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

O.M.B. No. 1660-0006 Expires August 31, 2013

POLICY NUMBER _____

FLOOD INSURANCE GENERAL CHANGE ENDORSEMENT

IMPORTANT— PLEASE PRINT OR TYPE

REASON FOR CHANGE:
(ATTACH MEMO IF ADDITIONAL SPACE IS NEEDED).

POLICY TERM

DIRECT BILL INSTRUCTIONS:
☐ BILL INSURED ☐ BILL FIRST MORTGAGEE
☐ BILL SECOND MORTGAGEE ☐ BILL LOSS PAYEE
☐ BILL OTHER

POLICY PERIOD IS FROM _____ TO _____
12:01 A.M LOCAL TIME AT THE INSURED PROPERTY LOCATION
WAITING PERIOD: ☐ STANDARD 30-DAY ☐ LOAN TRANSACTION—NO WAITING
☐ MAP REV. (ZONE CHANGE FROM NON-SHFA TO SHFA)— ONE DAY
ENDORSEMENT EFFEC. DATE: _____ (FOR ADDED COVERAGE, DETERMINE THE APPROPRIATE WAITING PERIOD)

AGENT INFORMATION

NAME, ADDRESS OF LICENSED PROPERTY OR CASUALTY INSURANCE AGENT OR BROKER:

ADDRESS CHANGE: ☐ YES ☐ NO
AGENCY NO.: _____
AGENT'S TAX ID # : _____
NEW AGENT? ☐ YES ☐ NO
IF YES, THE INSURED MUST SIGN THIS FORM

PHONE NO.: _____ FAX NO.: _____

INSURED MAIL ADDRESS

NAME, MAILING ADDRESS, AND TELEPHONE NO. OF INSURED:

DISASTER ASSISTANCE

IS INSURANCE REQUIRED FOR DISASTER ASSISTANCE? ☐ YES ☐ NO
IF YES, CHECK THE GOVERNMENT AGENCY: ☐ SBA ☐ FEMA ☐ FHA
☐ OTHER (SPECIFY): _____
ENTER CASE FILE NUMBER: _____

PROPERTY LOCATION

IS INSURED PROPERTY LOCATION SAME AS INSURED MAILING ADDRESS? ☐ YES ☐ NO
IF NO, ENTER PROPERTY ADDRESS. IF RURAL, DESCRIBE PROPERTY LOCATION (DO NOT USE P.O. BOX).

THE LOCATION OF INSURED PROPERTY CANNOT BE CHANGED BY ENDORSEMENT—
A NEW APPLICATION IS **REQUIRED.**

FIRST MORTGAGEE

NAME AND ADDRESS OF FIRST MORTGAGEE:

LOAN NO.: _____
PHONE NO.: _____ FAX NO.: _____

2ND MORTGAGEE/ OTHER

IF SECOND MORTGAGEE, LOSS PAYEE, OR OTHER IS TO BE BILLED, THE FOLLOWING MUST BE COMPLETED, INCLUDING THE NAME AND ADDRESS:
☐ 2ND MORTGAGEE ☐ DISASTER AGENCY
☐ LOSS PAYEE ☐ OTHER (SPECIFY): _____

LOAN NO.: _____
PHONE NO.: _____ FAX NO.: _____

COMMUNITY

RATING MAP INFORMATION
NAME OF COUNTY/PARISH: _____
COMMUNITY NO./PANEL NO. AND SUFFIX: _____ – _____
FIRM ZONE: _____
COMMUNITY PROGRAM TYPE IS: ☐ REGULAR ☐ EMERGENCY

GRANDFATHERED? ☐ YES ☐ NO IF YES, BUILT IN COMPLIANCE? ☐ YES ☐ NO
☐ CONTINUOUS COVERAGE? PRIOR POLICY NO.: _____
CURRENT COMMUNITY NO./PANEL NO. AND SUFFIX: _____ – _____
CURRENT FIRM ZONE: _____ CURRENT BFE: _____

IS INSURED BUILDING OWNED BY STATE GOVERNMENT? ☐ YES ☐ NO

IS BUILDING LOCATED ON FEDERAL LAND? ☐ YES ☐ NO

BUILDING

BUILDING OCCUPANCY
☐ SINGLE FAMILY
☐ 2-4 FAMILY
☐ OTHER RESIDENTIAL
☐ NON-RESIDENTIAL (INCLUDING HOTEL/MOTEL)

BASEMENT/ENCLOSURE/ CRAWLSPACE
☐ NONE
☐ FINISHED BASEMENT/ENCLOSURE
☐ UNFINISHED BASEMENT/ ENCLOSURE
☐ CRAWLSPACE
☐ SUBGRADE CRAWLSPACE

NUMBER OF FLOORS IN ENTIRE BUILDING (INCLUDE BASEMENT/ENCLOSED AREA, IF ANY) OR BUILDING TYPE
☐ 1 ☐ 2
☐ 3 OR MORE ☐ SPLIT LEVEL
☐ TOWNHOUSE/ROWHOUSE (RCBAP LOW-RISE ONLY)
☐ MANUFACTURED (MOBILE) HOME/ TRAVEL TRAILER ON FOUNDATION

IF NOT A SINGLE-FAMILY DWELLING, THE NUMBER OF OCCUPANCIES (UNITS) IS: _____

CONDO FORM OF OWNERSHIP?
☐ YES ☐ NO
CONDO COVERAGE IS FOR:
☐ UNIT ☐ ENTIRE BUILDING
RESIDENTIAL CONDOMINIUM BUILDING ASSOCIATION POLICY (RCBAP) ONLY.
TOTAL NUMBER OF UNITS: _____
(INCLUDE NON-RES.)
☐ HIGH-RISE ☐ LOW-RISE

ESTIMATED REPLACEMENT COST AMOUNT $ _____

IS BUILDING INSURED'S PRINCIPAL RESIDENCE? ☐ YES ☐ NO

IS THIS BUILDING IN THE COURSE OF CONSTRUCTION? ☐ YES ☐ NO

IS BUILDING WALLED AND ROOFED?
☐ YES ☐ NO

IS BUILDING OVER WATER?
☐ NO ☐ PARTIALLY
☐ ENTIRELY

IS BUILDING ELEVATED?
☐ YES ☐ NO
IF YES, AREA BELOW IS:
☐ FREE OF OBSTRUCTION
☐ WITH OBSTRUCTION
IF ELEVATED, COMPLETE PART 2 OF THE FLOOD INSURANCE APPLICATION

BUILDING USE
☐ MAIN HOUSE/BUILDING
☐ DETACHED GUEST HOUSE
☐ DETACHED GARAGE
☐ AGRICULTURAL BUILDING
☐ WAREHOUSE
☐ POOLHOUSE, CLUBHOUSE, RECREATION BUILDING
☐ TOOL/STORAGE SHED
☐ OTHER: _____

FOR MANUFACTURED (MOBILE) HOMES/TRAVEL TRAILERS, COMPLETE PART 2, SECTION III OF THE FLOOD INSURANCE APPLICATION

CONTENTS

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 ONE FULL FLOOR
(IF SINGLE FAMILY, CONTENTS ARE RATED THROUGHOUT THE BUILDING)

IS PERSONAL PROPERTY HOUSEHOLD CONTENTS? ☐ YES ☐ NO IF NO, PLEASE DESCRIBE: _____

CONSTRUCTION DATA

ALL BUILDINGS: (CHECK ONE OF THE FIVE BLOCKS AND RECORD CORRESPONDING DATE IN THE DATE BOX)
☐ BUILDING PERMIT DATE
☐ DATE OF CONSTRUCTION
☐ SUBSTANTIAL IMPROVEMENT DATE
☐ MANUFACTURED (MOBILE) HOMES/TRAVEL TRAILERS LOCATED IN A MOBILE HOME PARK OR SUBDIVISION: CONSTRUCTION DATE OF MOBILE HOME PARK OR SUBDIVISION FACILITIES
☐ MANUFACTURED (MOBILE) HOMES/TRAVEL TRAILERS LOCATED OUTSIDE A MOBILE HOME PARK OR SUBDIVISION: DATE OF PERMANENT PLACEMENT

DATE: _____/_____/_____ (MM/DD/YYYY)

IS BUILDING POST-FIRM CONSTRUCTION? ☐ YES ☐ NO
IF POST-FIRM CONSTRUCTION IN ZONES A, A1-A30, AE, AO, AH, V, V1-V30, VE, OR IF PRE-FIRM CONSTRUCTION IS ELEVATION RATED, ATTACH CERTIFICATION.

BUILDING DIAGRAM NUMBER: _____ LOWEST ADJACENT GRADE (LAG): _____ ELEVATION CERTIFICATION DATE: _____
LOWEST FLOOR ELEVATION _____ (–) BASE FLOOD ELEVATION _____ (=) DIFFERENCE TO NEAREST FOOT _____ (+ OR –)
IN ZONES V AND V1-V30 ONLY, DOES BASE FLOOD ELEVATION INCLUDE EFFECTS OF WAVE ACTION? ☐ YES ☐ NO IS BUILDING FLOOD-PROOFED? ☐ YES ☐ NO

SEE FLOOD INSURANCE MANUAL FOR CERTIFICATION FORM

DEDUCTIBLE: ☐ BUILDING $ _____ ☐ CONTENTS $ _____ DEDUCTIBLE BUYBACK? ☐ YES ☐ NO

COVERAGE AND RATING

TO INCREASE/DECREASE COVERAGE, COMPLETE SECTIONS A & B. FOR RATE CHANGE, COMPLETE SECTION A ONLY.

INSURANCE COVERAGE	SECTION A – CURRENT COVERAGE			SECTION B			NEW PREMIUM
	AMOUNT	RATE	PREMIUM	AMOUNT	RATE	PREMIUM	
BUILDING BASIC							
BUILDING ADDITIONAL							
CONTENTS BASIC							
CONTENTS ADDITIONAL							

IF CHANGING AMOUNT OF INSURANCE, ENTER NEW TOTAL AMOUNT BELOW

BUILDING COVERAGE			CONTENTS COVERAGE		
BASIC	ADDITIONAL	TOTAL	BASIC	ADDITIONAL	TOTAL

PAYMENT OPTION:
☐ CREDIT CARD
☐ OTHER: _____

SUBTOTAL	
DEDUCT. DISCOUNT/SURCHARGE	
SUBTOTAL	
ICC PREMIUM	
SUBTOTAL	
CRS PREMIUM DISCOUNT ____ %	
SUBTOTAL	
PREMIUM PREVIOUSLY PAID *(Excludes Probation Surcharge/ Federal Policy Fee)*	
DIFFERENCE _____ (+/–)	
PRO RATA FACTOR	
TOTAL (+/–)	

SIGNATURE

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

THE ABOVE STATEMENTS ARE CORRECT TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT ANY FALSE STATEMENTS MAY BE PUNISHABLE BY FINE OR IMPRISONMENT UNDER APPLICABLE FEDERAL LAW.

SIGNATURE OF INSURED AND DATE _____ SIGNATURE OF INSURANCE AGENT/BROKER _____ DATE (MM/DD/YYYY) _____

NFIP COPY

PLEASE ATTACH TO NFIP COPY OF ENDORSEMENT A CHECK OR MONEY ORDER FOR THE TOTAL ADDITIONAL PREMIUM MADE PAYABLE TO THE NATIONAL FLOOD INSURANCE PROGRAM.
ATTACH CHECK TO ORIGINAL AND SEND TO NFIP. KEEP SECOND COPY FOR YOUR RECORDS, GIVE THIRD COPY TO INSURED, AND FOURTH COPY TO MORTGAGEE.

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

O.M.B. No. 1660-0006 Expires August 31, 2013

POLICY NUMBER _____

FLOOD INSURANCE GENERAL CHANGE ENDORSEMENT

IMPORTANT— PLEASE PRINT OR TYPE

REASON FOR CHANGE:
(ATTACH MEMO IF ADDITIONAL SPACE IS NEEDED).

POLICY TERM

DIRECT BILL INSTRUCTIONS:
☐ BILL INSURED ☐ BILL FIRST MORTGAGEE
☐ BILL SECOND MORTGAGEE ☐ BILL LOSS PAYEE
☐ BILL OTHER

POLICY PERIOD IS FROM _____ TO _____
12:01 A.M LOCAL TIME AT THE INSURED PROPERTY LOCATION
WAITING PERIOD: ☐ STANDARD 30-DAY ☐ LOAN TRANSACTION—NO WAITING
☐ MAP REV. (ZONE CHANGE FROM NON-SHFA TO SHFA)— ONE DAY
ENDORSEMENT EFFEC. DATE: _____ (FOR ADDED COVERAGE, DETERMINE THE APPROPRIATE WAITING PERIOD)

AGENT INFORMATION

NAME, ADDRESS OF LICENSED PROPERTY OR CASUALTY INSURANCE AGENT OR BROKER:

ADDRESS CHANGE: ☐ YES ☐ NO
AGENCY NO.: _____
AGENT'S TAX ID # : _____
NEW AGENT? ☐ YES ☐ NO
IF YES, THE INSURED MUST SIGN THIS FORM

PHONE NO.: _____ FAX NO.: _____

INSURED MAIL ADDRESS

NAME, MAILING ADDRESS, AND TELEPHONE NO. OF INSURED:

DISASTER ASSISTANCE

IS INSURANCE REQUIRED FOR DISASTER ASSISTANCE? ☐ YES ☐ NO
IF YES, CHECK THE GOVERNMENT AGENCY: ☐ SBA ☐ FEMA ☐ FHA
☐ OTHER (SPECIFY): _____
ENTER CASE FILE NUMBER: _____

PROPERTY LOCATION

IS INSURED PROPERTY LOCATION SAME AS INSURED MAILING ADDRESS? ☐ YES ☐ NO
IF NO, ENTER PROPERTY ADDRESS. IF RURAL, DESCRIBE PROPERTY LOCATION (DO NOT USE P.O. BOX).

THE LOCATION OF INSURED PROPERTY CANNOT BE CHANGED BY ENDORSEMENT—
A NEW APPLICATION IS **REQUIRED.**

FIRST MORTGAGEE

NAME AND ADDRESS OF FIRST MORTGAGEE:

LOAN NO.: _____
PHONE NO.: _____ FAX NO.: _____

2ND MORTGAGEE/ OTHER

IF SECOND MORTGAGEE, LOSS PAYEE, OR OTHER IS TO BE BILLED, THE FOLLOWING MUST BE COMPLETED, INCLUDING THE NAME AND ADDRESS:
☐ 2ND MORTGAGEE ☐ DISASTER AGENCY
☐ LOSS PAYEE ☐ OTHER (SPECIFY): _____

LOAN NO.: _____
PHONE NO.: _____ FAX NO.: _____

COMMUNITY

RATING MAP INFORMATION
NAME OF COUNTY/PARISH: _____
COMMUNITY NO./PANEL NO. AND SUFFIX: _____ – _____
FIRM ZONE: _____
COMMUNITY PROGRAM TYPE IS: ☐ REGULAR ☐ EMERGENCY

GRANDFATHERED? ☐ YES ☐ NO IF YES, BUILT IN COMPLIANCE? ☐ YES ☐ NO
☐ CONTINUOUS COVERAGE? PRIOR POLICY NO.: _____
CURRENT COMMUNITY NO./PANEL NO. AND SUFFIX: _____ – _____
CURRENT FIRM ZONE: _____ CURRENT BFE: _____

IS INSURED BUILDING OWNED BY STATE GOVERNMENT? ☐ YES ☐ NO

IS BUILDING LOCATED ON FEDERAL LAND? ☐ YES ☐ NO

BUILDING

BUILDING OCCUPANCY
☐ SINGLE FAMILY
☐ 2-4 FAMILY
☐ OTHER RESIDENTIAL
☐ NON-RESIDENTIAL (INCLUDING HOTEL/MOTEL)

BASEMENT/ENCLOSURE/ CRAWLSPACE
☐ NONE
☐ FINISHED BASEMENT/ENCLOSURE
☐ UNFINISHED BASEMENT/ ENCLOSURE
☐ CRAWLSPACE
☐ SUBGRADE CRAWLSPACE

NUMBER OF FLOORS IN ENTIRE BUILDING (INCLUDE BASEMENT/ENCLOSED AREA, IF ANY) OR BUILDING TYPE
☐ 1 ☐ 2
☐ 3 OR MORE ☐ SPLIT LEVEL
☐ TOWNHOUSE/ROWHOUSE (RCBAP LOW-RISE ONLY)
☐ MANUFACTURED (MOBILE) HOME/ TRAVEL TRAILER ON FOUNDATION

IF NOT A SINGLE-FAMILY DWELLING, THE NUMBER OF OCCUPANCIES (UNITS) IS: _____

CONDO FORM OF OWNERSHIP?
☐ YES ☐ NO
CONDO COVERAGE IS FOR:
☐ UNIT ☐ ENTIRE BUILDING
RESIDENTIAL CONDOMINIUM BUILDING ASSOCIATION POLICY (RCBAP) ONLY.
TOTAL NUMBER OF UNITS: _____
(INCLUDE NON-RES.)
☐ HIGH-RISE ☐ LOW-RISE

ESTIMATED REPLACEMENT COST AMOUNT $ _____

IS BUILDING INSURED'S PRINCIPAL RESIDENCE? ☐ YES ☐ NO

IS THIS BUILDING IN THE COURSE OF CONSTRUCTION? ☐ YES ☐ NO

IS BUILDING WALLED AND ROOFED?
☐ YES ☐ NO

IS BUILDING OVER WATER?
☐ NO ☐ PARTIALLY
☐ ENTIRELY

IS BUILDING ELEVATED?
☐ YES ☐ NO
IF YES, AREA BELOW IS:
☐ FREE OF OBSTRUCTION
☐ WITH OBSTRUCTION
IF ELEVATED, COMPLETE PART 2 OF THE FLOOD INSURANCE APPLICATION

BUILDING USE
☐ MAIN HOUSE/BUILDING
☐ DETACHED GUEST HOUSE
☐ DETACHED GARAGE
☐ AGRICULTURAL BUILDING
☐ WAREHOUSE
☐ POOLHOUSE, CLUBHOUSE, RECREATION BUILDING
☐ TOOL/STORAGE SHED
☐ OTHER: _____

FOR MANUFACTURED (MOBILE) HOMES/TRAVEL TRAILERS, COMPLETE PART 2, SECTION III OF THE FLOOD INSURANCE APPLICATION

CONTENTS

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 ONE FULL FLOOR
(IF SINGLE FAMILY, CONTENTS ARE RATED THROUGHOUT THE BUILDING)

IS PERSONAL PROPERTY HOUSEHOLD CONTENTS? ☐ YES ☐ NO IF NO, PLEASE DESCRIBE: _____

CONSTRUCTION DATA

ALL BUILDINGS: (CHECK ONE OF THE FIVE BLOCKS AND RECORD CORRESPONDING DATE IN THE DATE BOX)
☐ BUILDING PERMIT DATE
☐ DATE OF CONSTRUCTION
☐ SUBSTANTIAL IMPROVEMENT DATE
☐ MANUFACTURED (MOBILE) HOMES/TRAVEL TRAILERS LOCATED IN A MOBILE HOME PARK OR SUBDIVISION: CONSTRUCTION DATE OF MOBILE HOME PARK OR SUBDIVISION FACILITIES
☐ MANUFACTURED (MOBILE) HOMES/TRAVEL TRAILERS LOCATED OUTSIDE A MOBILE HOME PARK OR SUBDIVISION: DATE OF PERMANENT PLACEMENT

DATE: _____/_____/_____ (MM/DD/YYYY)

IS BUILDING POST-FIRM CONSTRUCTION? ☐ YES ☐ NO
IF POST-FIRM CONSTRUCTION IN ZONES A, A1-A30, AE, AO, AH, V, V1-V30, VE, OR IF PRE-FIRM CONSTRUCTION IS ELEVATION RATED, ATTACH CERTIFICATION.

BUILDING DIAGRAM NUMBER: _____ LOWEST ADJACENT GRADE (LAG): _____ ELEVATION CERTIFICATION DATE: _____
LOWEST FLOOR ELEVATION _____ (–) BASE FLOOD ELEVATION _____ (=) DIFFERENCE TO NEAREST FOOT _____ (+ OR –)
IN ZONES V AND V1-V30 ONLY, DOES BASE FLOOD ELEVATION INCLUDE EFFECTS OF WAVE ACTION? ☐ YES ☐ NO IS BUILDING FLOOD-PROOFED? ☐ YES ☐ NO

SEE FLOOD INSURANCE MANUAL FOR CERTIFICATION FORM

DEDUCTIBLE: ☐ BUILDING $ _____ ☐ CONTENTS $ _____ DEDUCTIBLE BUYBACK? ☐ YES ☐ NO

COVERAGE AND RATING

TO INCREASE/DECREASE COVERAGE, COMPLETE SECTIONS A & B. FOR RATE CHANGE, COMPLETE SECTION A ONLY.

INSURANCE COVERAGE	SECTION A – CURRENT COVERAGE			SECTION B			NEW PREMIUM
	AMOUNT	RATE	PREMIUM	AMOUNT	RATE	PREMIUM	
BUILDING BASIC							
BUILDING ADDITIONAL							
CONTENTS BASIC							
CONTENTS ADDITIONAL							

IF CHANGING AMOUNT OF INSURANCE, ENTER NEW TOTAL AMOUNT BELOW

BUILDING COVERAGE			CONTENTS COVERAGE		
BASIC	ADDITIONAL	TOTAL	BASIC	ADDITIONAL	TOTAL

PAYMENT OPTION:
☐ CREDIT CARD
☐ OTHER: _____

SUBTOTAL	
DEDUCT. DISCOUNT/SURCHARGE	
SUBTOTAL	
ICC PREMIUM	
SUBTOTAL	
CRS PREMIUM DISCOUNT ____ %	
SUBTOTAL	
PREMIUM PREVIOUSLY PAID *(Excludes Probation Surcharge/ Federal Policy Fee)*	
DIFFERENCE _____ (+/–)	
PRO RATA FACTOR	
TOTAL (+/–)	

SIGNATURE

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

THE ABOVE STATEMENTS ARE CORRECT TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT ANY FALSE STATEMENTS MAY BE PUNISHABLE BY FINE OR IMPRISONMENT UNDER APPLICABLE FEDERAL LAW.

SIGNATURE OF INSURED AND DATE _____ SIGNATURE OF INSURANCE AGENT/BROKER _____ DATE (MM/DD/YYYY) _____

AGENT COPY

PLEASE ATTACH TO NFIP COPY OF ENDORSEMENT A CHECK OR MONEY ORDER FOR THE TOTAL ADDITIONAL PREMIUM MADE PAYABLE TO THE NATIONAL FLOOD INSURANCE PROGRAM.
ATTACH CHECK TO ORIGINAL AND SEND TO NFIP. KEEP SECOND COPY FOR YOUR RECORDS, GIVE THIRD COPY TO INSURED, AND FOURTH COPY TO MORTGAGEE.

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

O.M.B. No. 1660-0006 Expires August 31, 2013

POLICY NUMBER _____

FLOOD INSURANCE GENERAL CHANGE ENDORSEMENT

IMPORTANT— PLEASE PRINT OR TYPE

REASON FOR CHANGE:
(ATTACH MEMO IF ADDITIONAL SPACE IS NEEDED).

POLICY TERM

DIRECT BILL INSTRUCTIONS:
☐ BILL INSURED ☐ BILL FIRST MORTGAGEE
☐ BILL SECOND MORTGAGEE ☐ BILL LOSS PAYEE
☐ BILL OTHER

POLICY PERIOD IS FROM _____ TO _____
12:01 A.M LOCAL TIME AT THE INSURED PROPERTY LOCATION
WAITING PERIOD: ☐ STANDARD 30-DAY ☐ LOAN TRANSACTION—NO WAITING
☐ MAP REV. (ZONE CHANGE FROM NON-SHFA TO SHFA)— ONE DAY
ENDORSEMENT EFFEC. DATE: _____ (FOR ADDED COVERAGE, DETERMINE THE APPROPRIATE WAITING PERIOD)

AGENT INFORMATION

NAME, ADDRESS OF LICENSED PROPERTY OR CASUALTY INSURANCE AGENT OR BROKER:

PHONE NO.: _____ FAX NO.: _____

ADDRESS CHANGE: ☐ YES ☐ NO
AGENCY NO.: _____
AGENT'S TAX ID # : _____
NEW AGENT? ☐ YES ☐ NO
IF YES, THE INSURED MUST SIGN THIS FORM

INSURED MAIL ADDRESS

NAME, MAILING ADDRESS, AND TELEPHONE NO. OF INSURED:

DISASTER ASSISTANCE

IS INSURANCE REQUIRED FOR DISASTER ASSISTANCE? ☐ YES ☐ NO
IF YES, CHECK THE GOVERNMENT AGENCY: ☐ SBA ☐ FEMA ☐ FHA
☐ OTHER (SPECIFY): _____
ENTER CASE FILE NUMBER: _____

PROPERTY LOCATION

IS INSURED PROPERTY LOCATION SAME AS INSURED MAILING ADDRESS? ☐ YES ☐ NO
IF NO, ENTER PROPERTY ADDRESS. IF RURAL, DESCRIBE PROPERTY LOCATION (DO NOT USE P.O. BOX).

THE LOCATION OF INSURED PROPERTY CANNOT BE CHANGED BY ENDORSEMENT—
A NEW APPLICATION IS **REQUIRED.**

FIRST MORTGAGEE

NAME AND ADDRESS OF FIRST MORTGAGEE:

LOAN NO.: _____
PHONE NO.: _____ FAX NO.: _____

2ND MORTGAGEE/ OTHER

IF SECOND MORTGAGEE, LOSS PAYEE, OR OTHER IS TO BE BILLED, THE FOLLOWING MUST BE COMPLETED, INCLUDING THE NAME AND ADDRESS:
☐ 2ND MORTGAGEE ☐ DISASTER AGENCY
☐ LOSS PAYEE ☐ OTHER (SPECIFY): _____

LOAN NO.: _____
PHONE NO.: _____ FAX NO.: _____

COMMUNITY

RATING MAP INFORMATION
NAME OF COUNTY/PARISH: _____
COMMUNITY NO./PANEL NO. AND SUFFIX: _____ – _____
FIRM ZONE: _____
COMMUNITY PROGRAM TYPE IS: ☐ REGULAR ☐ EMERGENCY

GRANDFATHERED? ☐ YES ☐ NO IF YES, BUILT IN COMPLIANCE? ☐ YES ☐ NO
☐ CONTINUOUS COVERAGE? PRIOR POLICY NO.: _____
CURRENT COMMUNITY NO./PANEL NO. AND SUFFIX: _____ – _____
CURRENT FIRM ZONE: _____ CURRENT BFE: _____

IS INSURED BUILDING OWNED BY STATE GOVERNMENT? ☐ YES ☐ NO

IS BUILDING LOCATED ON FEDERAL LAND? ☐ YES ☐ NO

BUILDING

BUILDING OCCUPANCY
☐ SINGLE FAMILY
☐ 2-4 FAMILY
☐ OTHER RESIDENTIAL
☐ NON-RESIDENTIAL (INCLUDING HOTEL/MOTEL)

BASEMENT/ENCLOSURE/ CRAWLSPACE
☐ NONE
☐ FINISHED BASEMENT/ENCLOSURE
☐ UNFINISHED BASEMENT/ ENCLOSURE
☐ CRAWLSPACE
☐ SUBGRADE CRAWLSPACE

NUMBER OF FLOORS IN ENTIRE BUILDING (INCLUDE BASEMENT/ENCLOSED AREA, IF ANY) OR BUILDING TYPE
☐ 1 ☐ 2
☐ 3 OR MORE ☐ SPLIT LEVEL
☐ TOWNHOUSE/ROWHOUSE (RCBAP LOW-RISE ONLY)
☐ MANUFACTURED (MOBILE) HOME/ TRAVEL TRAILER ON FOUNDATION

IF NOT A SINGLE-FAMILY DWELLING, THE NUMBER OF OCCUPANCIES (UNITS) IS: _____

CONDO FORM OF OWNERSHIP?
☐ YES ☐ NO
CONDO COVERAGE IS FOR:
☐ UNIT ☐ ENTIRE BUILDING
RESIDENTIAL CONDOMINIUM BUILDING ASSOCIATION POLICY (RCBAP) ONLY.
TOTAL NUMBER OF UNITS: _____
(INCLUDE NON-RES.)
☐ HIGH-RISE ☐ LOW-RISE

ESTIMATED REPLACEMENT COST AMOUNT $ _____

IS BUILDING INSURED'S PRINCIPAL RESIDENCE? ☐ YES ☐ NO

IS THIS BUILDING IN THE COURSE OF CONSTRUCTION? ☐ YES ☐ NO

IS BUILDING WALLED AND ROOFED?
☐ YES ☐ NO

IS BUILDING OVER WATER?
☐ NO ☐ PARTIALLY
☐ ENTIRELY

IS BUILDING ELEVATED?
☐ YES ☐ NO
IF YES, AREA BELOW IS:
☐ FREE OF OBSTRUCTION
☐ WITH OBSTRUCTION
IF ELEVATED, COMPLETE PART 2 OF THE FLOOD INSURANCE APPLICATION

BUILDING USE
☐ MAIN HOUSE/BUILDING
☐ DETACHED GUEST HOUSE
☐ DETACHED GARAGE
☐ AGRICULTURAL BUILDING
☐ WAREHOUSE
☐ POOLHOUSE, CLUBHOUSE, RECREATION BUILDING
☐ TOOL/STORAGE SHED
☐ OTHER: _____

FOR MANUFACTURED (MOBILE) HOMES/TRAVEL TRAILERS, COMPLETE PART 2, SECTION III OF THE FLOOD INSURANCE APPLICATION

CONTENTS

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 ONE FULL FLOOR
(IF SINGLE FAMILY, CONTENTS ARE RATED THROUGHOUT THE BUILDING)

IS PERSONAL PROPERTY HOUSEHOLD CONTENTS? ☐ YES ☐ NO IF NO, PLEASE DESCRIBE: _____

CONSTRUCTION DATA

ALL BUILDINGS: (CHECK ONE OF THE FIVE BLOCKS AND RECORD CORRESPONDING DATE IN THE DATE BOX)
☐ BUILDING PERMIT DATE
☐ DATE OF CONSTRUCTION
☐ SUBSTANTIAL IMPROVEMENT DATE
☐ MANUFACTURED (MOBILE) HOMES/TRAVEL TRAILERS LOCATED IN A MOBILE HOME PARK OR SUBDIVISION: CONSTRUCTION DATE OF MOBILE HOME PARK OR SUBDIVISION FACILITIES
☐ MANUFACTURED (MOBILE) HOMES/TRAVEL TRAILERS LOCATED OUTSIDE A MOBILE HOME PARK OR SUBDIVISION: DATE OF PERMANENT PLACEMENT

DATE: _____/_____/_____ (MM/DD/YYYY)

IS BUILDING POST-FIRM CONSTRUCTION? ☐ YES ☐ NO
IF POST-FIRM CONSTRUCTION IN ZONES A, A1-A30, AE, AO, AH, V, V1-V30, VE, OR IF PRE-FIRM CONSTRUCTION IS ELEVATION RATED, ATTACH CERTIFICATION.

BUILDING DIAGRAM NUMBER: _____ LOWEST ADJACENT GRADE (LAG): _____ ELEVATION CERTIFICATION DATE: _____
LOWEST FLOOR ELEVATION _____ (–) BASE FLOOD ELEVATION _____ (=) DIFFERENCE TO NEAREST FOOT _____ (+ OR –)
IN ZONES V AND V1-V30 ONLY, DOES BASE FLOOD ELEVATION INCLUDE EFFECTS OF WAVE ACTION? ☐ YES ☐ NO IS BUILDING FLOOD-PROOFED? ☐ YES ☐ NO

SEE FLOOD INSURANCE MANUAL FOR CERTIFICATION FORM

DEDUCTIBLE: ☐ BUILDING $ _____ ☐ CONTENTS $ _____ DEDUCTIBLE BUYBACK? ☐ YES ☐ NO

COVERAGE AND RATING

TO INCREASE/DECREASE COVERAGE, COMPLETE SECTIONS A & B. FOR RATE CHANGE, COMPLETE SECTION A ONLY.

INSURANCE COVERAGE	SECTION A – CURRENT COVERAGE			SECTION B			NEW PREMIUM
	AMOUNT	RATE	PREMIUM	AMOUNT	RATE	PREMIUM	
BUILDING BASIC							
BUILDING ADDITIONAL							
CONTENTS BASIC							
CONTENTS ADDITIONAL							

IF CHANGING AMOUNT OF INSURANCE, ENTER NEW TOTAL AMOUNT BELOW

BUILDING COVERAGE			CONTENTS COVERAGE		
BASIC	ADDITIONAL	TOTAL	BASIC	ADDITIONAL	TOTAL

PAYMENT OPTION:
☐ CREDIT CARD
☐ OTHER: _____

SUBTOTAL	
DEDUCT. DISCOUNT/SURCHARGE	
SUBTOTAL	
ICC PREMIUM	
SUBTOTAL	
CRS PREMIUM DISCOUNT ____ %	
SUBTOTAL	
PREMIUM PREVIOUSLY PAID *(Excludes Probation Surcharge/ Federal Policy Fee)*	
DIFFERENCE _____ (+/–)	
PRO RATA FACTOR	
TOTAL (+/–)	

SIGNATURE

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

THE ABOVE STATEMENTS ARE CORRECT TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT ANY FALSE STATEMENTS MAY BE PUNISHABLE BY FINE OR IMPRISONMENT UNDER APPLICABLE FEDERAL LAW.

SIGNATURE OF INSURED AND DATE _____ SIGNATURE OF INSURANCE AGENT/BROKER _____ DATE (MM/DD/YYYY) _____

INSURED COPY

PLEASE ATTACH TO NFIP COPY OF ENDORSEMENT A CHECK OR MONEY ORDER FOR THE TOTAL ADDITIONAL PREMIUM MADE PAYABLE TO THE NATIONAL FLOOD INSURANCE PROGRAM.
ATTACH CHECK TO ORIGINAL AND SEND TO NFIP. KEEP SECOND COPY FOR YOUR RECORDS, GIVE THIRD COPY TO INSURED, AND FOURTH COPY TO MORTGAGEE.

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

O.M.B. No. 1660-0006 Expires August 31, 2013

POLICY NUMBER _____

FLOOD INSURANCE GENERAL CHANGE ENDORSEMENT

IMPORTANT— PLEASE PRINT OR TYPE

REASON FOR CHANGE:
(ATTACH MEMO IF ADDITIONAL SPACE IS NEEDED).

POLICY TERM

DIRECT BILL INSTRUCTIONS:
☐ BILL INSURED ☐ BILL FIRST MORTGAGEE
☐ BILL SECOND MORTGAGEE ☐ BILL LOSS PAYEE
☐ BILL OTHER

POLICY PERIOD IS FROM _____ TO _____
12:01 A.M LOCAL TIME AT THE INSURED PROPERTY LOCATION
WAITING PERIOD: ☐ STANDARD 30-DAY ☐ LOAN TRANSACTION—NO WAITING
☐ MAP REV. (ZONE CHANGE FROM NON-SHFA TO SHFA)— ONE DAY
ENDORSEMENT EFFEC. DATE: _____ (FOR ADDED COVERAGE, DETERMINE THE APPROPRIATE WAITING PERIOD)

AGENT INFORMATION

NAME, ADDRESS OF LICENSED PROPERTY OR CASUALTY INSURANCE AGENT OR BROKER:

ADDRESS CHANGE: ☐ YES ☐ NO
AGENCY NO.: _____
AGENT'S TAX ID # : _____
NEW AGENT? ☐ YES ☐ NO
IF YES, THE INSURED MUST SIGN THIS FORM

PHONE NO.: _____ FAX NO.: _____

INSURED MAIL ADDRESS

NAME, MAILING ADDRESS, AND TELEPHONE NO. OF INSURED:

DISASTER ASSISTANCE

IS INSURANCE REQUIRED FOR DISASTER ASSISTANCE? ☐ YES ☐ NO
IF YES, CHECK THE GOVERNMENT AGENCY: ☐ SBA ☐ FEMA ☐ FHA
☐ OTHER (SPECIFY): _____
ENTER CASE FILE NUMBER: _____

PROPERTY LOCATION

IS INSURED PROPERTY LOCATION SAME AS INSURED MAILING ADDRESS? ☐ YES ☐ NO
IF NO, ENTER PROPERTY ADDRESS. IF RURAL, DESCRIBE PROPERTY LOCATION (DO NOT USE P.O. BOX).

THE LOCATION OF INSURED PROPERTY CANNOT BE CHANGED BY ENDORSEMENT—
A NEW APPLICATION IS **REQUIRED.**

FIRST MORTGAGEE

NAME AND ADDRESS OF FIRST MORTGAGEE:

LOAN NO.: _____
PHONE NO.: _____ FAX NO.: _____

2ND MORTGAGEE/ OTHER

IF SECOND MORTGAGEE, LOSS PAYEE, OR OTHER IS TO BE BILLED, THE FOLLOWING MUST BE COMPLETED, INCLUDING THE NAME AND ADDRESS:
☐ 2ND MORTGAGEE ☐ DISASTER AGENCY
☐ LOSS PAYEE ☐ OTHER (SPECIFY): _____

LOAN NO.: _____
PHONE NO.: _____ FAX NO.: _____

COMMUNITY

RATING MAP INFORMATION
NAME OF COUNTY/PARISH: _____
COMMUNITY NO./PANEL NO. AND SUFFIX: _____ – _____
FIRM ZONE: _____
COMMUNITY PROGRAM TYPE IS: ☐ REGULAR ☐ EMERGENCY

GRANDFATHERED? ☐ YES ☐ NO IF YES, BUILT IN COMPLIANCE? ☐ YES ☐ NO
☐ CONTINUOUS COVERAGE? PRIOR POLICY NO.: _____
CURRENT COMMUNITY NO./PANEL NO. AND SUFFIX: _____ – _____
CURRENT FIRM ZONE: _____ CURRENT BFE: _____

IS INSURED BUILDING OWNED BY STATE GOVERNMENT? ☐ YES ☐ NO

IS BUILDING LOCATED ON FEDERAL LAND? ☐ YES ☐ NO

BUILDING

BUILDING OCCUPANCY
☐ SINGLE FAMILY
☐ 2-4 FAMILY
☐ OTHER RESIDENTIAL
☐ NON-RESIDENTIAL (INCLUDING HOTEL/MOTEL)

BASEMENT/ENCLOSURE/ CRAWLSPACE
☐ NONE
☐ FINISHED BASEMENT/ENCLOSURE
☐ UNFINISHED BASEMENT/ ENCLOSURE
☐ CRAWLSPACE
☐ SUBGRADE CRAWLSPACE

NUMBER OF FLOORS IN ENTIRE BUILDING (INCLUDE BASEMENT/ENCLOSED AREA, IF ANY) OR BUILDING TYPE
☐ 1 ☐ 2
☐ 3 OR MORE ☐ SPLIT LEVEL
☐ TOWNHOUSE/ROWHOUSE (RCBAP LOW-RISE ONLY)
☐ MANUFACTURED (MOBILE) HOME/ TRAVEL TRAILER ON FOUNDATION

IF NOT A SINGLE-FAMILY DWELLING, THE NUMBER OF OCCUPANCIES (UNITS) IS: _____

CONDO FORM OF OWNERSHIP?
☐ YES ☐ NO
CONDO COVERAGE IS FOR:
☐ UNIT ☐ ENTIRE BUILDING
RESIDENTIAL CONDOMINIUM BUILDING ASSOCIATION POLICY (RCBAP) ONLY.
TOTAL NUMBER OF UNITS: _____
(INCLUDE NON-RES.)
☐ HIGH-RISE ☐ LOW-RISE

ESTIMATED REPLACEMENT COST AMOUNT $ _____

IS BUILDING INSURED'S PRINCIPAL RESIDENCE? ☐ YES ☐ NO

IS THIS BUILDING IN THE COURSE OF CONSTRUCTION? ☐ YES ☐ NO

IS BUILDING WALLED AND ROOFED?
☐ YES ☐ NO

IS BUILDING OVER WATER?
☐ NO ☐ PARTIALLY
☐ ENTIRELY

IS BUILDING ELEVATED?
☐ YES ☐ NO
IF YES, AREA BELOW IS:
☐ FREE OF OBSTRUCTION
☐ WITH OBSTRUCTION
IF ELEVATED, COMPLETE PART 2 OF THE FLOOD INSURANCE APPLICATION

BUILDING USE
☐ MAIN HOUSE/BUILDING
☐ DETACHED GUEST HOUSE
☐ DETACHED GARAGE
☐ AGRICULTURAL BUILDING
☐ WAREHOUSE
☐ POOLHOUSE, CLUBHOUSE, RECREATION BUILDING
☐ TOOL/STORAGE SHED
☐ OTHER: _____

FOR MANUFACTURED (MOBILE) HOMES/TRAVEL TRAILERS, COMPLETE PART 2, SECTION III OF THE FLOOD INSURANCE APPLICATION

CONTENTS

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 ONE FULL FLOOR
(IF SINGLE FAMILY, CONTENTS ARE RATED THROUGHOUT THE BUILDING)

IS PERSONAL PROPERTY HOUSEHOLD CONTENTS? ☐ YES ☐ NO IF NO, PLEASE DESCRIBE: _____

CONSTRUCTION DATA

ALL BUILDINGS: (CHECK ONE OF THE FIVE BLOCKS AND RECORD CORRESPONDING DATE IN THE DATE BOX)
☐ BUILDING PERMIT DATE
☐ DATE OF CONSTRUCTION
☐ SUBSTANTIAL IMPROVEMENT DATE
☐ MANUFACTURED (MOBILE) HOMES/TRAVEL TRAILERS LOCATED IN A MOBILE HOME PARK OR SUBDIVISION: CONSTRUCTION DATE OF MOBILE HOME PARK OR SUBDIVISION FACILITIES
☐ MANUFACTURED (MOBILE) HOMES/TRAVEL TRAILERS LOCATED OUTSIDE A MOBILE HOME PARK OR SUBDIVISION: DATE OF PERMANENT PLACEMENT

DATE: _____/_____/_____ (MM/DD/YYYY)

IS BUILDING POST-FIRM CONSTRUCTION? ☐ YES ☐ NO
IF POST-FIRM CONSTRUCTION IN ZONES A, A1-A30, AE, AO, AH, V, V1-V30, VE, OR IF PRE-FIRM CONSTRUCTION IS ELEVATION RATED, ATTACH CERTIFICATION.

BUILDING DIAGRAM NUMBER: _____ LOWEST ADJACENT GRADE (LAG): _____ ELEVATION CERTIFICATION DATE: _____
LOWEST FLOOR ELEVATION _____ (–) BASE FLOOD ELEVATION _____ (=) DIFFERENCE TO NEAREST FOOT _____ (+ OR –)
IN ZONES V AND V1-V30 ONLY, DOES BASE FLOOD ELEVATION INCLUDE EFFECTS OF WAVE ACTION? ☐ YES ☐ NO IS BUILDING FLOOD-PROOFED? ☐ YES ☐ NO

SEE FLOOD INSURANCE MANUAL FOR CERTIFICATION FORM

DEDUCTIBLE: ☐ BUILDING $ _____ ☐ CONTENTS $ _____ DEDUCTIBLE BUYBACK? ☐ YES ☐ NO

COVERAGE AND RATING

TO INCREASE/DECREASE COVERAGE, COMPLETE SECTIONS A & B. FOR RATE CHANGE, COMPLETE SECTION A ONLY.

INSURANCE COVERAGE	SECTION A – CURRENT COVERAGE			SECTION B			NEW PREMIUM
	AMOUNT	RATE	PREMIUM	AMOUNT	RATE	PREMIUM	
BUILDING BASIC							
BUILDING ADDITIONAL							
CONTENTS BASIC							
CONTENTS ADDITIONAL							

IF CHANGING AMOUNT OF INSURANCE, ENTER NEW TOTAL AMOUNT BELOW

BUILDING COVERAGE			CONTENTS COVERAGE		
BASIC	ADDITIONAL	TOTAL	BASIC	ADDITIONAL	TOTAL

PAYMENT OPTION:
☐ CREDIT CARD
☐ OTHER: _____

SUBTOTAL	
DEDUCT. DISCOUNT/SURCHARGE	
SUBTOTAL	
ICC PREMIUM	
SUBTOTAL	
CRS PREMIUM DISCOUNT ____ %	
SUBTOTAL	
PREMIUM PREVIOUSLY PAID *(Excludes Probation Surcharge/ Federal Policy Fee)*	
DIFFERENCE _____ (+/–)	
PRO RATA FACTOR	
TOTAL (+/–)	

SIGNATURE

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

THE ABOVE STATEMENTS ARE CORRECT TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT ANY FALSE STATEMENTS MAY BE PUNISHABLE BY FINE OR IMPRISONMENT UNDER APPLICABLE FEDERAL LAW.

SIGNATURE OF INSURED AND DATE _____ SIGNATURE OF INSURANCE AGENT/BROKER _____ DATE (MM/DD/YYYY) _____

MORTGAGEE CERTIFICATION COPY

PLEASE ATTACH TO NFIP COPY OF ENDORSEMENT A CHECK OR MONEY ORDER FOR THE TOTAL ADDITIONAL PREMIUM MADE PAYABLE TO THE NATIONAL FLOOD INSURANCE PROGRAM.
ATTACH CHECK TO ORIGINAL AND SEND TO NFIP. KEEP SECOND COPY FOR YOUR RECORDS, GIVE THIRD COPY TO INSURED, AND FOURTH COPY TO MORTGAGEE.

FLOOD INSURANCE
GENERAL CHANGE ENDORSEMENT
FEMA Form 086-0-3

NONDISCRIMINATION

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

PRIVACY ACT

The information requested is necessary to process your Flood Insurance Application for a flood insurance policy. The authority to collect the information is Title 42, U.S. Code, Sections 4001 to 4028. Disclosures of this information may be made: to federal, state, tribal, and local government agencies, fiscal agents, your agent, mortgage servicing companies, insurance or other companies, lending institutions, and contractors working for us, for the purpose of carrying out the National Flood Insurance Program; to current Severe Repetitive Loss property owners and Preferred Risk Policy owners for the purpose of property loss history evaluation; to the American Red Cross for verification of nonduplication of benefits following a flooding event or disaster; to law enforcement agencies or professional organizations when there may be a violation or potential violation of law; to a federal, state, or local agency when we request information relevant to an agency decision concerning issuance of a grant or other benefit, or in certain circumstances when a federal agency requests such information for a similar purpose from us; to a Congressional office in response to an inquiry made at the request of an individual; to the Office of Management and Budget (OMB) in relation to private relief legislation under OMB Circular A-19; and to the National Archives and Records Administration in records management inspections. Providing the information is voluntary, but failure to do so may delay or prevent issuance of the flood insurance policy.

GENERAL

This information is provided pursuant to Public Law 96-511 (Paperwork Reduction Act of 1980, as amended), dated December 11, 1980, to allow the public to participate more fully and meaningfully in the Federal paperwork review process.

AUTHORITY

Public Law 96-511, amended, 44 U.S.C. 3507; and 5 CFR 1320.

PAPERWORK BURDEN DISCLOSURE NOTICE

Public reporting burden for this data collection is estimated to average 9 minutes per response. The burden estimate includes the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and submitting this form. You are not required to respond to this collection of information unless a valid OMB control number is displayed on this form. Send comments regarding the accuracy of the burden estimate and any suggestions for reducing the burden to: Information Collections Management, Department of Homeland Security, Federal Emergency Management Agency, 500 C Street, SW, Washington, DC 20472, Paperwork Reduction Project (1660-0006). **NOTE: Do not send your completed form to this address.**