to the building at the address indicated on the waiver request.

No pending claim on a policy requiring an address change can be paid without FEMA approval.

#### **H. Assignment of Policy**

A building owner's flood insurance building policy may be assigned to a purchaser of the insured building with the written consent of the seller. The seller must sign the assignment endorsement on or before the closing date. Policies on buildings in the course of construction and policies insuring only contents may not be assigned.

The assignment section on the General Change Endorsement form must be completed. Select "Other" on the General Change Endorsement form if the assignment is due to inheritances, gifts, transfers of ownership without purchase, assignments to an estate or trust, or at the time of foreclosure.

### **III. ENDORSEMENT PROCESSING PRIOR TO POLICY RENEWAL (NFIP DIRECT BUSINESS ONLY)**

#### **A. During the Last 90 Days of Policy Year**

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

#### **B. During the Last 75 Days of Policy Year**

1. If the original Renewal Notice has not been paid, the agent/producer must submit the General Change Endorsement for the current policy year only and submit a renewal Application for the upcoming policy year. 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 agent/producer must submit the General Change Endorsement together with any required additional premium for the renewal policy year and, if applicable, a separate General Change Endorsement and additional premium for the remainder of the current policy year. 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 year, 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.

## IV. COMPLETING THE FLOOD INSURANCE GENERAL CHANGE ENDORSEMENT FORM

### A. General Change Endorsement Instructions

The policy number, reason for change, and the endorsement effective date are required items for completing the form. When filling out the rest of this form, only complete the sections that require change. The following items are of special note:

- **Policy Period**

In this section, enter the policy expiration date (month/day/year) and endorsement effective date. The policy period cannot be changed. All calculations must reflect the policy period shown on the current declarations page.

- **Property Location**

A flood policy may not be endorsed to change the insured property location, unless correcting an erroneous property address. If the property address is rural, enter the legal description or geographic location of the property (do not use P.O. Box). *For additional guidance, refer to the Property Address Corrections subsection in this section.*

For example, the insured’s mailing address may be shown as:

Route 4  
Box 179  
Danville, OH 43014

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

- **Community (Grandfathering Information)**

Verify whether the building was built in compliance or has had continuous coverage. *For additional*

*guidance, refer to the NFIP Grandfathering Rules subsection in the Rating section of this manual.*

If the building was built in compliance, enter the community identification number, map panel number, suffix, FIRM zone, and, if applicable, the BFE. If grandfathering for continuous coverage, enter the prior policy number.

- **All Buildings**

Complete this section to correct a property’s building description. If applicable, submit any supporting documentation.

- **Contents**

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.

- **Coverage and Rating**

Complete this section for such reasons as:

- Increasing, adding or reducing coverage limits
- Updating building’s replacement cost information
- Changing deductibles

*For additional guidance, refer to the Endorsement Rating examples in this section.*

- **Signature**

All endorsements, whether paper or electronic form, must be signed. 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.

The insured must sign and date the General Change Endorsement form whenever there is a request to reduce policy limits, increase the deductible, assign the policy, or change the agent/producer of record.

### B. Refund Processing Procedures

1. The current insurer will be responsible for returning the premium for the current and the 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 policy year. Agents/producers submit refund requests to their insurer.

2. Requests for refunds for more than 2 policy years must be processed by the NFIP Bureau and Statistical Agent (NFIP Bureau).

a. For requests processed by the NFIP Bureau for any period exceeding 2 policy years, the current insurer must submit all of the documentation necessary to support the refund. At a minimum, this documentation will consist of the following:

- The company's statistical records or declarations pages for each policy year 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 policy year and the premium refund calculation for each policy year that the company had the policy.
- A LOMA; a LOMR; a 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 EC indicating the exact

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

b. In order for the NFIP Bureau to process a refund request, the appropriate documentation must be mailed directly to:

NFIP Bureau and Statistical Agent  
Underwriting Department  
8400 Corporate Dr., Suite 350  
Hyattsville, MD 20785

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 policy years the premium refund is allowed.

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

**V. ENDORSEMENT RATING EXAMPLES**

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# **EXAMPLE 1** **INCREASING COVERAGE ON A PREFERRED RISK POLICY**

- Policy term is August 12, 2017–2018.
- Single Family with basement.
- Property Currently Mapped in X-Zone
- Present coverage: Building \$75,000/ Contents \$30,000.
- Adjusted Premium at policy effective date was \$258. Adjusted Premium includes the multiplier calculation.
- Endorsement effective date is November 11, 2017.
- 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 for a total adjusted premium of \$358.
- Rates in effect on the effective date of the policy are to be used in calculating the premiums.
- The difference between these 2 premiums is \$159.
- Prorate the Difference.  
Time period is November 11, 2017, to August 12, 2018; Number of days is 274;  
Pro-rata factor is .751

TO INCREASE/DECREASE COVERAGE, COMPLETE SECTIONS A & B. FOR RATE CHANGE, COMPLETE SECTION A ONLY.  
INDICATE THE RATE TABLE USED: \_\_\_\_\_ RISK RATING METHOD: ☐ 7 - PRP ☐ R - NEWLY MAPPED

INSURANCE COVERAGE			SECTION A - CURRENT LIMITS			SECTION B - NEW LIMITS			A + B PREMIUM
			AMOUNT	RATE	PREMIUM	AMOUNT	RATE	PREMIUM	
BUILDING BASIC LIMIT			—	—	—	—	—	—	—
BUILDING ADDITIONAL LIMIT			—	—	—	—	—	—	—
CONTENTS BASIC LIMIT			—	—	—	—	—	—	—
CONTENTS ADDITIONAL LIMIT			—	—	—	—	—	—	—
FOR PRP AND NEWLY MAPPED ONLY, ENTER LIMITS FROM THE NFIP FLOOD INSURANCE MANUAL			BUILDING	CONTENTS	PREMIUM	BUILDING	CONTENTS	PREMIUM	
			\$75,000	\$30,000	\$258	\$125,000	\$50,000	\$358	—
IF CHANGING AMOUNT OF INSURANCE, ENTER NEW TOTAL AMOUNT BELOW						PAYMENT METHOD: <input type="checkbox"/> CHECK <input type="checkbox"/> CREDIT CARD <input type="checkbox"/> OTHER: _____	SUBTOTAL		\$358
BUILDING COVERAGE			CONTENTS COVERAGE				DEDUCTIBLE DISCOUNT/SURCHARGE		—
BASIC	ADDITIONAL	TOTAL	BASIC	ADDITIONAL	TOTAL		SUBTOTAL		\$358
—	—	\$200,000	—	—	\$80,000		ICC PREMIUM		\$5
IF RETURN PREMIUM, MAIL REFUND TO: <input type="checkbox"/> INSURED <input type="checkbox"/> AGENT/PRODUCER <input type="checkbox"/> PAYOR							SUBTOTAL		\$363
							CRS PREMIUM DISCOUNT ____ %		—
							SUBTOTAL		\$363
							RESERVE FUND 15 %		\$54
							SUBTOTAL		\$417
							PREMIUM PREVIOUSLY PAID (Excludes Probation Surcharge/Federal Policy Fee)		\$258
							HFIAA SURCHARGE		\$25
							DIFFERENCE _____ (+/-)		\$159
							PRO-RATA FACTOR		.751
							<b>TOTAL AMOUNT DUE (+/-)</b>		<b>\$120</b>

**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 OF INSURANCE AGENT/PRODUCER

\_\_\_\_\_  
SIGNATURE OF INSURED (IF APPLICABLE)

\_\_\_\_\_  
SIGNATURE OF ASSIGNEE (FOR ASSIGNMENT ONLY)

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
DATE (MM/DD/YYYY)

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
DATE (MM/DD/YYYY)

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
DATE (MM/DD/YYYY)



## EXAMPLE 2 INCREASING COVERAGE

- Policy term is April 4, 2017–2018.
- 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 October 10, 2017, 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 1.06 / .29, Contents 1.63 / .52.
- 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.
- \$25,000 of the \$60,000 coverage and the \$40,000 additional 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 the ICC Premium and calculate the New Premium Subtotal.
- Add the Reserve Fund Amount and calculate the New Premium Subtotal.
- The Premium Previously Paid is \$620 (excluding Probation Surcharge/HFIAA Surcharge/Federal Policy Fee), which is the total current annual premium including ICC Premium and Reserve Fund Assessment.
- Subtract the Premium Previously Paid from the Premium Total to obtain the Difference (should be additional/return premium).
- Prorate the Difference.

Time period is October 10, 2017, to April 4, 2018;  
Number of days is 176;  
Pro-rata factor is .482

TO INCREASE/DECREASE COVERAGE, COMPLETE SECTIONS A & B. FOR RATE CHANGE, COMPLETE SECTION A ONLY.  
INDICATE THE RATE TABLE USED: \_\_\_\_\_ RISK RATING METHOD: ☐ 7 - PRP ☐ R - NEWLY MAPPED

INSURANCE COVERAGE	SECTION A - CURRENT LIMITS			SECTION B - NEW LIMITS			A + B PREMIUM
	AMOUNT	RATE	PREMIUM	AMOUNT	RATE	PREMIUM	
BUILDING BASIC LIMIT	\$35,000	1.06	\$371	\$25,000	1.06	\$265	\$636
BUILDING ADDITIONAL LIMIT	—	—	—	\$40,000	.29	\$116	\$116
CONTENTS BASIC LIMIT	\$10,000	1.63	\$163	\$15,000	1.63	\$245	\$408
CONTENTS ADDITIONAL LIMIT	—	—	—	—	—	—	—
FOR PRP AND NEWLY MAPPED ONLY, ENTER LIMITS FROM THE NFIP FLOOD INSURANCE MANUAL	BUILDING	CONTENTS	PREMIUM	BUILDING	CONTENTS	PREMIUM	
	—	—	—	—	—	—	—

  

IF CHANGING AMOUNT OF INSURANCE, ENTER NEW TOTAL AMOUNT BELOW						PAYMENT METHOD: <input type="checkbox"/> CHECK <input type="checkbox"/> CREDIT CARD <input type="checkbox"/> OTHER: _____		
BUILDING COVERAGE			CONTENTS COVERAGE					
BASIC	ADDITIONAL	TOTAL	BASIC	ADDITIONAL	TOTAL			
\$60,000	\$40,000	\$100,000	\$25,000	—	\$25,000			

IF RETURN PREMIUM, MAIL REFUND TO: ☐ INSURED ☐ AGENT/PRODUCER ☐ PAYOR

  

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SIGNATURE OF INSURANCE AGENT/PRODUCER _____	_____/_____/_____ DATE (MM/DD/YYYY)
SIGNATURE OF INSURED (IF APPLICABLE) _____	_____/_____/_____ DATE (MM/DD/YYYY)
SIGNATURE OF ASSIGNEE (FOR ASSIGNMENT ONLY) _____	_____/_____/_____ DATE (MM/DD/YYYY)

  

SUBTOTAL	\$1,160
DEDUCTIBLE DISCOUNT/SURCHARGE	—
SUBTOTAL	\$1,160
ICC PREMIUM	\$5
SUBTOTAL	\$1,165
CRS PREMIUM DISCOUNT ____ %	—
SUBTOTAL	\$1,165
RESERVE FUND 15 %	\$175
SUBTOTAL	\$1,340
PREMIUM PREVIOUSLY PAID (Excludes Probation Surcharge/Federal Policy Fee)	\$620
HFIAA SURCHARGE	—
DIFFERENCE _____ (+/-)	\$720
PRO-RATA FACTOR	.482
<b>TOTAL AMOUNT DUE (+/-)</b>	<b>\$347</b>

### EXAMPLE 3 INCREASING COVERAGE AFTER A RATE CHANGE

- Policy term is March 12, 2017–2018.
- Single-family dwelling, Regular Program.
- 1 floor, no basement.
- Current policy limits: Building \$30,000 / Contents \$8,000.
- Building located in an AE Zone, Post-FIRM.
- Premium rates are: Building 2.03, Contents .98. The rates used are the rates in effect on the policy effective date.
- Post-FIRM construction with a 0 elevation difference.
- Endorsement effective date is May 9, 2017.
- 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 April 1, 2017.
- 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 (2.03). (See page END 1, "Addition of 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 (.98).
- 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 and calculate the New Premium Subtotal.
- Add the Reserve Fund Amount and calculate the New Premium Subtotal.
- The Premium Previously Paid is \$797 (excluding Probation Surcharge/HFIAA Surcharge/Federal Policy Fee), which is the total current annual premium including ICC Premium and Reserve Fund Assessment.
- 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 9, 2017, to March 12, 2018;  
Number of days is 307;  
Pro-rata factor is .841

TO INCREASE/DECREASE COVERAGE, COMPLETE SECTIONS A & B. FOR RATE CHANGE, COMPLETE SECTION A ONLY.  
INDICATE THE RATE TABLE USED: \_\_\_\_\_ RISK RATING METHOD: ☐ 7 - PRP ☐ R - NEWLY MAPPED

INSURANCE COVERAGE			SECTION A - CURRENT LIMITS			SECTION B - NEW LIMITS			A + B PREMIUM	
	AMOUNT	RATE	PREMIUM		AMOUNT	RATE	PREMIUM			
BUILDING BASIC LIMIT	\$30,000	2.03	\$609		\$15,000	2.03	\$305	\$914		
BUILDING ADDITIONAL LIMIT	—	—	—		—	—	—	—		
CONTENTS BASIC LIMIT	\$8,000	.98	\$79		\$7,000	.98	\$69	\$148		
CONTENTS ADDITIONAL LIMIT	—	—	—		—	—	—	—		
FOR PRP AND NEWLY MAPPED ONLY, ENTER LIMITS FROM THE NFIP FLOOD INSURANCE MANUAL	BUILDING	CONTENTS	PREMIUM		BUILDING	CONTENTS	PREMIUM			
	—	—	—		—	—	—	—		
IF CHANGING AMOUNT OF INSURANCE, ENTER NEW TOTAL AMOUNT BELOW				PAYMENT METHOD: <input type="checkbox"/> CHECK <input type="checkbox"/> CREDIT CARD <input type="checkbox"/> OTHER: _____	SUBTOTAL			\$1,062		
BUILDING COVERAGE			CONTENTS COVERAGE			DEDUCTIBLE DISCOUNT/SURCHARGE			—	
BASIC	ADDITIONAL	TOTAL	BASIC		ADDITIONAL	TOTAL	SUBTOTAL			\$1,062
\$45,000	—	\$45,000	\$15,000		—	\$15,000	ICC PREMIUM			\$5
IF RETURN PREMIUM, MAIL REFUND TO: <input type="checkbox"/> INSURED <input type="checkbox"/> AGENT/PRODUCER <input type="checkbox"/> PAYOR					SUBTOTAL			\$1,067		
<b>NOTICE:</b> 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.				CRS PREMIUM DISCOUNT ____ %			—			
				SUBTOTAL			\$1,067			
				RESERVE FUND 15 %			\$160			
				SUBTOTAL			\$1,227			
				PREMIUM PREVIOUSLY PAID (Excludes Probation Surcharge/Federal Policy Fee)			\$797			
				HFIAA SURCHARGE			—			
SIGNATURE OF INSURANCE AGENT/PRODUCER _____ SIGNATURE OF INSURED (IF APPLICABLE) _____ SIGNATURE OF ASSIGNEE (FOR ASSIGNMENT ONLY) _____				DIFFERENCE _____ (+/-)			\$430			
				PRO-RATA FACTOR			.841			
				<b>TOTAL AMOUNT DUE (+/-)</b>			<b>\$362</b>			

## EXAMPLE 4 REDUCING BUILDING COVERAGE

- Policy term is June 6, 2017–2018.
- 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 December 10, 2017, 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 1.19 / .41.
- Endorsement effective date is December 10, 2017.
- In Section A, enter the basic building amount (\$60,000) and the applicable rate (1.19).
- In Section B, enter the new additional building amount at the same rate of .41.
- Add Sections A and B to obtain the New Premium Totals.
- Add the New Premium Totals to obtain the Premium Subtotal.
- Add in the ICC Premium and calculate the New Premium Subtotal.
- Add the Reserve Fund Amount and calculate the New Premium Subtotal.
- The Premium Previously Paid is \$1,252 (excluding the Probation Surcharge/HFIAA Surcharge/Federal Policy Fee), which is the total current annual premium including ICC Premium and Reserve Fund Assessment.
- Subtract the Premium Previously Paid from the Premium Total to obtain the Difference (should be additional/return premium).
- Prorate the Difference.  
Time period is December 10, 2017, to June 6, 2018;  
Number of days is 178;  
Pro-rata factor is .488

TO INCREASE/DECREASE COVERAGE, COMPLETE SECTIONS A & B. FOR RATE CHANGE, COMPLETE SECTION A ONLY.  
INDICATE THE RATE TABLE USED: \_\_\_\_\_ RISK RATING METHOD: ☐ 7 - PRP ☐ R - NEWLY MAPPED

INSURANCE COVERAGE	SECTION A - CURRENT LIMITS			SECTION B - NEW LIMITS			A + B PREMIUM	
	AMOUNT	RATE	PREMIUM	AMOUNT	RATE	PREMIUM		
BUILDING BASIC LIMIT	\$60,000	1.19	\$714	—	—	—	\$714	
BUILDING ADDITIONAL LIMIT	\$90,000	.41	\$369	-\$50,000	.41	-\$205	\$164	
CONTENTS BASIC LIMIT	—	—	—	—	—	—	—	
CONTENTS ADDITIONAL LIMIT	—	—	—	—	—	—	—	
FOR PRP AND NEWLY MAPPED ONLY, ENTER LIMITS FROM THE NFIP FLOOD INSURANCE MANUAL	BUILDING	CONTENTS	PREMIUM	BUILDING	CONTENTS	PREMIUM		
	—	—	—	—	—	—	—	
IF CHANGING AMOUNT OF INSURANCE, ENTER NEW TOTAL AMOUNT BELOW								
BUILDING COVERAGE			CONTENTS COVERAGE			PAYMENT METHOD: <input type="checkbox"/> CHECK <input type="checkbox"/> CREDIT CARD <input type="checkbox"/> OTHER: _____	SUBTOTAL	\$878
BASIC	ADDITIONAL	TOTAL	BASIC	ADDITIONAL	TOTAL		DEDUCTIBLE DISCOUNT/SURCHARGE	—
\$60,000	\$40,000	\$100,000	—	—	—		SUBTOTAL	\$878
IF RETURN PREMIUM, MAIL REFUND TO: <input type="checkbox"/> INSURED <input type="checkbox"/> AGENT/PRODUCER <input type="checkbox"/> PAYOR							ICC PREMIUM	\$5
							SUBTOTAL	\$883
							CRS PREMIUM DISCOUNT ____ %	—
							SUBTOTAL	\$883
							RESERVE FUND 15 %	\$132
							SUBTOTAL	\$1,015
							PREMIUM PREVIOUSLY PAID (Excludes Probation Surcharge/Federal Policy Fee)	\$1,252
							HFIAA SURCHARGE	—
							DIFFERENCE _____ (+/-)	-\$237
							PRO-RATA FACTOR	.488
							<b>TOTAL AMOUNT DUE (+/-)</b>	<b>-\$115</b>

  

**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 OF INSURANCE AGENT/PRODUCER

\_\_\_\_\_  
SIGNATURE OF INSURED (IF APPLICABLE)

\_\_\_\_\_  
SIGNATURE OF ASSIGNEE (FOR ASSIGNMENT ONLY)

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
DATE (MM/DD/YYYY)

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
DATE (MM/DD/YYYY)

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
DATE (MM/DD/YYYY)

## EXAMPLE 5 CHANGE OF PRIMARY RESIDENCE STATUS

- Policy term May 15, 2017–2018.
- Single-family dwelling, no basement.
- Post-FIRM Building.
- Building located in Zone AE
- Present coverage: Building \$150,000 / Contents \$15,000.
- Endorsement is effective on October 30, 2017, to change Residence status from Non-Primary to Primary.
- Full-risk premium rates are: Building .28 / .08, Contents .38 / .12
- Complete Section A for current coverage
- Add Section A premiums to obtain the New Premium Totals.
- Add the New Premium Totals to calculate the Premium Subtotal.
- Add the ICC Premium and calculate the New Premium Subtotal.
- Add the Reserve Fund Amount and calculate the New Premium Subtotal.
- The Premium Previously Paid is \$354 (excluding Probation Surcharge/Federal Policy Fee), which is the total current annual premium including ICC Premium and Reserve Fund Assessment and HFIAA Surcharge.
- Enter the applicable HFIAA Surcharge Amount.
- Subtract the new HFIAA Surcharge of \$25 from the previously paid HFIAA Surcharge of \$250 and enter the difference.
- Prorate the Difference.

Time period is October 30, 2017,  
to May 15, 2018;  
Number of days is 197;  
Pro-rata factor is .540

TO INCREASE/DECREASE COVERAGE, COMPLETE SECTIONS A & B. FOR RATE CHANGE, COMPLETE SECTION A ONLY.  
INDICATE THE RATE TABLE USED: \_\_\_\_\_ RISK RATING METHOD: ☐ 7 - PRP ☐ R - NEWLY MAPPED

INSURANCE COVERAGE			SECTION A - CURRENT LIMITS			SECTION B - NEW LIMITS			A + B PREMIUM
			AMOUNT	RATE	PREMIUM	AMOUNT	RATE	PREMIUM	
BUILDING BASIC LIMIT			\$60,000	.28	\$168	—	—	—	\$168
BUILDING ADDITIONAL LIMIT			\$90,000	.08	\$72	—	—	—	\$72
CONTENTS BASIC LIMIT			\$15,000	.38	\$57	—	—	—	\$57
CONTENTS ADDITIONAL LIMIT			—	—	—	—	—	—	—
FOR PRP AND NEWLY MAPPED ONLY, ENTER LIMITS FROM THE NFIP FLOOD INSURANCE MANUAL			BUILDING	CONTENTS	PREMIUM	BUILDING	CONTENTS	PREMIUM	
			—	—	—	—	—	—	—
IF CHANGING AMOUNT OF INSURANCE, ENTER NEW TOTAL AMOUNT BELOW						PAYMENT METHOD: <input type="checkbox"/> CHECK <input type="checkbox"/> CREDIT CARD <input type="checkbox"/> OTHER: _____	SUBTOTAL		\$297
BUILDING COVERAGE			CONTENTS COVERAGE				DEDUCTIBLE DISCOUNT/SURCHARGE		—
BASIC	ADDITIONAL	TOTAL	BASIC	ADDITIONAL	TOTAL		SUBTOTAL		\$297
—	—	—	—	—	—		ICC PREMIUM		\$5
IF RETURN PREMIUM, MAIL REFUND TO: <input type="checkbox"/> INSURED <input type="checkbox"/> AGENT/PRODUCER <input type="checkbox"/> PAYOR							SUBTOTAL		\$302
<b>NOTICE:</b> 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 OF INSURANCE AGENT/PRODUCER						DATE (MM/DD/YYYY)			
SIGNATURE OF INSURED (IF APPLICABLE)						DATE (MM/DD/YYYY)			
SIGNATURE OF ASSIGNEE (FOR ASSIGNMENT ONLY)						DATE (MM/DD/YYYY)			
						CRS PREMIUM DISCOUNT ____ %		—	
						SUBTOTAL		\$302	
						RESERVE FUND 15 %		\$46	
						SUBTOTAL		\$348	
						PREMIUM PREVIOUSLY PAID (Excludes Probation Surcharge/Federal Policy Fee)		\$354	
						HFIAA SURCHARGE		\$25	
						DIFFERENCE _____ (+/-)		-\$225	
						PRO-RATA FACTOR		.540	
						<b>TOTAL AMOUNT DUE (+/-)</b>		<b>-\$122</b>	

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

O.M.B. No. 1660-0006  
Expires April 30, 2020

National Flood Insurance Program

FLOOD INSURANCE GENERAL CHANGE ENDORSEMENT, PAGE 1 (OF 2)

FOR ALL POLICY TYPES. IMPORTANT—PLEASE PRINT OR TYPE; ENTER DATES AS MM/DD/YYYY.

POLICY #: \_\_\_\_\_

CHANGE	ASSIGNMENT	BILLING
REASON FOR CHANGE (CHECK ALL THAT APPLY) <input type="checkbox"/> MORTGAGEE <input type="checkbox"/> MAILING ADDRESS <input type="checkbox"/> INCREASE COVERAGE <input type="checkbox"/> BILLING <input type="checkbox"/> BUILDING INFORMATION <input type="checkbox"/> AGENT/PRODUCER <input type="checkbox"/> INSURED INFORMATION <input type="checkbox"/> OTHER (SPECIFY): _____	REASON FOR ASSIGNMENT: <input type="checkbox"/> NEW PURCHASE DATE OF PURCHASE: ____/____/____ <input type="checkbox"/> OTHER (SPECIFY): _____	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
NAME AND MAILING ADDRESS OF AGENT/PRODUCER:  AGENCY NO.: _____ AGENT'S TAX ID: _____ PHONE NO.: _____ FAX NO.: _____ EMAIL ADDRESS: _____		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
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.		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
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 EBF: _____ MAP DATE: ____/____/____ NEWLY MAPPED INFORMATION DATE THE BUILDING WAS NEWLY MAPPED INTO THE SFHA: ____/____/____		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
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: _____ 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. 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 10. 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 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/ENCLOSURE 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		
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 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: _____		

FEMA Form 086-0-3

Previously FEMA Form 81-18

F-051 (OCT 2015)

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



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

O.M.B. No. 1660-0006 Expires April 30, 2020  
**FLOOD INSURANCE GENERAL CHANGE  
ENDORSEMENT, PAGE 2 (OF 2)**

FOR ALL POLICY TYPES. 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 ENDORSEMENT MUST BE COMPLETED FOR ALL BUILDINGS.																																																																																																																																																																															
POLICY #: _____																																																																																																																																																																															
<b>ELEVATED BUILDINGS (INCLUDING MANUFACTURED (MOBILE) HOMES/TRAVEL TRAILERS)</b> <b>1. IF THE BUILDING IS ELEVATED, IS THE AREA BELOW</b> <input type="checkbox"/> FREE OF OBSTRUCTION <input type="checkbox"/> WITH OBSTRUCTION <b>2. ELEVATING FOUNDATION TYPE</b> <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 <b>3. MACHINERY AND/OR EQUIPMENT</b> 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: _____ <b>4. AREA BELOW THE ELEVATED FLOOR</b> 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? _____ 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: _____ 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 (BREAKAWAY) <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 <b>5. FLOOD OPENINGS</b> 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.																																																																																																																																																																															
<b>MANUFACTURED (MOBILE) HOMES/TRAVEL TRAILERS</b> <b>1. MANUFACTURED (MOBILE) HOME/TRAVEL TRAILER DATA</b> 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 <b>2. ANCHORING</b> 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): _____ <b>3. INSTALLATION</b> 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																																																																																																																																																																															
<b>CONSTRUCTION INFORMATION</b> 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 _____ / _____ / _____ <b>CONTENTS</b> 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.																																																																																																																																																																															
<b>ELEVATION DATA</b> IS BUILDING POST-FIRM CONSTRUCTION? <input type="checkbox"/> YES <input type="checkbox"/> NO (IF POST-FIRM CONSTRUCTION IN ZONES A, I, 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.)																																																																																																																																																																															
<b>ESTIMATED BUILDING REPLACEMENT COST (INCLUDING FOUNDATION): \$ _____ DEDUCTIBLE: BUILDING \$ _____ CONTENTS \$ _____</b> TO INCREASE/DECREASE COVERAGE, COMPLETE SECTIONS A & B. FOR RATE CHANGE, COMPLETE SECTION A ONLY. INDICATE THE RATE TABLE USED: _____ RISK RATING METHOD: <input type="checkbox"/> 7 - PRP <input type="checkbox"/> R - NEWLY MAPPED																																																																																																																																																																															
<b>COVERAGE AND RATING</b>	<table border="1"><thead><tr><th rowspan="2">INSURANCE COVERAGE</th><th colspan="3">SECTION A - CURRENT LIMITS</th><th colspan="3">SECTION B - NEW LIMITS</th><th rowspan="2">A + B PREMIUM</th></tr><tr><th>AMOUNT</th><th>RATE</th><th>PREMIUM</th><th>AMOUNT</th><th>RATE</th><th>PREMIUM</th></tr></thead><tbody><tr><td>BUILDING BASIC LIMIT</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>BUILDING ADDITIONAL LIMIT</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>CONTENTS BASIC LIMIT</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>CONTENTS ADDITIONAL LIMIT</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>FOR PRP AND NEWLY MAPPED ONLY, ENTER LIMITS FROM THE NFIP FLOOD INSURANCE MANUAL</td><td>BUILDING</td><td>CONTENTS</td><td>PREMIUM</td><td>BUILDING</td><td>CONTENTS</td><td>PREMIUM</td><td></td></tr><tr><td colspan="4">IF CHANGING AMOUNT OF INSURANCE, ENTER NEW TOTAL AMOUNT BELOW</td><td colspan="4">PAYMENT METHOD:</td></tr><tr><td colspan="2">BUILDING COVERAGE</td><td colspan="2">CONTENTS COVERAGE</td><td colspan="4"><input type="checkbox"/> CHECK <input type="checkbox"/> CREDIT CARD <input type="checkbox"/> OTHER: _____</td></tr><tr><td>BASIC</td><td>ADDITIONAL</td><td>TOTAL</td><td>TOTAL</td><td colspan="4">SUBTOTAL</td></tr><tr><td colspan="4">IF RETURN PREMIUM, MAIL REFUND TO: <input type="checkbox"/> INSURED <input type="checkbox"/> AGENT/PRODUCER <input type="checkbox"/> PAYOR</td><td colspan="4">DEDUCTIBLE DISCOUNT/SURCHARGE</td></tr><tr><td colspan="4"></td><td colspan="4">ICC PREMIUM</td></tr><tr><td colspan="4"></td><td colspan="4">SUBTOTAL</td></tr><tr><td colspan="4"></td><td colspan="4">CRS PREMIUM DISCOUNT _____ %</td></tr><tr><td colspan="4"></td><td colspan="4">SUBTOTAL</td></tr><tr><td colspan="4"></td><td colspan="4">RESERVE FUND _____ %</td></tr><tr><td colspan="4"></td><td colspan="4">SUBTOTAL</td></tr><tr><td colspan="4"></td><td colspan="4">PREMIUM PREVIOUSLY PAID (Excludes Probation Surcharge/Federal Policy Fee)</td></tr><tr><td colspan="4"></td><td colspan="4">HFIAA SURCHARGE</td></tr><tr><td colspan="4"></td><td colspan="4">DIFFERENCE (+/-)</td></tr><tr><td colspan="4"></td><td colspan="4">PRO-RATA FACTOR</td></tr><tr><td colspan="4"></td><td colspan="4">TOTAL AMOUNT DUE (+/-)</td></tr></tbody></table>	INSURANCE COVERAGE	SECTION A - CURRENT LIMITS			SECTION B - NEW LIMITS			A + B PREMIUM	AMOUNT	RATE	PREMIUM	AMOUNT	RATE	PREMIUM	BUILDING BASIC LIMIT								BUILDING ADDITIONAL LIMIT								CONTENTS BASIC LIMIT								CONTENTS ADDITIONAL LIMIT								FOR PRP AND NEWLY MAPPED ONLY, ENTER LIMITS FROM THE NFIP FLOOD INSURANCE MANUAL	BUILDING	CONTENTS	PREMIUM	BUILDING	CONTENTS	PREMIUM		IF CHANGING AMOUNT OF INSURANCE, ENTER NEW TOTAL AMOUNT BELOW				PAYMENT METHOD:				BUILDING COVERAGE		CONTENTS COVERAGE		<input type="checkbox"/> CHECK <input type="checkbox"/> CREDIT CARD <input type="checkbox"/> OTHER: _____				BASIC	ADDITIONAL	TOTAL	TOTAL	SUBTOTAL				IF RETURN PREMIUM, MAIL REFUND TO: <input type="checkbox"/> INSURED <input type="checkbox"/> AGENT/PRODUCER <input type="checkbox"/> PAYOR				DEDUCTIBLE DISCOUNT/SURCHARGE								ICC PREMIUM								SUBTOTAL								CRS PREMIUM DISCOUNT _____ %								SUBTOTAL								RESERVE FUND _____ %								SUBTOTAL								PREMIUM PREVIOUSLY PAID (Excludes Probation Surcharge/Federal Policy Fee)								HFIAA SURCHARGE								DIFFERENCE (+/-)								PRO-RATA FACTOR								TOTAL AMOUNT DUE (+/-)			
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<b>SIGNATURE</b>	<p>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.</p> <p>SIGNATURE OF INSURANCE AGENT/PRODUCER _____ DATE (MM/DD/YYYY) _____</p> <p>SIGNATURE OF INSURED (IF APPLICABLE) _____ DATE (MM/DD/YYYY) _____</p> <p>SIGNATURE OF ASSIGNEE (FOR ASSIGNMENT ONLY) _____ DATE (MM/DD/YYYY) _____</p>																																																																																																																																																																														

FEMA Form 086-0-3

Previously FEMA Form 81-18

F-051 (OCT 2015)

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



**FLOOD INSURANCE GENERAL CHANGE ENDORSEMENT**

**FEMA FORM 086-0-3**

**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 9 minutes per response. The burden estimate includes the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and submitting the form. This collection of information is required to obtain or retain benefits. You are not required to respond to this collection of information unless a valid OMB control number is displayed in the upper right corner of this form. Send comments regarding the accuracy of the burden estimate and any suggestions for reducing the burden to: Information Collections Management, Department of Homeland Security, Federal Emergency Management Agency, 500 C Street SW, Washington, DC 20742, Paperwork Reduction Project (1660-0033).

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

