

# NEWLY MAPPED

## I. GENERAL DESCRIPTION

The Newly Mapped procedure applies to properties previously in Zones B, C, X, or D that have been newly mapped into a Special Flood Hazard Area (SFHA). This procedure also applies to policies previously issued under the Preferred Risk Policy Eligibility Extension that are renewing on or after April 1, 2015. The Newly Mapped procedure does not apply to properties mapped into the SFHA by the initial Flood Insurance Rate Map (FIRM).

For 1–4 family dwellings, the maximum coverage combination is \$250,000 building and \$100,000 contents. For other residential buildings, the maximum coverage combination is \$500,000 building and \$100,000 contents. Up to \$100,000 contents-only coverage is available for all residential properties.

For non-residential business, and other non-residential properties, the maximum coverage combination is \$500,000 building and \$500,000 contents. Up to \$500,000 contents-only coverage is available.

Only 1 building can be insured per policy, and only 1 policy can be written on each building.

## II. ELIGIBILITY REQUIREMENTS

### A. Eligibility

To be eligible for coverage under the Newly Mapped procedure, the building must meet the following criteria:

- Properties newly mapped into an SFHA on or after April 1, 2015, are eligible for the Newly Mapped procedure if the applicant obtains coverage that is effective within 12 months of the map revision date.
- Properties newly mapped into an SFHA between October 1, 2008, and March 31, 2015, are eligible for the Newly Mapped procedure if the applicant obtains coverage that is effective before April 1, 2016.
- Policies validly issued under the PRP Eligibility Extension prior to April 1, 2015, must be renewed with the Newly Mapped procedure on the first effective date on or after April 1, 2015.

For the purpose of determining the flood zone, the agent/producer may use the FIRM in effect at the time of application and presentment of premium.

### B. Occupancy

Combined building/contents amounts of insurance are available for owners of all eligible occupancy types — 1–4 family properties (including individual condominium units in residential condominium buildings), other residential properties, and non-residential business, and other non-residential properties.

Contents-only coverage is available for tenants and owners of all eligible occupancies, except when contents are located entirely in a basement.

### C. Loss History

A building's eligibility for the Newly Mapped procedure is based on the preceding requirements and on the building's flood loss history. If any of the following conditions exists within any 10-year period, regardless of any change(s) in ownership of the building, then the building is not eligible for the Newly Mapped procedure:

- 2 flood insurance claim payments for separate losses, each more than \$1,000; or
- 3 or more flood insurance claim payments for separate losses, regardless of amount; or
- 2 Federal flood disaster relief payments (including loans and grants) for separate occurrences, each more than \$1,000; or
- 3 Federal flood disaster relief payments (including loans and grants) for separate occurrences, regardless of amount; or
- 1 flood insurance claim payment and 1 Federal flood disaster relief payment (including loans and grants), each for separate losses and each more than \$1,000.

**NOTE:** Multiple losses at the same location within 10 days of each other are counted as 1 loss, with the payment amounts added together.

**TABLE 1. PROPERTIES NEWLY MAPPED INTO AN SFHA COVERAGE LIMITS**

| COVERAGE TYPE              | MAXIMUM LIMITS BY OCCUPANCY TYPE |                     |   |
|----------------------------|----------------------------------|---------------------|---|
|                            | 1–4 FAMILY                       | OTHER RESIDENTIAL   | NON-RESIDENTIAL BUSINESS, OTHER NON-RESIDENTIAL |
| Combined Building/Contents | \$250,000/\$100,000              | \$500,000/\$100,000 | \$500,000/\$500,000                             |
| Contents Only              | \$100,000                        | \$100,000           | \$500,000                                       |

In determining a building's flood loss history for the Newly Mapped procedure, Federal flood disaster relief payments (including loans and grants) are considered only if the building sustained flood damage. A Newly Mapped property that becomes ineligible due to loss history must be renewed as a standard-rated policy. Renewal of a policy under the Newly Mapped procedure that does not qualify because of loss history is considered a misrating.

### III. INELIGIBILITY

For help in determining eligibility/ineligibility of various condominium risks, use the Condominium Rating Chart (Table 2) in this section.

- Buildings and/or contents in Emergency Program communities are not eligible for the Newly Mapped procedure.
- Multi-unit residential condominium buildings eligible under the Residential Condominium Building Association Policy (RCBAP) are not eligible for the Newly Mapped procedure.
- Buildings on Leased Federal Property determined by the Administrator to be located on the river-facing side of any dike, levee, or other riverine flood-control structure, or seaward of any seawall or other coastal flood-control structure are not eligible.

### IV. DOCUMENTATION

A Preferred Risk Policy (PRP) and Newly Mapped Application form must be used when applying for coverage under the Newly Mapped procedure. To determine eligibility, both the previous and current zones must each be documented with 1 or more of the items from the list below.

- A Letter of Map Amendment (LOMA);
- A Letter of Map Revision (LOMR);
- A Letter of Determination Review (LODR);
- A letter indicating the property address 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, signed and dated by a surveyor, an engineer, an architect, or a local community official;
- A flood zone determination certification that guarantees the accuracy of the information; or
- A copy of the most recent flood map marked to show the exact location and flood zone of the building is also acceptable, though additional

documentation may be required if the building is close to the zone boundary.

An agent/producer writing through a Write Your Own (WYO) Company should contact that company for guidance.

### V. RENEWAL

An eligible risk renews automatically without submission of a new application. If, during a policy term, the risk fails to meet the eligibility requirements due to loss history, it cannot be renewed under the Newly Mapped procedure. It must be non-renewed or rewritten as a standard-rated policy.

After the initial policy year, a policy issued under the Newly Mapped procedure will begin the transition to full-risk rates. An insured may obtain an Elevation Certificate to determine whether full-risk rates are more favorable. The full-risk rates may be based on the current map or a grandfathered zone and/or Base Flood Elevation (BFE). For additional guidance, refer to the Rating section of this manual.

### VI. COVERAGE LIMITATIONS

- Basement coverage limitations apply to a policy issued under the Newly Mapped procedure.
- Individual condominium units in nonresidential condominium buildings are not eligible for building coverage.
- Condominium units insured under the Dwelling or General Property form are not eligible for Increased Cost of Compliance (ICC) coverage.

**NOTE:** Elevated building coverage limitations do not apply to a policy issued under the Newly Mapped procedure

### VII. DISCOUNTS/FEES/ICC PREMIUM

- Community Rating System (CRS) discounts are not available for Newly Mapped properties.
- The \$50 Community Probation Surcharge is added, when applicable.
- Add either a \$25.00 or a \$250.00 surcharge to the premium in accordance with the Homeowner Flood Insurance Affordability Act of 2014 (HFIAA). The HFIAA surcharge is \$25.00 for policies covering primary residences, including contents-only policies, if the named insured's primary residence is a single-family dwelling, an individual condominium unit, an apartment unit, or a unit in a cooperative building. For all other policies, the HFIAA surcharge

is \$250.00. The HFIAA surcharge is not subject to agent commissions.

- The Federal Policy Fee of \$45 is included in the premium and is not subject to commission.
- The ICC Premium of \$5 for residential coverage up to \$230,000 and \$4 for coverage over \$230,000 is included in the premium. Deduct this amount if the risk is a condominium unit. The ICC Premium of \$5 for Non-Residential Business and Other Non-Residential coverage up to \$480,000 and \$4 for coverage over \$480,000 is included in the premium.

## **VIII. DEDUCTIBLES**

The deductible for a Newly-Mapped-rated policy is \$1,000 each for both building and contents if the building coverage is less than or equal to \$100,000; if the building coverage is over \$100,000, the deductible is \$1,250, regardless of the insured building's construction date compared to the initial FIRM date. A contents-only policy will have a \$1,000 deductible.

## **IX. ENDORSEMENTS**

A Newly-Mapped-rated policy may be endorsed to:

- Increase coverage mid-term. See the General Change Endorsement section in this manual for an example.
- Correct misratings, such as those due to an incorrect building description or community number.

## **X. CONVERSION OF A STANDARD-RATED POLICY TO A NEWLY-MAPPED-RATED POLICY DUE TO MISRATING**

A policy written as a standard-rated policy and later found to be eligible for the Newly Mapped procedure may be endorsed or canceled and rewritten for only the current policy term.

The policy may be canceled/rewritten using Cancellation Reason 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; *and*
- No claim has been paid or is pending on the policy term being canceled.

The building and/or contents coverage on the Newly-Mapped-rated policy must be equal either to the building limit and/or contents limit issued under the standard-rated policy, or to the next-higher limit available under the Newly-Mapped-rated policy if there is no Newly-Mapped-rated policy option equal to the standard-rated policy building and/or contents 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, the policy should be endorsed for building and contents coverage with a 30-day waiting period applied.

## **XI. CONVERSION OF A NEWLY-MAPPED-RATED POLICY TO A STANDARD-RATED POLICY**

A Newly-Mapped-rated policy must be canceled and rewritten as a standard-rated policy if the risk does not meet the Newly-Mapped-rated policy requirements on the policy effective date. (See the Eligibility Requirements subsection in this section.)

When converting a Newly-Mapped-rated policy to a standard-rated policy, all underwriting information must be obtained at the time of conversion, unless the information is contained in the underwriting file. The building and/or contents coverage on the new standard-rated policy cannot exceed the building limit and/or contents limit issued under the Newly-Mapped-rated policy.

The policyholder will have 30 days from notification to pay the additional premium due, or 60 days from notification to obtain additional information if needed to rate the policy, and then 30 days to pay the additional premium due. The premium due will be calculated from the beginning of the policy term to restore the originally requested limits without a waiting period. The policyholder has the option to reduce or delete coverage in order to wholly or partially reduce the underpayment amount.

If increased coverage limits are desired, the new standard-rated policy must be endorsed; the 30-day waiting period will apply.

**TABLE 2. PROPERTIES NEWLY MAPPED INTO AN SFHA CONDOMINIUM RATING CHART**

**RESIDENTIAL SINGLE-UNIT BUILDING OR  
TOWNHOUSE-/ROWHOUSE-TYPE BUILDING WITH SEPARATE ENTRANCE FOR EACH UNIT**

| <b>PURCHASER OF POLICY</b>                             | <b>BUILDING OCCUPANCY<sup>1</sup></b> | <b>CONDO UNIT INDICATOR<sup>1</sup></b> | <b>NEWLY MAPPED</b> | <b>RATE TABLE</b>      | <b>POLICY FORM</b> |
|--|---------------------------------------|---|---------------------|------------------------|--------------------|
| UNIT OWNER   | Single family                         | Yes                                     | Yes                 | 1-4 Family residential | Dwelling           |
| ASSOCIATION<br>(ASSOCIATION-OWNED<br>SINGLE UNIT ONLY) | Single family                         | Yes                                     | Yes                 | 1-4 Family residential | Dwelling           |
| ASSOCIATION<br>(ENTIRE BUILDING)                       | N/A                                   | N/A                                     | No                  | N/A                    | N/A                |

**MULTI-UNIT RESIDENTIAL BUILDING – 2 TO 4 UNITS PER BUILDING**

| <b>PURCHASER OF POLICY</b>                             | <b>BUILDING OCCUPANCY<sup>1</sup></b>                 | <b>CONDO UNIT INDICATOR<sup>1</sup></b>     | <b>NEWLY MAPPED</b> | <b>RATE TABLE</b>  | <b>POLICY FORM</b> |
|--|---|---|---------------------|--|--------------------|
| UNIT OWNER   | 2-4   | Yes   | Yes                 | 1-4 Family residential   | Dwelling           |
| ASSOCIATION<br>(ASSOCIATION-OWNED<br>SINGLE UNIT ONLY) | 2-4   | Yes   | Yes                 | 1-4 Family residential   | Dwelling           |
| ASSOCIATION<br>(ENTIRE BUILDING)                       | N/A   | N/A   | No                  | N/A  | N/A                |
| OWNER OF NON-<br>RESIDENTIAL CONTENTS                  | Non-residential<br>business, Other<br>Non-residential | Yes<br>(Building coverage<br>not available) | Yes                 | Non-residential<br>business, Other Non-<br>residential contents-only | General Property   |

**MULTI-UNIT RESIDENTIAL BUILDING – 5 OR MORE UNITS PER BUILDING**

| <b>PURCHASER OF POLICY</b>                             | <b>BUILDING OCCUPANCY<sup>1</sup></b>                 | <b>CONDO UNIT INDICATOR<sup>1</sup></b>     | <b>NEWLY MAPPED</b> | <b>RATE TABLE</b>  | <b>POLICY FORM</b> |
|--|---|---|---------------------|--|--------------------|
| UNIT OWNER   | Other residential                                     | Yes   | Yes                 | Other residential  | Dwelling           |
| ASSOCIATION<br>(ASSOCIATION-OWNED<br>SINGLE UNIT ONLY) | Other residential                                     | Yes   | Yes                 | Other residential  | Dwelling           |
| ASSOCIATION<br>(ENTIRE BUILDING)                       | N/A   | N/A   | No                  | N/A  | N/A                |
| OWNER OF NON-<br>RESIDENTIAL CONTENTS                  | Non-residential<br>business, Other<br>Non-residential | Yes<br>(Building coverage<br>not available) | Yes                 | Non-residential<br>business, Other Non-<br>residential contents-only | General Property   |

**NON-RESIDENTIAL BUSINESS, OTHER NON-RESIDENTIAL BUILDING**

| <b>PURCHASER OF POLICY</b>            | <b>BUILDING OCCUPANCY<sup>1</sup></b>                 | <b>CONDO UNIT INDICATOR<sup>1</sup></b>     | <b>NEWLY MAPPED</b> | <b>RATE TABLE</b>   | <b>POLICY FORM</b> |
|---------------------------------------|---|---|---------------------|---|--------------------|
| OWNER OF NON-<br>RESIDENTIAL CONTENTS | Non-residential<br>business, Other<br>Non-residential | Yes<br>(Building coverage<br>not available) | Yes                 | Non-residential<br>business, Other Non-<br>residential contents-only            | General Property   |
| OWNER OF RESIDENTIAL<br>CONTENTS      | Single family   | Yes<br>(Building coverage<br>not available) | Yes                 | Residential<br>contents-only  | Dwelling           |
| ASSOCIATION<br>(ENTIRE BUILDING)      | Non-residential<br>business, Other<br>Non-residential | N/A   | Yes                 | Non-residential<br>business, Other Non-<br>residential building and<br>contents | General Property   |

1. When there is a mixture of residential and commercial usage within a single building, refer to the General Rules section of this manual.

**TABLE 3. COVERAGE LIMITS AND PREMIUMS FOR PROPERTIES  
NEWLY MAPPED INTO AN SFHA ON OR AFTER OCTOBER 1, 2008<sup>1, 2, 3</sup>**

**1-4 FAMILY RESIDENTIAL BUILDING AND CONTENTS COVERAGE COMBINATIONS<sup>4</sup>**

| WITH BASEMENT OR ENCLOSURE <sup>5</sup> |           |         | WITHOUT BASEMENT OR ENCLOSURE <sup>6</sup> |           |         |
|---|-----------|---------|--|-----------|---------|
| BUILDING                                | CONTENTS  | PREMIUM | BUILDING                                   | CONTENTS  | PREMIUM |
| \$ 20,000                               | \$ 8,000  | \$196   | \$ 20,000                                  | \$ 8,000  | \$165   |
| \$ 30,000                               | \$ 12,000 | \$234   | \$ 30,000                                  | \$ 12,000 | \$203   |
| \$ 50,000                               | \$ 20,000 | \$296   | \$ 50,000                                  | \$ 20,000 | \$265   |
| \$ 75,000                               | \$ 30,000 | \$347   | \$ 75,000                                  | \$ 30,000 | \$310   |
| \$100,000                               | \$ 40,000 | \$379   | \$100,000                                  | \$ 40,000 | \$343   |
| \$125,000                               | \$ 50,000 | \$397   | \$125,000                                  | \$ 50,000 | \$361   |
| \$150,000                               | \$ 60,000 | \$419   | \$150,000                                  | \$ 60,000 | \$384   |
| \$200,000                               | \$ 80,000 | \$462   | \$200,000                                  | \$ 80,000 | \$419   |
| \$250,000                               | \$100,000 | \$493   | \$250,000                                  | \$100,000 | \$445   |

**RESIDENTIAL CONTENTS-ONLY COVERAGE**

| CONTENTS ABOVE GROUND LEVEL MORE THAN 1 FLOOR |         | ALL OTHER LOCATIONS (BASEMENT-ONLY NOT ELIGIBLE) |         |
|---|---------|--|---------|
| CONTENTS                                      | PREMIUM | CONTENTS   | PREMIUM |
| \$ 8,000                                      | \$68    | \$ 8,000   | \$91    |
| \$ 12,000                                     | \$88    | \$ 12,000  | \$121   |
| \$ 20,000                                     | \$126   | \$ 20,000  | \$165   |
| \$ 30,000                                     | \$143   | \$ 30,000  | \$189   |
| \$ 40,000                                     | \$158   | \$ 40,000  | \$209   |
| \$ 50,000                                     | \$173   | \$ 50,000  | \$230   |
| \$ 60,000                                     | \$188   | \$ 60,000  | \$251   |
| \$ 80,000                                     | \$216   | \$ 80,000  | \$275   |
| \$100,000                                     | \$246   | \$100,000  | \$300   |

1 Add either a \$25.00 or a \$250.00 surcharge to the premium in accordance with the Homeowner Flood Insurance Affordability Act of 2014 (HFIAA). The HFIAA surcharge is \$25.00 for policies covering primary residences, including contents-only policies, if the named insured's primary residence is a single-family dwelling, an individual condominium unit, an apartment unit, or a unit in a cooperative building. For all other policies, the HFIAA surcharge is \$250.00.

2 Add the \$50 Probation Surcharge, if applicable.

3 Premium includes a 15% Reserve Fund Assessment and \$45 Federal Policy Fee.

4 Premium includes ICC Premium of \$5 for residential building coverage up to \$230,000 and \$4 for coverage over \$230,000. Deduct this amount if the risk is a condominium unit.

5 Use this section of the table for buildings with crawlspaces or subgrade crawlspaces with an attached garage without proper openings.

6 Use this section of the table for buildings with crawlspaces or subgrade crawlspaces, including those with an attached garage that have proper openings.

**TABLE 4. COVERAGE LIMITS AND PREMIUMS FOR PROPERTIES  
NEWLY MAPPED INTO AN SFHA ON OR AFTER OCTOBER 1, 2008<sup>1, 2, 3</sup>**

**OTHER RESIDENTIAL BUILDING AND CONTENTS COVERAGE COMBINATIONS<sup>4</sup>**  
With Basement or Enclosure<sup>5</sup>

| CONTENTS COVERAGE |           | \$8,000 | \$12,000 | \$20,000 | \$30,000 | \$40,000 | \$50,000 | \$60,000 | \$80,000 | \$100,000 |
|-------------------|-----------|---------|----------|----------|----------|----------|----------|----------|----------|-----------|
| BUILDING COVERAGE | \$ 20,000 | \$213   | \$231    | \$246    | \$262    | \$277    | \$290    | \$303    | \$316    | \$328     |
|                   | \$ 30,000 | \$231   | \$247    | \$263    | \$279    | \$294    | \$308    | \$320    | \$333    | \$346     |
|                   | \$ 50,000 | \$272   | \$289    | \$305    | \$320    | \$335    | \$349    | \$363    | \$374    | \$387     |
|                   | \$ 75,000 | \$292   | \$309    | \$325    | \$340    | \$355    | \$369    | \$382    | \$394    | \$407     |
|                   | \$100,000 | \$318   | \$335    | \$351    | \$367    | \$382    | \$395    | \$409    | \$421    | \$433     |
|                   | \$125,000 | \$325   | \$341    | \$356    | \$372    | \$387    | \$401    | \$415    | \$426    | \$439     |
|                   | \$150,000 | \$331   | \$347    | \$363    | \$379    | \$393    | \$407    | \$420    | \$432    | \$444     |
|                   | \$200,000 | \$367   | \$385    | \$401    | \$417    | \$431    | \$444    | \$457    | \$469    | \$481     |
|                   | \$250,000 | \$388   | \$404    | \$421    | \$438    | \$451    | \$464    | \$478    | \$490    | \$502     |
|                   | \$300,000 | \$405   | \$421    | \$436    | \$450    | \$464    | \$477    | \$490    | \$502    | \$513     |
|                   | \$350,000 | \$421   | \$438    | \$451    | \$466    | \$479    | \$492    | \$505    | \$516    | \$527     |
|                   | \$400,000 | \$436   | \$450    | \$465    | \$480    | \$493    | \$504    | \$518    | \$528    | \$540     |
|                   | \$450,000 | \$449   | \$464    | \$478    | \$493    | \$504    | \$517    | \$531    | \$541    | \$551     |
|                   | \$500,000 | \$462   | \$476    | \$490    | \$504    | \$516    | \$527    | \$541    | \$551    | \$562     |

**OTHER RESIDENTIAL BUILDING AND CONTENTS COVERAGE COMBINATIONS<sup>4</sup>**  
Without Basement or Enclosure<sup>6</sup>

| CONTENTS COVERAGE |           | \$8,000 | \$12,000 | \$20,000 | \$30,000 | \$40,000 | \$50,000 | \$60,000 | \$80,000 | \$100,000 |
|-------------------|-----------|---------|----------|----------|----------|----------|----------|----------|----------|-----------|
| BUILDING COVERAGE | \$ 20,000 | \$179   | \$194    | \$206    | \$220    | \$233    | \$244    | \$256    | \$267    | \$277     |
|                   | \$ 30,000 | \$201   | \$214    | \$227    | \$241    | \$254    | \$265    | \$277    | \$288    | \$297     |
|                   | \$ 50,000 | \$243   | \$257    | \$271    | \$283    | \$296    | \$309    | \$319    | \$331    | \$340     |
|                   | \$ 75,000 | \$269   | \$281    | \$295    | \$308    | \$319    | \$332    | \$343    | \$354    | \$364     |
|                   | \$100,000 | \$290   | \$303    | \$317    | \$329    | \$341    | \$354    | \$365    | \$375    | \$386     |
|                   | \$125,000 | \$298   | \$312    | \$326    | \$336    | \$349    | \$361    | \$371    | \$382    | \$392     |
|                   | \$150,000 | \$308   | \$320    | \$334    | \$346    | \$358    | \$369    | \$380    | \$390    | \$401     |
|                   | \$200,000 | \$341   | \$354    | \$367    | \$380    | \$392    | \$403    | \$415    | \$424    | \$434     |
|                   | \$250,000 | \$359   | \$371    | \$386    | \$398    | \$410    | \$421    | \$432    | \$442    | \$451     |
|                   | \$300,000 | \$387   | \$397    | \$410    | \$420    | \$431    | \$442    | \$450    | \$459    | \$470     |
|                   | \$350,000 | \$405   | \$415    | \$427    | \$438    | \$447    | \$456    | \$466    | \$474    | \$485     |
|                   | \$400,000 | \$423   | \$431    | \$443    | \$451    | \$461    | \$471    | \$480    | \$488    | \$499     |
|                   | \$450,000 | \$439   | \$446    | \$456    | \$465    | \$474    | \$484    | \$493    | \$501    | \$511     |
|                   | \$500,000 | \$451   | \$458    | \$470    | \$478    | \$486    | \$496    | \$504    | \$512    | \$523     |

- 1 Add either a \$25.00 or a \$250.00 surcharge to the premium in accordance with the Homeowner Flood Insurance Affordability Act of 2014 (HFIAA). The HFIAA surcharge is \$25.00 for policies covering primary residences, including contents-only policies, if the named insured's primary residence is a single-family dwelling, an individual condominium unit, an apartment unit, or a unit in a cooperative building. For all other policies, the HFIAA surcharge is \$250.00.
- 2 Add the \$50 Probation Surcharge, if applicable.
- 3 Premium includes a 15% Reserve Fund Assessment and \$45 Federal Policy Fee.
- 4 Premium includes ICC Premium of \$5 for residential building coverage up to \$230,000 and \$4 for coverage over \$230,000. Deduct this amount if the risk is a condominium unit.
- 5 Use this section of the table for buildings with crawlspaces or subgrade crawlspaces with an attached garage without proper openings.
- 6 Use this section of the table for buildings with crawlspaces or subgrade crawlspaces, including those with an attached garage that have proper openings.



**TABLE 5. COVERAGE LIMITS AND PREMIUMS FOR PROPERTIES  
NEWLY MAPPED INTO AN SFHA ON OR AFTER OCTOBER 1, 2008<sup>1, 2, 3</sup>**

**NON-RESIDENTIAL BUSINESS OR OTHER NON-RESIDENTIAL BUILDING AND CONTENTS COVERAGE COMBINATIONS<sup>4</sup>**  
With Basement or Enclosure<sup>5</sup>

| CONTENTS COVERAGE        |           | \$50,000 | \$100,000 | \$150,000 | \$200,000 | \$250,000 | \$300,000 | \$350,000 | \$400,000 | \$450,000 | \$500,000 |
|--------------------------|-----------|----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|
| <b>BUILDING COVERAGE</b> | \$ 50,000 | \$1,106  | \$1,423   | \$1,727   | \$2,015   | \$2,291   | \$2,554   | \$2,802   | \$3,035   | \$3,256   | \$3,463   |
|                          | \$100,000 | \$1,563  | \$1,881   | \$2,183   | \$2,473   | \$2,748   | \$3,010   | \$3,259   | \$3,493   | \$3,713   | \$3,920   |
|                          | \$150,000 | \$1,882  | \$2,196   | \$2,496   | \$2,781   | \$3,055   | \$3,314   | \$3,560   | \$3,792   | \$4,009   | \$4,214   |
|                          | \$200,000 | \$2,063  | \$2,378   | \$2,677   | \$2,962   | \$3,236   | \$3,495   | \$3,742   | \$3,973   | \$4,191   | \$4,396   |
|                          | \$250,000 | \$2,190  | \$2,504   | \$2,804   | \$3,089   | \$3,363   | \$3,622   | \$3,868   | \$4,099   | \$4,319   | \$4,524   |
|                          | \$300,000 | \$2,330  | \$2,644   | \$2,945   | \$3,230   | \$3,503   | \$3,762   | \$4,008   | \$4,241   | \$4,458   | \$4,663   |
|                          | \$350,000 | \$2,487  | \$2,800   | \$3,099   | \$3,386   | \$3,658   | \$3,917   | \$4,162   | \$4,395   | \$4,613   | \$4,818   |
|                          | \$400,000 | \$2,588  | \$2,902   | \$3,201   | \$3,487   | \$3,760   | \$4,020   | \$4,265   | \$4,496   | \$4,714   | \$4,919   |
|                          | \$450,000 | \$2,704  | \$3,018   | \$3,317   | \$3,605   | \$3,876   | \$4,136   | \$4,381   | \$4,613   | \$4,831   | \$5,035   |
|                          | \$500,000 | \$2,832  | \$3,145   | \$3,445   | \$3,731   | \$4,004   | \$4,264   | \$4,509   | \$4,740   | \$4,958   | \$5,163   |

**NON-RESIDENTIAL BUSINESS OR OTHER NON-RESIDENTIAL BUILDING AND CONTENTS COVERAGE COMBINATIONS<sup>4</sup>**  
Without Basement or Enclosure<sup>6</sup>

| CONTENTS COVERAGE        |           | \$50,000 | \$100,000 | \$150,000 | \$200,000 | \$250,000 | \$300,000 | \$350,000 | \$400,000 | \$450,000 | \$500,000 |
|--------------------------|-----------|----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|
| <b>BUILDING COVERAGE</b> | \$ 50,000 | \$699    | \$868     | \$1,030   | \$1,184   | \$1,331   | \$1,470   | \$1,603   | \$1,728   | \$1,845   | \$1,956   |
|                          | \$100,000 | \$934    | \$1,103   | \$1,264   | \$1,420   | \$1,566   | \$1,706   | \$1,838   | \$1,964   | \$2,081   | \$2,191   |
|                          | \$150,000 | \$1,099  | \$1,266   | \$1,427   | \$1,580   | \$1,724   | \$1,862   | \$1,994   | \$2,118   | \$2,234   | \$2,343   |
|                          | \$200,000 | \$1,279  | \$1,447   | \$1,606   | \$1,760   | \$1,905   | \$2,043   | \$2,174   | \$2,298   | \$2,414   | \$2,524   |
|                          | \$250,000 | \$1,400  | \$1,568   | \$1,728   | \$1,881   | \$2,027   | \$2,164   | \$2,295   | \$2,419   | \$2,535   | \$2,644   |
|                          | \$300,000 | \$1,529  | \$1,697   | \$1,857   | \$2,010   | \$2,156   | \$2,293   | \$2,424   | \$2,548   | \$2,664   | \$2,773   |
|                          | \$350,000 | \$1,598  | \$1,766   | \$1,927   | \$2,079   | \$2,225   | \$2,363   | \$2,494   | \$2,617   | \$2,733   | \$2,842   |
|                          | \$400,000 | \$1,675  | \$1,842   | \$2,003   | \$2,156   | \$2,301   | \$2,439   | \$2,570   | \$2,694   | \$2,810   | \$2,919   |
|                          | \$450,000 | \$1,759  | \$1,927   | \$2,086   | \$2,238   | \$2,385   | \$2,523   | \$2,654   | \$2,777   | \$2,893   | \$3,002   |
|                          | \$500,000 | \$1,849  | \$2,016   | \$2,176   | \$2,329   | \$2,475   | \$2,612   | \$2,743   | \$2,868   | \$2,984   | \$3,093   |

**NON-RESIDENTIAL BUSINESS OR OTHER NON-RESIDENTIAL CONTENTS-ONLY COVERAGE**

| CONTENTS ABOVE GROUND LEVEL MORE THAN 1 FLOOR |         | ALL OTHER LOCATIONS (BASEMENT-ONLY NOT ELIGIBLE) |         |
|---|---------|--|---------|
| CONTENTS                                      | PREMIUM | CONTENTS   | PREMIUM |
| \$ 50,000                                     | \$204   | \$ 50,000  | \$430   |
| \$100,000                                     | \$296   | \$100,000  | \$640   |
| \$150,000                                     | \$388   | \$150,000  | \$848   |
| \$200,000                                     | \$480   | \$200,000  | \$1,056 |
| \$250,000                                     | \$572   | \$250,000  | \$1,264 |
| \$300,000                                     | \$664   | \$300,000  | \$1,472 |
| \$350,000                                     | \$756   | \$350,000  | \$1,680 |
| \$400,000                                     | \$848   | \$400,000  | \$1,888 |
| \$450,000                                     | \$939   | \$450,000  | \$2,097 |
| \$500,000                                     | \$1,031 | \$500,000  | \$2,305 |

- 1 Add either a \$25.00 or a \$250.00 surcharge to the premium in accordance with the Homeowner Flood Insurance Affordability Act of 2014 (HFIAA). The HFIAA surcharge is \$25.00 for policies covering primary residences, including contents-only policies, if the named insured's primary residence is a single-family dwelling, an individual condominium unit, an apartment unit, or a unit in a cooperative building. For all other policies, the HFIAA surcharge is \$250.00.
- 2 Add the \$50 Probation Surcharge, if applicable.
- 3 Premium includes a 15% Reserve Fund Assessment and \$45 Federal Policy Fee.
- 4 Premium includes ICC Premium of \$5 for non-residential business or other non-residential building coverage up to \$480,000 and \$4 for coverage over \$480,000.
- 5 Use this section of the table for buildings with crawlspaces or subgrade crawlspaces with an attached garage without proper openings.
- 6 Use this section of the table for buildings with crawlspaces or subgrade crawlspaces, including those with an attached garage that have proper openings.

## XII. COMPLETING PAGE 1 OF THE PREFERRED RISK POLICY AND NEWLY MAPPED APPLICATION FORM

The PRP and Newly Mapped Application form, or a similar form for WYO Companies, must be used to apply for a policy under the Newly Mapped procedure.

The following are instructions for completing Page 1 of the PRP and Newly Mapped Application form.

### A. Application Type

☐ NEW ☐ RENEWAL  
☐ TRANSFER (NFIP ONLY)

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

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

Select NEW:

- If applying for a new policy.

Select RENEWAL:

- If renewing an existing policy by application.

Select TRANSFER (NFIP ONLY):

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

### B. Billing

BILLING

FOR RENEWAL, BILL:

☐ INSURED  
☐ FIRST MORTGAGEE  
☐ SECOND MORTGAGEE

☐ LOSS PAYEE  
☐ OTHER (AS SPECIFIED IN THE "2ND MORTGAGEE/OTHER" BOX BELOW)

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

### C. Policy Period

POLICY PERIOD

POLICY PERIOD IS FROM \_\_\_\_/\_\_\_\_/\_\_\_\_ TO \_\_\_\_/\_\_\_\_/\_\_\_\_  
12:01 A.M. LOCAL TIME AT THE INSURED PROPERTY LOCATION.

WAITING PERIOD:

☐ STANDARD 30-DAY  
☐ REQUIRED FOR LOAN TRANSACTION – NO WAITING PERIOD  
☐ MAP REVISION (ZONE CHANGE FROM NON-SFHA TO SFHA) – 1 DAY  
☐ TRANSFER (NFIP ONLY) – NO WAITING PERIOD

INDICATE THE PROPERTY PURCHASE DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

Enter the policy effective date and policy expiration date (month/day/year). Check the box for the applicable waiting period. The effective date of the

policy is determined by adding the appropriate waiting period, if applicable, to the date of application listed in the "Signature" section. The standard waiting period is 30 days. For additional guidance on exceptions to the standard waiting period, refer to the Effective Date subsection in the General Rules section of this manual.

Check YES if the property was purchased on or after 07/06/2012, and indicate the property purchase date. Otherwise, check NO.

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

### D. Agent/Producer Information

NAME AND MAILING ADDRESS OF AGENT/PRODUCER:

AGENT/PRODUCER INFORMATION

AGENCY NO.: \_\_\_\_\_ AGENT'S TAX ID: \_\_\_\_\_

PHONE NO.: \_\_\_\_\_ FAX NO.: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

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

### E. Insured Information

NAME AND MAILING ADDRESS OF INSURED:

INSURED INFORMATION

PHONE NO.: \_\_\_\_\_

IS THE INSURED A SMALL BUSINESS? ☐ YES ☐ NO

IS THE INSURED A NON-PROFIT ENTITY? ☐ YES ☐ NO

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

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

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



## F. Property Location

|                   |  |
|-------------------|--|
| PROPERTY LOCATION | <b>NOTE: ONE BUILDING PER POLICY – BLANKET COVERAGE NOT PERMITTED.</b>   |
|                   | 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:                        |
|                   | <hr/>  |
|                   | * LEGAL DESCRIPTION MAY BE USED ONLY WHILE A BUILDING OR SUBDIVISION IS IN THE COURSE OF CONSTRUCTION OR PRIOR TO ESTABLISHING A STREET ADDRESS. |

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

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

Check the appropriate address type.

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

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

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

## G. 1st Mortgagee

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

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

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

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

## H. 2nd Mortgagee/Other

|                     |  |
|---------------------|--|
| 2ND MORTGAGEE/OTHER | NAME AND MAILING ADDRESS OF: <input type="checkbox"/> 2ND MORTGAGEE <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> OTHER |
|                     | IF OTHER, SPECIFY: _____   |
|                     | LOAN NO.: _____  |
|                     | IS INSURANCE REQUIRED UNDER MANDATORY PURCHASE? <input type="checkbox"/> YES <input type="checkbox"/> NO                               |

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

Check YES for Mandatory Purchase if the initial purchase of flood insurance is in connection with the making, increasing, extension or renewal of a loan; otherwise, check NO.

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

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

## I. Disaster Assistance

|                     |  |
|---------------------|--|
| DISASTER ASSISTANCE | IS INSURANCE REQUIRED FOR DISASTER ASSISTANCE? <input type="checkbox"/> YES <input type="checkbox"/> NO                      |
|                     | IF YES, CHECK THE GOVERNMENT AGENCY: <input type="checkbox"/> SBA <input type="checkbox"/> FEMA <input type="checkbox"/> FHA |
|                     | <input type="checkbox"/> OTHER (SPECIFY): _____  |
|                     | CASE FILE NO.: _____   |

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

## J. Community

### • Rating Map Information

|           |   |                          |
|-----------|---|--------------------------|
| COMMUNITY | RATING MAP INFORMATION                            |                          |
|           | NAME OF COUNTY/PARISH: _____                      |                          |
|           | COMMUNITY NO./PANEL NO. AND SUFFIX: _____ - _____ |                          |
|           | FIRM ZONE: _____                                  | MAP DATE: ____/____/____ |

Provide the zone and map information from the FIRM most recently indicating that the building was outside the SFHA. Submit the rating map documentation with the application.

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

Enter the community identification number, map panel number, and revision suffix of the map that will be used for rating for the community where the building is located. When there is only 1 panel (i.e., a flat map), the community number will consist of only 6 digits.

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

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

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

Enter the FIRM zone in the space provided.

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

### • Current Map Information

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

Use the FIRM in effect and that is effective at the time of presentment of premium and completion of the application form. Submit the current map documentation with the application.

Enter the current map information and map date in the space provided.

### • Newly Mapped Information

|           |  |
|-----------|--|
| COMMUNITY | NEWLY MAPPED INFORMATION   |
|           | DATE THE BUILDING WAS NEWLY MAPPED INTO THE SFHA: ____/____/____ |

Provide the date of the revised FIRM that initially mapped the building into the SFHA. Submit the newly mapped documentation with application.

## K. All Buildings

Complete all required information in this section.

### 1. Building Purpose

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

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

### 2. Building Occupancy

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

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

- **Single Family** – This is either:

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

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

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

- **2–4 Family** – This is a residential building, including an apartment building, containing 2–4 residential spaces and in which commercial uses are limited to less than 25% of the building's total floor area. This category includes apartment buildings and

condominium buildings. This excludes hotels and motels with normal room rentals for less than 6 months.

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

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

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

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

### 3. Is the Building a House of Worship?

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

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

### 4. Is the Building An Agricultural Structure?

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

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

### 5. Building Description (Check One)

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

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

### 6. Condominium Unit

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

#### • Condominium Form of Ownership

Check YES if the building is in a condominium form of ownership; otherwise, check NO.

#### • Entire Building

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

**NOTE:** Multi-unit residential condominium buildings eligible for the RCBAP are not eligible for the PRP. A unit within such a building may be eligible for the PRP.

#### • Total Number of Units

Enter the total number of units in the building, regardless of the number of units intended for coverage.

**NOTE:** Multi-unit residential condominium buildings eligible for the RCBAP are not eligible for the PRP. A unit within such a building may be eligible for the PRP

#### • Condominium Unit

Check YES if coverage is for a single condominium unit; otherwise, check NO.

## 7. Additions and Extensions (if Applicable)

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

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

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

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

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

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

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

Check "Addition or extension only (include description in the Property Location box above)" if the coverage intended by this application is for an addition or extension only. A separate Elevation Certificate may be required to obtain the necessary information for rating.

Provide the policy (or quote or application) number for the policy covering the main building.

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

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

### • Insured's Primary Residence

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

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

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

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

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



- **Rental Property**

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

- **Tenant's Coverage**

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

## 9. Building Information

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

- **Building in the Course of Construction**

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

- **Building Walled and Roofed**

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

- **Building Over Water**

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

- **Federal Land**

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

- **Severe Repetitive Loss Property**

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

## 10. Elevated Building

|               |  |  |
|---------------|--|--|
| ALL BUILDINGS | 10. IS BUILDING ELEVATED? <input type="checkbox"/> YES <input type="checkbox"/> NO |  |
|---------------|--|--|

Check YES if the building is an elevated building; otherwise, check NO. If YES, complete the Elevated Building section on Page 2. An elevated building is a building that has no basement and that has its lowest elevated floor raised above ground level by foundation walls, shear walls, posts, piers, pilings, or columns.

## 11. Basement, Enclosure, Crawlspc

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

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

Check whether the building contains:

- **Basement** – Any area of the building, including any sunken room or sunken portion of a room, having its floor below ground level (subgrade) on all sides.

- **Enclosure** – That portion of an elevated building below the lowest elevated floor that is either partially or fully shut in by rigid walls. A garage below or attached to an elevated building is considered an enclosure.

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

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

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

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

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

**NOTE:** For buildings that have crawlspaces or subgrade crawlspaces, including those with an attached garage that have the proper openings, use the Without Basement/Enclosure section of the rate tables in this manual.

## 12. Number of Floors in Building or Building Type

|                      |  |                            |                                    |
|----------------------|--|----------------------------|------------------------------------|
| <b>ALL BUILDINGS</b> | 12. NUMBER OF FLOORS IN BUILDING (INCLUDING BASEMENT/ENCLOSED AREA, IF ANY) OR BUILDING TYPE |                            |                                    |
|                      | <input type="checkbox"/> 1   | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 OR MORE |
|                      | <input type="checkbox"/> SPLIT LEVEL   |                            |                                    |
|                      | <input type="checkbox"/> TOWNHOUSE/ROWHOUSE (RCBAP LOW-RISE ONLY)                            |                            |                                    |
|                      | <input type="checkbox"/> MANUFACTURED (MOBILE) HOME/TRAVEL TRAILER ON FOUNDATION             |                            |                                    |

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

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

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

## L. Non-Elevated Buildings

### 1. Garage

|   |  |                             |
|---|--|-----------------------------|
| <b>NON-ELEVATED BUILDINGS</b>   | 1. GARAGE  |                             |
|   | IS A GARAGE ATTACHED TO THE BUILDING?  |                             |
|   | <input type="checkbox"/> YES   | <input type="checkbox"/> NO |
|   | TOTAL NET AREA OF THE GARAGE:  |                             |
|   | [ ] [ ] [ ] [ ] [ ] SQUARE FEET.   |                             |
|   | ARE THERE ANY OPENINGS (EXCLUDING DOORS) THAT ARE DESIGNED TO ALLOW THE PASSAGE OF FLOODWATERS THROUGH THE GARAGE? |                             |
|   | <input type="checkbox"/> YES   | <input type="checkbox"/> NO |
|   | IF YES, NUMBER OF PERMANENT FLOOD OPENINGS WITHIN 1 FOOT ABOVE THE ADJACENT GRADE: _____                           |                             |
| TOTAL AREA OF ALL PERMANENT OPENINGS:   |  |                             |
| [ ] [ ] [ ] [ ] [ ] SQUARE INCHES.  |  |                             |
| IS THE GARAGE USED SOLELY FOR PARKING OF VEHICLES, BUILDING ACCESS, AND/OR STORAGE? |  |                             |
| <input type="checkbox"/> YES  | <input type="checkbox"/> NO  |                             |
| IF YES, DOES THE GARAGE CONTAIN MACHINERY AND/OR EQUIPMENT?                         |  |                             |
| <input type="checkbox"/> YES  | <input type="checkbox"/> NO  |                             |

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

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

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

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

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

### 2. Basement/Subgrade CrawlSpace

|  |  |                             |
|--|--|-----------------------------|
| <b>NON-ELEVATED BUILDINGS</b>  | 2. BASEMENT/SUBGRADE CRAWLSPACE  |                             |
|  | DOES THE BASEMENT/SUBGRADE CRAWLSPACE CONTAIN MACHINERY AND/OR EQUIPMENT?      |                             |
|  | <input type="checkbox"/> YES   | <input type="checkbox"/> NO |
|  | IF YES, SELECT THE VALUE BELOW:  |                             |
|  | <input type="checkbox"/> UP TO \$10,000  |                             |
|  | <input type="checkbox"/> \$10,001 TO \$20,000                                  |                             |
|  | <input type="checkbox"/> IF GREATER THAN \$20,000 - INDICATE THE AMOUNT:       | _____                       |
|  | DOES THE BASEMENT/SUBGRADE CRAWLSPACE CONTAIN A WASHER, DRYER OR FOOD FREEZER? |                             |
|  | <input type="checkbox"/> YES   | <input type="checkbox"/> NO |
|  | IF YES, SELECT THE VALUE BELOW:  |                             |
| <input type="checkbox"/> UP TO \$5,000                                   |  |                             |
| <input type="checkbox"/> \$5,001 TO \$10,000                             |  |                             |
| <input type="checkbox"/> IF GREATER THAN \$10,000 - INDICATE THE AMOUNT: | _____  |                             |

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

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



### XIII. COMPLETING PAGE 2 OF THE PREFERRED RISK POLICY AND NEWLY MAPPED APPLICATION FORM

The agent/producer must complete all relevant items in Page 2 of the PRP and Newly Mapped application form for all buildings.

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

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

##### 1. Area Below the Lowest Elevated Floor

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

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

##### 2. Elevating Foundation Type

|                    |  |
|--------------------|--|
| ELEVATED BUILDINGS | <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                                |

Check the elevating foundation type used for the building.

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

##### 3. Machinery and/or Equipment Below the Elevated Floor

|                    |  |
|--------------------|--|
| ELEVATED BUILDINGS | <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: _____   |
|                    | 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: _____   |

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

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

##### 4. Area Below the Elevated Floor

|                         |   |
|-------------------------|---|
| ELEVATED BUILDINGS      | <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? _____ |   |

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

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

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

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

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

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

|                    |  |
|--------------------|--|
| ELEVATED BUILDINGS | <b>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.</b> |
|                    | INDICATE MATERIAL USED FOR ENCLOSURE:  |
|                    | <input type="checkbox"/> INSECT SCREENING  |
|                    | <input type="checkbox"/> LIGHT WOOD LATTICE  |
|                    | <input type="checkbox"/> SOLID WOOD FRAME WALLS (IF BREAKAWAY, SUBMIT CERTIFICATION DOCUMENTATION)   |
|                    | <input type="checkbox"/> SOLID WOOD FRAME WALLS (NON-BREAKAWAY)  |
|                    | <input type="checkbox"/> MASONRY WALLS (IF BREAKAWAY, SUBMIT CERTIFICATION DOCUMENTATION)  |
|                    | <input type="checkbox"/> MASONRY WALLS (NON-BREAKAWAY)   |
|                    | <input type="checkbox"/> OTHER (DESCRIBE): _____   |
|                    | IF ENCLOSED WITH A MATERIAL OTHER THAN INSECT SCREENING OR LIGHT WOOD LATTICE, PROVIDE THE SIZE OF ENCLOSED AREA:                                |
|                    | _____ SQUARE FEET  |

Indicate the materials used for the enclosure.

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

ELEVATED BUILDINGS

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

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

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

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

## 5. Flood Openings

ELEVATED BUILDINGS

### 5. FLOOD OPENINGS

IS THE ENCLOSED AREA/CRAWLSPACE CONSTRUCTED WITH OPENINGS (EXCLUDING DOORS) TO ALLOW THE PASSAGE OF FLOODWATERS THROUGH THE ENCLOSED AREA? ☐ YES ☐ 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?

☐ YES ☐ NO

IF YES, SUBMIT CERTIFICATION.

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

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

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

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

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

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

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

### 1. Manufactured (Mobile) Homes/Travel Trailer Data

MANUFACTURED (MOBILE) HOMES/  
TRAVEL TRAILERS

NOTE: WHEELS MUST BE REMOVED FOR TRAVEL TRAILER TO BE INSURABLE.

#### 1. MANUFACTURED (MOBILE) HOME/TRAVEL TRAILER DATA

YEAR OF MANUFACTURE: \_\_\_\_\_

MAKE: \_\_\_\_\_

MODEL NUMBER: \_\_\_\_\_

SERIAL NUMBER: \_\_\_\_\_

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

DIMENSIONS: \_\_\_\_\_

\_\_\_\_\_

FEET

ARE THERE ANY PERMANENT ADDITIONS AND/OR EXTENSIONS? ☐ YES ☐ NO

IF YES, THE DIMENSIONS ARE: \_\_\_\_\_

\_\_\_\_\_

FEET

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

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

### 2. Anchoring

#### 2. ANCHORING

THE MANUFACTURED (MOBILE) HOME/TRAVEL TRAILER ANCHORING SYSTEM UTILIZES: (CHECK ALL THAT APPLY.)

☐ OVER-THE-TOP TIES

☐ GROUND ANCHORS

☐ FRAME TIES

☐ SLAB ANCHORS

☐ FRAME CONNECTORS

☐ OTHER (DESCRIBE): \_\_\_\_\_

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

### 3. Installation

#### 3. INSTALLATION

THE MANUFACTURED (MOBILE) HOME/TRAVEL TRAILER WAS INSTALLED IN ACCORDANCE WITH: (CHECK ALL THAT APPLY.)

☐ MANUFACTURER'S SPECIFICATIONS

☐ LOCAL FLOODPLAIN MANAGEMENT STANDARDS

☐ STATE AND/OR LOCAL BUILDING STANDARDS

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

## C. Construction Information

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

### • Construction Date

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

Select the applicable box.

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

### • Building Permit

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

### • Construction

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

### • Substantial Improvement

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

### • Manufactured (Mobile) Homes/Travel Trailers Located Outside a Mobile Home Park or Subdivision

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

### • Manufactured (Mobile) Homes/Travel Trailers Located Inside a Mobile Home Park or Subdivision

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

## D. Contents

|  |   |
|--|---|
| CONTENTS   | CONTENTS LOCATED IN:*   |
|  | <input type="checkbox"/> BASEMENT/ENCLOSURE <input type="checkbox"/> BASEMENT/ENCLOSURE AND ABOVE |
|  | <input type="checkbox"/> LOWEST FLOOR ONLY ABOVE GROUND LEVEL                                     |
|  | <input type="checkbox"/> LOWEST FLOOR ABOVE GROUND LEVEL AND HIGHER                               |
|  | <input type="checkbox"/> ABOVE GROUND LEVEL MORE THAN 1 FULL FLOOR                                |
|  | IS PERSONAL PROPERTY HOUSEHOLD CONTENTS? <input type="checkbox"/> YES <input type="checkbox"/> NO |
| IF NO, DESCRIBE: _____   |   |
| *IF SINGLE FAMILY, CONTENTS ARE RATED THROUGHOUT THE BUILDING. |   |

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

## E. Building Eligibility

|                      |  |
|----------------------|--|
| BUILDING ELIGIBILITY | THE PREFERRED RISK POLICY (PRP) IS ONLY AVAILABLE IF ALL ANSWERS TO QUESTIONS A AND B ARE NO, EXCEPT FOR BUILDINGS ELIGIBLE UNDER THE NEWLY MAPPED PROCEDURE, FOR WHICH THE ANSWER TO QUESTION A MAY BE YES. |
|                      | ANSWER THE FOLLOWING TO DETERMINE A BUILDING'S ELIGIBILITY FOR A PRP:  |
|                      | A) IS THE BUILDING LOCATED IN A SPECIAL FLOOD HAZARD AREA (SFHA)? <input type="checkbox"/> YES <input type="checkbox"/> NO   |

Check YES if the building is located in an SFHA; otherwise, check NO.

**NOTE:** If the answer to question A is YES, this risk is not eligible for the PRP, but may be eligible under the Newly Mapped procedure.

|                      |   |
|----------------------|---|
| BUILDING ELIGIBILITY | B) DO ANY OF THE FOLLOWING CONDITIONS, ARISING FROM 1 OR MORE OCCURRENCES IN ANY 10-YEAR PERIOD, EXIST?   |
|                      | • 2 LOSS PAYMENTS, EACH MORE THAN \$1,000 <input type="checkbox"/> YES <input type="checkbox"/> NO  |
|                      | • 3 OR MORE LOSS PAYMENTS, REGARDLESS OF AMOUNT <input type="checkbox"/> YES <input type="checkbox"/> NO  |
|                      | • 2 FEDERAL DISASTER RELIEF PAYMENTS, EACH MORE THAN \$1,000 <input type="checkbox"/> YES <input type="checkbox"/> NO   |
|                      | • 3 FEDERAL DISASTER RELIEF PAYMENTS, REGARDLESS OF AMOUNT <input type="checkbox"/> YES <input type="checkbox"/> NO   |
|                      | • 1 FLOOD INSURANCE CLAIM PAYMENT AND 1 FLOOD DISASTER RELIEF PAYMENT (INCLUDING LOANS AND GRANTS), EACH MORE THAN \$1,000 <input type="checkbox"/> YES <input type="checkbox"/> NO |

Check the appropriate boxes to determine the building's eligibility for a PRP.

**NOTE:** If the answer is YES to any of the questions in B, this risk is not eligible for the PRP.

## F. Coverage and Premium

|  |  |    |
|--|--|----|
| COVERAGE AND PREMIUM   | ENTER SELECTED OPTION FOR COVERAGE LIMIT AND PREMIUM FROM THE TABLES IN FLOOD INSURANCE MANUAL |    |
|  | BUILDING AND CONTENTS COVERAGE COMBINATION   |    |
|  | BUILDING COVERAGE  | \$ |
|  | CONTENTS COVERAGE / CONTENTS ONLY  | \$ |
|  | PREMIUM*   | \$ |
|  | HFIAA SURCHARGE  | \$ |
|  | PROBATION SURCHARGE (IF APPLICABLE)  | \$ |
|  | TOTAL AMOUNT DUE   | \$ |
|  | *INCLUDES FEDERAL POLICY FEE, ICC PREMIUM, AND RESERVE FUND ASSESSMENT                         |    |
|  | INDICATE THE RATE TABLE USED: _____  |    |
| RISK RATING METHOD: <input type="checkbox"/> 7 - PRP <input type="checkbox"/> R - NEWLY MAPPED |  |    |

Enter the coverage limits and premium amounts from the appropriate PRP premium tables in this section.

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

Add the \$50 Probation Surcharge, if applicable. If the risk is a condominium unit, deduct the ICC Premium of \$5 for residential building coverage up to \$230,000 and \$4 for coverage over \$230,000.

Select risk rating method "R" for the Newly-Mapped-rated policies.

## G. Signature

|           |   |                         |
|-----------|---|-------------------------|
| SIGNATURE | <small>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.</small> |                         |
|           | <small>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.</small>         |                         |
|           | SIGNATURE OF INSURANCE AGENT/PRODUCER _____   | DATE (MM/DD/YYYY) _____ |
|           | SIGNATURE OF INSURED (OPTIONAL) _____   | DATE (MM/DD/YYYY) _____ |

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

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

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

## XIV. MAILING INSTRUCTIONS

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

If paying by VISA, MasterCard, Discover, or American Express, submit a disclaimer form, signed by the insured, with the PRP and Newly Mapped application form.

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

After receipt of the application and Total Amount Due, the insurer will validate and process the application and issue the policy. The policy contract and declarations page will be mailed to the insured. Copies of the declarations page will be provided to the agent/producer and any designated mortgagee(s).

## XV. HANDLING OF INCOMPLETE OR INCORRECT APPLICATIONS

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

For NFIP Direct Business, in the case of an incomplete PRP and Newly Mapped application form, the Servicing Agent will send the agent/producer a letter requesting the necessary information. Copies of this letter will be provided to the named insured and designated mortgagee(s). The agent/producer should provide the necessary information to the NFIP Servicing Agent.

If the premium received is not enough to purchase the kind and amount of coverage requested, the policy will be issued for only the kind and amount of coverage that can be purchased for the premium payment received.



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

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

**National Flood Insurance Program**

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

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

☐ NEW ☐ RENEWAL  
☐ TRANSFER (NFIP ONLY)

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

| BILLING  | AGENT/PRODUCER INFORMATION  | PROPERTY LOCATION  | COMMUNITY   | ALL BUILDINGS  | NON-ELEVATED BUILDINGS   |
|--|---|--|---|--|--|
| FOR RENEWAL, BILL:<br><input type="checkbox"/> INSURED<br><input type="checkbox"/> FIRST MORTGAGEE<br><input type="checkbox"/> SECOND MORTGAGEE<br><input type="checkbox"/> LOSS PAYEE<br><input type="checkbox"/> OTHER (AS SPECIFIED IN THE "2ND MORTGAGEE/OTHER" BOX BELOW) | NAME AND MAILING ADDRESS OF AGENT/PRODUCER:<br><br>AGENCY NO.: _____ AGENT'S TAX ID: _____<br>PHONE NO.: _____ FAX NO.: _____<br>EMAIL ADDRESS: _____ | NOTE: ONE BUILDING PER POLICY – BLANKET COVERAGE NOT PERMITTED.<br>IS INSURED PROPERTY LOCATION SAME AS INSURED'S MAILING ADDRESS? <input type="checkbox"/> YES <input type="checkbox"/> NO<br>IF NO, ENTER PROPERTY ADDRESS. IF RURAL, ENTER LEGAL DESCRIPTION, OR GEOGRAPHIC LOCATION OF PROPERTY (DO NOT USE P.O. BOX).<br>IDENTIFY ADDRESS TYPE: <input type="checkbox"/> STREET <input type="checkbox"/> LEGAL DESCRIPTION* <input type="checkbox"/> GEOGRAPHIC LOCATION<br><br>FOR AN ADDRESS WITH MULTIPLE BUILDINGS AND/OR FOR A BUILDING WITH ADDITIONS OR EXTENSIONS, DESCRIBE THE INSURED BUILDING: _____<br><br>* LEGAL DESCRIPTION MAY BE USED ONLY WHILE A BUILDING OR SUBDIVISION IS IN THE COURSE OF CONSTRUCTION OR PRIOR TO ESTABLISHING A STREET ADDRESS. | RATING MAP INFORMATION<br>NAME OF COUNTY/PARISH: _____<br>COMMUNITY NO./PANEL NO. AND SUFFIX: _____ - _____<br>FIRM ZONE: _____ MAP DATE: ____/____/____<br><br>CURRENT MAP INFORMATION<br>CURRENT COMMUNITY NO./PANEL NO. AND SUFFIX: _____ - _____<br>CURRENT FIRM ZONE: _____ CURRENT BFE: _____<br>MAP DATE: ____/____/____<br><br>NEWLY MAPPED INFORMATION<br>DATE THE BUILDING WAS NEWLY MAPPED INTO THE SFHA: ____/____/____ | 1. BUILDING PURPOSE<br><input type="checkbox"/> 100% RESIDENTIAL<br><input type="checkbox"/> 100% NON-RESIDENTIAL<br><input type="checkbox"/> MIXED-USE – SPECIFY PERCENTAGE OF RESIDENTIAL USE: _____ %<br>2. BUILDING OCCUPANCY<br><input type="checkbox"/> SINGLE FAMILY<br><input type="checkbox"/> 2-4 FAMILY<br><input type="checkbox"/> OTHER RESIDENTIAL<br><input type="checkbox"/> NON-RESIDENTIAL BUSINESS<br><input type="checkbox"/> OTHER NON-RESIDENTIAL<br>3. IS THE BUILDING A HOUSE OF WORSHIP?<br><input type="checkbox"/> YES <input type="checkbox"/> NO<br>4. IS THE BUILDING AN AGRICULTURAL STRUCTURE? <input type="checkbox"/> YES <input type="checkbox"/> NO<br>5. BUILDING DESCRIPTION (CHECK ONE)<br><input type="checkbox"/> MAIN HOUSE<br><input type="checkbox"/> DETACHED GUEST HOUSE<br><input type="checkbox"/> BARN<br><input type="checkbox"/> APARTMENT BUILDING<br><input type="checkbox"/> APARTMENT - UNIT<br><input type="checkbox"/> COOPERATIVE BUILDING<br><input type="checkbox"/> COOPERATIVE - UNIT<br><input type="checkbox"/> WAREHOUSE<br><input type="checkbox"/> TOOL/STORAGE SHED<br><input type="checkbox"/> POOLHOUSE, CLUBHOUSE, RECREATION BUILDING<br><input type="checkbox"/> OTHER: _____<br>6. CONDOMINIUM INFORMATION<br>IS BUILDING IN A CONDOMINIUM FORM OF OWNERSHIP? <input type="checkbox"/> YES <input type="checkbox"/> NO<br>IS COVERAGE FOR THE ENTIRE BUILDING? <input type="checkbox"/> YES <input type="checkbox"/> NO<br>TOTAL NUMBER OF UNITS: _____<br><input type="checkbox"/> HIGH-RISE <input type="checkbox"/> LOW-RISE<br>IS COVERAGE FOR A CONDOMINIUM UNIT? <input type="checkbox"/> YES <input type="checkbox"/> NO<br>7. ADDITIONS AND EXTENSIONS (IF APPLICABLE)<br>DOES THE BUILDING HAVE ANY ADDITIONS OR EXTENSIONS? <input type="checkbox"/> YES <input type="checkbox"/> NO<br>(ADDITIONS AND EXTENSIONS MAY BE SEPARATELY INSURED.)<br>COVERAGE IS FOR:<br><input type="checkbox"/> BUILDING INCLUDING ADDITION(S) AND EXTENSION(S)<br><input type="checkbox"/> BUILDING EXCLUDING ADDITION(S) AND EXTENSION(S) PROVIDE POLICY NUMBER FOR ADDITION OR EXTENSION: _____<br>8. PRIMARY RESIDENCE, RENTAL PROPERTY, TENANT'S COVERAGE<br>IS BUILDING INSURED'S PRIMARY RESIDENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO<br>IS BUILDING A RENTAL PROPERTY? <input type="checkbox"/> YES <input type="checkbox"/> NO<br>IS THE INSURED A TENANT? <input type="checkbox"/> YES <input type="checkbox"/> NO<br>IF YES, IS THE TENANT REQUESTING BUILDING COVERAGE? <input type="checkbox"/> YES <input type="checkbox"/> NO<br>IF YES, SEE NOTICE IN SIGNATURE BLOCK ON PAGE 2.<br>9. BUILDING INFORMATION<br>IS BUILDING IN THE COURSE OF CONSTRUCTION? <input type="checkbox"/> YES <input type="checkbox"/> NO<br>IS BUILDING WALLED AND ROOFED? <input type="checkbox"/> YES <input type="checkbox"/> NO<br>IS BUILDING OVER WATER? <input type="checkbox"/> NO <input type="checkbox"/> PARTIALLY <input type="checkbox"/> ENTIRELY<br>10. IS BUILDING LOCATED ON FEDERAL LAND? <input type="checkbox"/> YES <input type="checkbox"/> NO<br>IS BUILDING A SEVERE REPETITIVE LOSS PROPERTY? <input type="checkbox"/> YES <input type="checkbox"/> NO<br>11. BASEMENT, ENCLOSURE, CRAWLSPACE<br><input type="checkbox"/> NONE<br><input type="checkbox"/> FINISHED BASEMENT/ENCLOSURE<br><input type="checkbox"/> CRAWLSPACE<br><input type="checkbox"/> UNFINISHED BASEMENT/ENCLOSURE<br><input type="checkbox"/> SUBGRADE CRAWLSPACE<br>IS THE BASEMENT/SUBGRADE CRAWLSPACE FLOOR BELOW GRADE ON ALL SIDES? <input type="checkbox"/> YES <input type="checkbox"/> NO<br>12. NUMBER OF FLOORS IN BUILDING (INCLUDING BASEMENT/ENCLOSED AREA, IF ANY) OR BUILDING TYPE<br><input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 OR MORE<br><input type="checkbox"/> SPLIT LEVEL<br><input type="checkbox"/> TOWNHOUSE/ROWHOUSE (RCBAP LOW-RISE ONLY)<br><input type="checkbox"/> MANUFACTURED (MOBILE) HOME/TRAVEL TRAILER ON FOUNDATION | 1. GARAGE<br>IS A GARAGE ATTACHED TO THE BUILDING? <input type="checkbox"/> YES <input type="checkbox"/> NO<br>TOTAL NET AREA OF THE GARAGE: _____ SQUARE FEET.<br>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<br>IF YES, NUMBER OF PERMANENT FLOOD OPENINGS WITHIN 1 FOOT ABOVE THE ADJACENT GRADE: _____<br>TOTAL AREA OF ALL PERMANENT OPENINGS: _____ SQUARE INCHES.<br>IS THE GARAGE USED SOLELY FOR PARKING OF VEHICLES, BUILDING ACCESS, AND/OR STORAGE? <input type="checkbox"/> YES <input type="checkbox"/> NO<br>IF YES, DOES THE GARAGE CONTAIN MACHINERY AND/OR EQUIPMENT? <input type="checkbox"/> YES <input type="checkbox"/> NO<br>2. BASEMENT/SUBGRADE CRAWLSPACE<br>DOES THE BASEMENT/SUBGRADE CRAWLSPACE CONTAIN MACHINERY AND/OR EQUIPMENT? <input type="checkbox"/> YES <input type="checkbox"/> NO<br>IF YES, SELECT THE VALUE BELOW:<br><input type="checkbox"/> UP TO \$10,000<br><input type="checkbox"/> \$10,001 TO \$20,000<br><input type="checkbox"/> IF GREATER THAN \$20,000 - INDICATE THE AMOUNT: _____<br>DOES THE BASEMENT/SUBGRADE CRAWLSPACE CONTAIN A WASHER, DRYER OR FOOD FREEZER? <input type="checkbox"/> YES <input type="checkbox"/> NO<br>IF YES, SELECT THE VALUE BELOW:<br><input type="checkbox"/> UP TO \$5,000<br><input type="checkbox"/> \$5,001 TO \$10,000<br><input type="checkbox"/> IF GREATER THAN \$10,000 - INDICATE THE AMOUNT: _____ |

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

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

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

National Flood Insurance Program

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

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

ALL DATA PROVIDED BY THE INSURED OR OBTAINED FROM THE ELEVATION CERTIFICATE SHOULD BE REVIEWED AND TRANSCRIBED BELOW. THIS PART OF THE APPLICATION MUST BE COMPLETED FOR ALL BUILDINGS.

☐ NEW ☐ RENEWAL ☐ TRANSFER (N/FIP ONLY)  
PRIOR POLICY #: \_\_\_\_\_

ELEVATED BUILDINGS (INCLUDING  
MANUFACTURED (MOBILE) HOMES/  
TRAVEL TRAILERS)

1. IF THE BUILDING IS ELEVATED, IS THE  
AREA BELOW

- ☐ FREE OF OBSTRUCTION  
☐ WITH OBSTRUCTION

2. ELEVATING FOUNDATION TYPE

- ☐ PIERS, POSTS, OR PILES  
☐ REINFORCED MASONRY PIERS OR  
CONCRETE PIERS OR COLUMNS  
☐ REINFORCED CONCRETE SHEAR WALLS  
☐ WOOD SHEAR WALLS  
☐ SOLID FOUNDATION WALLS

3. MACHINERY AND/OR EQUIPMENT

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

IF YES, SELECT THE VALUE BELOW:

- ☐ UP TO \$10,000  
☐ \$10,001 TO \$20,000  
☐ IF GREATER THAN \$20,000 - INDICATE  
THE AMOUNT: \_\_\_\_\_

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

IF YES, SELECT THE VALUE BELOW:

- ☐ UP TO \$5,000  
☐ \$5,001 TO \$10,000  
☐ IF GREATER THAN \$10,000 - INDICATE  
THE AMOUNT: \_\_\_\_\_

4. AREA BELOW THE ELEVATED FLOOR

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

IF YES, CHECK ONE OF THE FOLLOWING:

- ☐ FULLY ☐ PARTIALLY

IS THERE A GARAGE? (CHECK ONE)

- ☐ NO GARAGE  
☐ BENEATH THE LIVING SPACE  
☐ NEXT TO THE LIVING SPACE

DOES THE AREA BELOW THE ELEVATED  
FLOOR CONTAIN ELEVATORS? ☐ YES ☐ NO

IF YES, HOW MANY? \_\_\_\_\_

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

INDICATE MATERIAL USED FOR ENCLOSURE:

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

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

\_\_\_\_\_ SQUARE FEET

IS THE ENCLOSED AREA/CRAWLSPACE USED  
FOR ANY PURPOSE OTHER THAN SOLELY FOR

PARKING OF VEHICLES, BUILDING ACCESS  
AND/OR STORAGE? ☐ YES ☐ NO  
IF YES, DESCRIBE: \_\_\_\_\_

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

5. FLOOD OPENINGS

IS THE ENCLOSED AREA/CRAWLSPACE  
CONSTRUCTED WITH OPENINGS (EXCLUDING  
DOORS) TO ALLOW THE PASSAGE OF  
FLOODWATERS THROUGH THE  
ENCLOSED AREA? ☐ YES ☐ 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?

- ☐ YES ☐ NO

IF YES, SUBMIT CERTIFICATION.

NOTE: WHEELS MUST BE REMOVED FOR TRAVEL TRAILER TO BE INSURABLE.

1. MANUFACTURED (MOBILE) HOME/TRAVEL TRAILER DATA

YEAR OF MANUFACTURE: \_\_\_\_\_

MAKE:

\_\_\_\_\_

MODEL NUMBER:

\_\_\_\_\_

SERIAL NUMBER:

\_\_\_\_\_

DIMENSIONS: \_\_\_\_\_ x \_\_\_\_\_ FEET

ARE THERE ANY PERMANENT ADDITIONS AND/OR EXTENSIONS? ☐ YES ☐ NO

IF YES, THE DIMENSIONS ARE: \_\_\_\_\_ x \_\_\_\_\_ FEET

2. ANCHORING

THE MANUFACTURED (MOBILE) HOME/TRAVEL TRAILER ANCHORING SYSTEM UTILIZES:  
(CHECK ALL THAT APPLY.)

- ☐ OVER-THE-TOP TIES ☐ GROUND ANCHORS  
☐ FRAME TIES ☐ SLAB ANCHORS  
☐ FRAME CONNECTORS  
☐ OTHER (DESCRIBE): \_\_\_\_\_

3. INSTALLATION

THE MANUFACTURED (MOBILE) HOME/TRAVEL TRAILER WAS INSTALLED IN ACCORDANCE  
WITH: (CHECK ALL THAT APPLY.)

- ☐ MANUFACTURER'S SPECIFICATIONS  
☐ LOCAL FLOODPLAIN MANAGEMENT STANDARDS  
☐ STATE AND/OR LOCAL BUILDING STANDARDS

CHECK ONE OF THE FOLLOWING AND ENTER DATE FOR ORIGINAL CONSTRUCTION:

- ☐ BUILDING PERMIT ☐ CONSTRUCTION \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

CHECK IF BUILDING HAS BEEN SUBSTANTIALLY IMPROVED AND ENTER DATE:

- ☐ SUBSTANTIAL IMPROVEMENT \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

CHECK ONE OF THE FOLLOWING FOR MANUFACTURED (MOBILE) HOMES/TRAVEL TRAILERS:

- ☐ LOCATED OUTSIDE A MOBILE HOME PARK OR SUBDIVISION: DATE OF PERMANENT PLACEMENT  
\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
☐ LOCATED INSIDE A MOBILE HOME PARK OR SUBDIVISION: CONSTRUCTION DATE OF MOBILE  
HOME PARK OR SUBDIVISION FACILITIES  
\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

CONTENTS LOCATED IN:\*

- ☐ BASEMENT/ENCLOSURE ☐ BASEMENT/ENCLOSURE AND ABOVE  
☐ LOWEST FLOOR ONLY ABOVE GROUND LEVEL  
☐ LOWEST FLOOR ABOVE GROUND LEVEL AND HIGHER  
☐ ABOVE GROUND LEVEL MORE THAN 1 FULL FLOOR

IS PERSONAL PROPERTY HOUSEHOLD CONTENTS? ☐ YES ☐ NO

IF NO, DESCRIBE: \_\_\_\_\_

\*IF SINGLE FAMILY, CONTENTS ARE RATED THROUGHOUT THE BUILDING.

THE PREFERRED RISK POLICY (PRP) IS ONLY AVAILABLE IF ALL ANSWERS TO QUESTIONS A AND B  
ARE NO, EXCEPT FOR BUILDINGS ELIGIBLE UNDER THE NEWLY MAPPED PROCEDURE, FOR WHICH  
THE ANSWER TO QUESTION A MAY BE YES.

ANSWER THE FOLLOWING TO DETERMINE A BUILDING'S ELIGIBILITY FOR A PRP:

A) IS THE BUILDING LOCATED IN A SPECIAL FLOOD HAZARD AREA (SFHA)? ☐ YES ☐ NO

B) DO ANY OF THE FOLLOWING CONDITIONS, ARISING FROM 1 OR MORE  
OCCURRENCES IN ANY 10-YEAR PERIOD, EXIST?

- 2 LOSS PAYMENTS, EACH MORE THAN \$1,000 ☐ YES ☐ NO  
• 3 OR MORE LOSS PAYMENTS, REGARDLESS OF AMOUNT ☐ YES ☐ NO  
• 2 FEDERAL DISASTER RELIEF PAYMENTS, EACH MORE THAN \$1,000 ☐ YES ☐ NO  
• 3 FEDERAL DISASTER RELIEF PAYMENTS, REGARDLESS OF AMOUNT ☐ YES ☐ NO  
• 1 FLOOD INSURANCE CLAIM PAYMENT AND 1 FLOOD DISASTER RELIEF  
PAYMENT (INCLUDING LOANS AND GRANTS), EACH MORE THAN \$1,000 ☐ YES ☐ NO

ENTER SELECTED OPTION FOR COVERAGE LIMIT AND PREMIUM FROM  
THE TABLES IN FLOOD INSURANCE MANUAL

BUILDING AND CONTENTS COVERAGE COMBINATION

|                                     |    |
|-------------------------------------|----|
| BUILDING COVERAGE                   | \$ |
| CONTENTS COVERAGE / CONTENTS ONLY   | \$ |
| PREMIUM*                            | \$ |
| HFAIA SURCHARGE                     | \$ |
| PROBATION SURCHARGE (IF APPLICABLE) | \$ |
| TOTAL AMOUNT DUE                    | \$ |

\*INCLUDES FEDERAL POLICY FEE, ICC PREMIUM, AND RESERVE FUND ASSESSMENT

INDICATE THE RATE TABLE USED: \_\_\_\_\_

RISK RATING METHOD: ☐ 7 - PRP ☐ R - NEWLY MAPPED

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

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

SIGNATURE OF INSURED (OPTIONAL)

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

PLEASE SUBMIT TOTAL AMOUNT DUE AND ALL REQUIRED CERTIFICATIONS WITH THE NFIP COPY OF THIS APPLICATION.  
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**PREFERRED RISK POLICY AND NEWLY MAPPED APPLICATION**  
**FEMA FORM 086-0-5**

**NONDISCRIMINATION**

No person or organization shall be excluded from participation in, denied the benefits of, or subjected to discrimination under the Program authorized by the Act, on the grounds of race, color, creed, sex, age or national origin.

**PRIVACY ACT**

The information requested is necessary to process your Flood Insurance Application for a flood insurance policy. The authority to collect the information is Title 42, U.S. Code, Sections 4001 to 4028. Disclosures of this information may be made: to federal, state, tribal, and local government agencies, fiscal agents, your agent, mortgage servicing companies, insurance or other companies, lending institutions, and contractors working for us, for the purpose of carrying out the National Flood Insurance Program; to 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 10 minutes per response. The burden estimate includes the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and submitting the form. This collection of information is required to obtain or retain benefits. You are not required to respond to this collection of information unless a valid OMB control number is displayed in the upper right corner of this form. Send comments regarding the accuracy of the burden estimate and any suggestions for reducing the burden to: Information Collections Management, Department of Homeland Security, Federal Emergency Management Agency, 1800 South Bell Street, Arlington VA 20598-3005, Paperwork Reduction Project (1660-0033).

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

