

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

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

National Flood Insurance Program

POLICY NUMBER _____
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**FLOOD INSURANCE GENERAL CHANGE ENDORSEMENT**

**IMPORTANT— PLEASE PRINT OR TYPE**

<b>POLICY TERM</b>	REASON FOR CHANGE: (ATTACH MEMO IF ADDITIONAL SPACE IS NEEDED).	POLICY PERIOD IS FROM _____ TO _____ 12:01 A.M. LOCAL TIME AT THE INSURED PROPERTY LOCATION WAITING PERIOD: <input type="checkbox"/> STANDARD 30-DAY <input type="checkbox"/> LOAN TRANSACTION—NO WAITING <input type="checkbox"/> MAP REV. (ZONE CHANGE FROM NON-SHFA TO SHFA)—ONE DAY ENDORSEMENT EFFEC. DATE: _____ (FOR ADDED COVERAGE, DETERMINE THE APPROPRIATE WAITING PERIOD)																																																																																																																																					
<b>AGENT INFORMATION</b>	DIRECT BILL INSTRUCTIONS: <input type="checkbox"/> BILL INSURED <input type="checkbox"/> BILL FIRST MORTGAGEE <input type="checkbox"/> BILL SECOND MORTGAGEE <input type="checkbox"/> BILL LOSS PAYEE <input type="checkbox"/> BILL OTHER	NAME, ADDRESS OF LICENSED PROPERTY OR CASUALTY INSURANCE AGENT OR BROKER: ADDRESS CHANGE: <input type="checkbox"/> YES <input type="checkbox"/> NO AGENCY NO.: _____ AGENT'S TAX ID #: _____ NEW AGENT? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, THE INSURED MUST SIGN THIS FORM																																																																																																																																					
<b>DISASTER ASSISTANCE</b>	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): _____ ENTER CASE FILE NUMBER: _____	<b>PROPERTY LOCATION</b>																																																																																																																																					
<b>FIRST MORTGAGEE</b>	NAME AND ADDRESS OF FIRST MORTGAGEE: LOAN NO.: _____ PHONE NO.: _____ FAX NO.: _____	IS INSURED PROPERTY LOCATION SAME AS INSURED MAILING ADDRESS? <input type="checkbox"/> YES <input type="checkbox"/> NO IF NO, ENTER PROPERTY ADDRESS. IF RURAL, DESCRIBE PROPERTY LOCATION (DO NOT USE P.O. BOX). THE LOCATION OF INSURED PROPERTY CANNOT BE CHANGED BY ENDORSEMENT—A NEW APPLICATION IS <b>REQUIRED</b> . IF SECOND MORTGAGEE, LOSS PAYEE, OR OTHER IS TO BE BILLED, THE FOLLOWING MUST BE COMPLETED, INCLUDING THE NAME AND ADDRESS: <input type="checkbox"/> 2ND MORTGAGEE <input type="checkbox"/> DISASTER AGENCY <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> OTHER (SPECIFY): _____ LOAN NO.: _____ PHONE NO.: _____ FAX NO.: _____																																																																																																																																					
<b>COMMUNITY</b>	RATING MAP INFORMATION NAME OF COUNTY/PARISH: _____ COMMUNITY NO./PANEL NO. AND SUFFIX: _____ FIRM ZONE: _____ COMMUNITY PROGRAM TYPE IS: <input type="checkbox"/> REGULAR <input type="checkbox"/> EMERGENCY	GRANDFATHERED? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, BUILT IN COMPLIANCE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> CONTINUOUS COVERAGE? PRIOR POLICY NO.: _____ CURRENT COMMUNITY NO./PANEL NO. AND SUFFIX: _____ CURRENT FIRM ZONE: _____ CURRENT BFE: _____																																																																																																																																					
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<b>CONTENTS</b>	BUILDING OCCUPANCY <input type="checkbox"/> SINGLE FAMILY <input type="checkbox"/> 2-4 FAMILY <input type="checkbox"/> OTHER RESIDENTIAL <input type="checkbox"/> NON-RESIDENTIAL (INCLUDING HOTEL/MOTEL) BASEMENT/ENCLOSURE/CRAWLSPACE <input type="checkbox"/> NONE <input type="checkbox"/> FINISHED BASEMENT/ENCLOSURE <input type="checkbox"/> UNFINISHED BASEMENT/ENCLOSURE <input type="checkbox"/> CRAWLSPACE <input type="checkbox"/> SUBGRADE CRAWLSPACE	NUMBER OF FLOORS IN ENTIRE BUILDING (INCLUDE BASEMENT/ENCLOSED AREA, IF ANY) OR BUILDING TYPE <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 OR MORE <input type="checkbox"/> SPLIT LEVEL <input type="checkbox"/> TOWNHOUSE/ROWHOUSE (RCBAP LOW-RISE ONLY) <input type="checkbox"/> MANUFACTURED (MOBILE) HOME/TRAVEL TRAILER ON FOUNDATION IF NOT A SINGLE-FAMILY DWELLING, THE NUMBER OF OCCUPANCIES (UNITS) IS: _____																																																																																																																																					
<b>CONSTRUCTION DATA</b>	CONDO FORM OF OWNERSHIP? <input type="checkbox"/> YES <input type="checkbox"/> NO CONDO COVERAGE IS FOR: <input type="checkbox"/> UNIT <input type="checkbox"/> ENTIRE BUILDING RESIDENTIAL CONDOMINIUM BUILDING ASSOCIATION POLICY (RCBAP) ONLY. TOTAL NUMBER OF UNITS: _____ (INCLUDE NON-RES.) <input type="checkbox"/> HIGH-RISE <input type="checkbox"/> LOW-RISE ESTIMATED REPLACEMENT COST AMOUNT \$ _____ IS BUILDING INSURED'S PRINCIPAL RESIDENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO	IS THIS BUILDING IN THE COURSE OF CONSTRUCTION? <input type="checkbox"/> YES <input type="checkbox"/> NO 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 ELEVATED? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, AREA BELOW IS: <input type="checkbox"/> FREE OF OBSTRUCTION <input type="checkbox"/> WITH OBSTRUCTION IF ELEVATED, COMPLETE PART 2 OF THE FLOOD INSURANCE APPLICATION																																																																																																																																					
<b>COVERAGE AND RATING</b>	CONTENTS LOCATED IN: <input type="checkbox"/> BASEMENT/ENCLOSURE <input type="checkbox"/> LOWEST FLOOR ABOVE GROUND LEVEL AND HIGHER <input type="checkbox"/> BASEMENT/ENCLOSURE AND ABOVE <input type="checkbox"/> ABOVE GROUND LEVEL MORE THAN ONE FULL FLOOR <input type="checkbox"/> LOWEST FLOOR ONLY ABOVE GROUND LEVEL (IF SINGLE FAMILY, CONTENTS ARE RATED THROUGHOUT THE BUILDING) IS PERSONAL PROPERTY HOUSEHOLD CONTENTS? <input type="checkbox"/> YES <input type="checkbox"/> NO IF NO, PLEASE DESCRIBE: _____ ALL BUILDINGS: (CHECK ONE OF THE FIVE BLOCKS AND RECORD CORRESPONDING DATE IN THE DATE BOX) <input type="checkbox"/> BUILDING PERMIT DATE <input type="checkbox"/> MANUFACTURED (MOBILE) HOMES/TRAVEL TRAILERS LOCATED IN A MOBILE HOME PARK OR SUBDIVISION: CONSTRUCTION DATE OF MOBILE HOME PARK OR SUBDIVISION FACILITIES <input type="checkbox"/> DATE OF CONSTRUCTION <input type="checkbox"/> MANUFACTURED (MOBILE) HOMES/TRAVEL TRAILERS LOCATED OUTSIDE A MOBILE HOME PARK OR SUBDIVISION: DATE OF PERMANENT PLACEMENT IS BUILDING POST-FIRM CONSTRUCTION? <input type="checkbox"/> YES <input type="checkbox"/> 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? <input type="checkbox"/> YES <input type="checkbox"/> NO IS BUILDING FLOOD-PROOFED? <input type="checkbox"/> YES <input type="checkbox"/> NO DEDUCTIBLE: <input type="checkbox"/> BUILDING \$ _____ <input type="checkbox"/> CONTENTS \$ _____ DEDUCTIBLE BUYBACK? <input type="checkbox"/> YES <input type="checkbox"/> NO	DATE: _____ (MM/DD/YYYY) SEE FLOOD INSURANCE MANUAL FOR CERTIFICATION FORM																																																																																																																																					
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	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2">INSURANCE COVERAGE</th> <th colspan="3">SECTION A - CURRENT COVERAGE</th> <th colspan="3">SECTION B</th> <th rowspan="2">NEW PREMIUM</th> </tr> <tr> <th>AMOUNT</th> <th>RATE</th> <th>PREMIUM</th> <th>AMOUNT</th> <th>RATE</th> <th>PREMIUM</th> </tr> </thead> <tbody> <tr> <td>BUILDING BASIC</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>BUILDING ADDITIONAL</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>CONTENTS BASIC</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>CONTENTS ADDITIONAL</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="4" style="text-align: center;">IF CHANGING AMOUNT OF INSURANCE, ENTER NEW TOTAL AMOUNT BELOW</td> <td rowspan="2" style="vertical-align: top;">                     PAYMENT OPTION:  <input type="checkbox"/> CREDIT CARD  <input type="checkbox"/> OTHER: _____                 </td> <td colspan="2">SUBTOTAL</td> <td></td> </tr> <tr> <td colspan="4"></td> <td colspan="2">DEDUCT. DISCOUNT/SURCHARGE</td> <td></td> </tr> <tr> <td colspan="3" style="text-align: center;">BUILDING COVERAGE</td> <td colspan="3" style="text-align: center;">CONTENTS COVERAGE</td> <td colspan="2">SUBTOTAL</td> </tr> <tr> <td style="text-align: center;">BASIC</td> <td style="text-align: center;">ADDITIONAL</td> <td style="text-align: center;">TOTAL</td> <td style="text-align: center;">BASIC</td> <td style="text-align: center;">ADDITIONAL</td> <td style="text-align: center;">TOTAL</td> <td colspan="2">ICC PREMIUM</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td colspan="2">SUBTOTAL</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td colspan="2">CRS PREMIUM DISCOUNT ____ %</td> </tr> <tr> <td colspan="4"></td> <td colspan="2">SUBTOTAL</td> <td colspan="2"></td> </tr> <tr> <td colspan="4"></td> <td colspan="2">PREMIUM PREVIOUSLY PAID (Excludes Probation Surcharge/Federal Policy Fee)</td> <td colspan="2"></td> </tr> <tr> <td colspan="4"></td> <td colspan="2">DIFFERENCE _____ (+/-)</td> <td colspan="2"></td> </tr> <tr> <td colspan="4"></td> <td colspan="2">PRO RATA FACTOR</td> <td colspan="2"></td> </tr> <tr> <td colspan="4"></td> <td colspan="2">TOTAL</td> <td colspan="2">(+/-)</td> </tr> </tbody> </table>	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				PAYMENT OPTION: <input type="checkbox"/> CREDIT CARD <input type="checkbox"/> OTHER: _____	SUBTOTAL							DEDUCT. DISCOUNT/SURCHARGE			BUILDING COVERAGE			CONTENTS COVERAGE			SUBTOTAL		BASIC	ADDITIONAL	TOTAL	BASIC	ADDITIONAL	TOTAL	ICC PREMIUM								SUBTOTAL								CRS PREMIUM DISCOUNT ____ %						SUBTOTAL								PREMIUM PREVIOUSLY PAID (Excludes Probation Surcharge/Federal Policy Fee)								DIFFERENCE _____ (+/-)								PRO RATA FACTOR								TOTAL		(+/-)		
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	IF RETURN PREMIUM, MAIL REFUND TO: <input type="checkbox"/> INSURED <input type="checkbox"/> AGENT <input type="checkbox"/> PAYOR THE ABOVE STATEMENTS ARE CORRECT TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT ANY FALSE STATEMENTS MAY BE PUNISHABLE BY FINE OR IMPRISONMENT UNDER APPLICABLE FEDERAL LAW. _____ SIGNATURE OF INSURED AND DATE	_____ SIGNATURE OF INSURANCE AGENT/BROKER																																																																																																																																					
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**N F I P C O P Y**

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**

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

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<b>DISASTER ASSISTANCE</b>	NAME, ADDRESS OF LICENSED PROPERTY OR CASUALTY INSURANCE AGENT OR BROKER:  PHONE NO.: _____ FAX NO.: _____	ADDRESS CHANGE: <input type="checkbox"/> YES <input type="checkbox"/> NO AGENCY NO.: _____  AGENT'S TAX ID #: _____  NEW AGENT? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, THE INSURED MUST SIGN THIS FORM																																																																																																																																																					
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**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**

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

National Flood Insurance Program

POLICY NUMBER \_\_\_\_\_

**FLOOD INSURANCE GENERAL CHANGE ENDORSEMENT**

**IMPORTANT— PLEASE PRINT OR TYPE**

<b>POLICY TERM</b>	REASON FOR CHANGE: (ATTACH MEMO IF ADDITIONAL SPACE IS NEEDED).																																																																																																																																																						
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<b>FIRST MORTGAGEE</b>	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): _____ ENTER CASE FILE NUMBER: _____	IS INSURED PROPERTY LOCATION SAME AS INSURED MAILING ADDRESS? <input type="checkbox"/> YES <input type="checkbox"/> NO IF NO, ENTER PROPERTY ADDRESS. IF RURAL, DESCRIBE PROPERTY LOCATION (DO NOT USE P.O. BOX).  THE LOCATION OF INSURED PROPERTY CANNOT BE CHANGED BY ENDORSEMENT—A NEW APPLICATION IS <b>REQUIRED</b> .																																																																																																																																																					
<b>COMMUNITY</b>	NAME AND ADDRESS OF FIRST MORTGAGEE:  LOAN NO.: _____ PHONE NO.: _____ FAX NO.: _____	IF SECOND MORTGAGEE, LOSS PAYEE, OR OTHER IS TO BE BILLED, THE FOLLOWING MUST BE COMPLETED, INCLUDING THE NAME AND ADDRESS: <input type="checkbox"/> 2ND MORTGAGEE <input type="checkbox"/> DISASTER AGENCY <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> OTHER (SPECIFY): _____  LOAN NO.: _____ PHONE NO.: _____ FAX NO.: _____																																																																																																																																																					
<b>BUILDING</b>	RATING MAP INFORMATION NAME OF COUNTY/PARISH: _____ COMMUNITY NO./PANEL NO. AND SUFFIX: _____ FIRM ZONE: _____ COMMUNITY PROGRAM TYPE IS: <input type="checkbox"/> REGULAR <input type="checkbox"/> EMERGENCY	GRANDFATHERED? <input type="checkbox"/> YES <input type="checkbox"/> NO      IF YES, BUILT IN COMPLIANCE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> CONTINUOUS COVERAGE? PRIOR POLICY NO.: _____ CURRENT COMMUNITY NO./PANEL NO. AND SUFFIX: _____ CURRENT FIRM ZONE: _____      CURRENT BFE: _____																																																																																																																																																					
<b>CONTENTS</b>	IS INSURED BUILDING OWNED BY STATE GOVERNMENT? <input type="checkbox"/> YES <input type="checkbox"/> NO	IS BUILDING LOCATED ON FEDERAL LAND? <input type="checkbox"/> YES <input type="checkbox"/> NO																																																																																																																																																					
<b>CONSTRUCTION DATA</b>	BUILDING OCCUPANCY <input type="checkbox"/> SINGLE FAMILY <input type="checkbox"/> 2-4 FAMILY <input type="checkbox"/> OTHER RESIDENTIAL <input type="checkbox"/> NON-RESIDENTIAL (INCLUDING HOTEL/MOTEL)  BASEMENT/ENCLOSURE/CRAWLSPACE <input type="checkbox"/> NONE <input type="checkbox"/> FINISHED BASEMENT/ENCLOSURE <input type="checkbox"/> UNFINISHED BASEMENT/ENCLOSURE <input type="checkbox"/> CRAWLSPACE <input type="checkbox"/> SUBGRADE CRAWLSPACE	NUMBER OF FLOORS IN ENTIRE BUILDING (INCLUDE BASEMENT/ENCLOSED AREA, IF ANY) OR BUILDING TYPE <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 OR MORE <input type="checkbox"/> SPLIT LEVEL  <input type="checkbox"/> TOWNHOUSE/ROWHOUSE (RCBAP LOW-RISE ONLY) <input type="checkbox"/> MANUFACTURED (MOBILE) HOME/TRAVEL TRAILER ON FOUNDATION  IF NOT A SINGLE-FAMILY DWELLING, THE NUMBER OF OCCUPANCIES (UNITS) IS: _____																																																																																																																																																					
<b>COVERAGE AND RATING</b>	CONDO FORM OF OWNERSHIP? <input type="checkbox"/> YES <input type="checkbox"/> NO CONDO COVERAGE IS FOR: <input type="checkbox"/> UNIT <input type="checkbox"/> ENTIRE BUILDING RESIDENTIAL CONDOMINIUM BUILDING ASSOCIATION POLICY (RCBAP) ONLY. TOTAL NUMBER OF UNITS: _____ (INCLUDE NON-RES.) <input type="checkbox"/> HIGH-RISE <input type="checkbox"/> LOW-RISE	IS THIS 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 ELEVATED? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, AREA BELOW IS: <input type="checkbox"/> FREE OF OBSTRUCTION <input type="checkbox"/> WITH OBSTRUCTION IF ELEVATED, COMPLETE PART 2 OF THE FLOOD INSURANCE APPLICATION																																																																																																																																																					
<b>SIGNATURE</b>	CONTENTS LOCATED IN: <input type="checkbox"/> BASEMENT/ENCLOSURE <input type="checkbox"/> LOWEST FLOOR ABOVE GROUND LEVEL AND HIGHER <input type="checkbox"/> BASEMENT/ENCLOSURE AND ABOVE <input type="checkbox"/> ABOVE GROUND LEVEL MORE THAN ONE FULL FLOOR <input type="checkbox"/> LOWEST FLOOR ONLY ABOVE GROUND LEVEL      (IF SINGLE FAMILY, CONTENTS ARE RATED THROUGHOUT THE BUILDING)	BUILDING USE <input type="checkbox"/> MAIN HOUSE/BUILDING <input type="checkbox"/> DETACHED GUEST HOUSE <input type="checkbox"/> DETACHED GARAGE <input type="checkbox"/> AGRICULTURAL BUILDING <input type="checkbox"/> WAREHOUSE <input type="checkbox"/> POOLHOUSE, CLUBHOUSE, RECREATION BUILDING <input type="checkbox"/> TOOL/STORAGE SHED <input type="checkbox"/> OTHER: _____  FOR MANUFACTURED (MOBILE) HOMES/TRAVEL TRAILERS, COMPLETE PART 2, SECTION III OF THE FLOOD INSURANCE APPLICATION																																																																																																																																																					
IS PERSONAL PROPERTY HOUSEHOLD CONTENTS? <input type="checkbox"/> YES <input type="checkbox"/> NO      IF NO, PLEASE DESCRIBE: _____																																																																																																																																																							
ALL BUILDINGS: (CHECK ONE OF THE FIVE BLOCKS AND RECORD CORRESPONDING DATE IN THE DATE BOX) <input type="checkbox"/> BUILDING PERMIT DATE <input type="checkbox"/> MANUFACTURED (MOBILE) HOMES/TRAVEL TRAILERS LOCATED IN A MOBILE HOME PARK OR SUBDIVISION: CONSTRUCTION DATE OF MOBILE HOME PARK OR SUBDIVISION FACILITIES <input type="checkbox"/> DATE OF CONSTRUCTION <input type="checkbox"/> MANUFACTURED (MOBILE) HOMES/TRAVEL TRAILERS LOCATED OUTSIDE A MOBILE HOME PARK OR SUBDIVISION: DATE OF PERMANENT PLACEMENT IS BUILDING POST-FIRM CONSTRUCTION? <input type="checkbox"/> YES <input type="checkbox"/> 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? <input type="checkbox"/> YES <input type="checkbox"/> NO      IS BUILDING FLOOD-PROOFED? <input type="checkbox"/> YES <input type="checkbox"/> NO																																																																																																																																																							
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**I N S U R E D C O P Y**

SEE FLOOD INSURANCE MANUAL FOR CERTIFICATION FORM

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

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

National Flood Insurance Program

POLICY NUMBER \_\_\_\_\_

**FLOOD INSURANCE GENERAL CHANGE ENDORSEMENT**

**IMPORTANT— PLEASE PRINT OR TYPE**

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<b>DISASTER ASSISTANCE</b>	NAME, ADDRESS OF LICENSED PROPERTY OR CASUALTY INSURANCE AGENT OR BROKER:  PHONE NO.: _____ FAX NO.: _____	ADDRESS CHANGE: <input type="checkbox"/> YES <input type="checkbox"/> NO AGENCY NO.: _____  AGENT'S TAX ID #: _____  NEW AGENT? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, THE INSURED MUST SIGN THIS FORM																																																																																																																																																					
<b>FIRST MORTGAGEE</b>	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): _____ ENTER CASE FILE NUMBER: _____	IS INSURED PROPERTY LOCATION SAME AS INSURED MAILING ADDRESS? <input type="checkbox"/> YES <input type="checkbox"/> NO IF NO, ENTER PROPERTY ADDRESS. IF RURAL, DESCRIBE PROPERTY LOCATION (DO NOT USE P.O. BOX).  THE LOCATION OF INSURED PROPERTY CANNOT BE CHANGED BY ENDORSEMENT—A NEW APPLICATION IS <b>REQUIRED</b> .																																																																																																																																																					
<b>COMMUNITY</b>	NAME AND ADDRESS OF FIRST MORTGAGEE:  LOAN NO.: _____ PHONE NO.: _____ FAX NO.: _____	IF SECOND MORTGAGEE, LOSS PAYEE, OR OTHER IS TO BE BILLED, THE FOLLOWING MUST BE COMPLETED, INCLUDING THE NAME AND ADDRESS: <input type="checkbox"/> 2ND MORTGAGEE <input type="checkbox"/> DISASTER AGENCY <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> OTHER (SPECIFY): _____  LOAN NO.: _____ PHONE NO.: _____ FAX NO.: _____																																																																																																																																																					
<b>BUILDING</b>	RATING MAP INFORMATION NAME OF COUNTY/PARISH: _____ COMMUNITY NO./PANEL NO. AND SUFFIX: _____ FIRM ZONE: _____ COMMUNITY PROGRAM TYPE IS: <input type="checkbox"/> REGULAR <input type="checkbox"/> EMERGENCY	GRANDFATHERED? <input type="checkbox"/> YES <input type="checkbox"/> NO      IF YES, BUILT IN COMPLIANCE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> CONTINUOUS COVERAGE? PRIOR POLICY NO.: _____ CURRENT COMMUNITY NO./PANEL NO. AND SUFFIX: _____ CURRENT FIRM ZONE: _____      CURRENT BFE: _____																																																																																																																																																					
<b>CONTENTS</b>	IS INSURED BUILDING OWNED BY STATE GOVERNMENT? <input type="checkbox"/> YES <input type="checkbox"/> NO	IS BUILDING LOCATED ON FEDERAL LAND? <input type="checkbox"/> YES <input type="checkbox"/> NO																																																																																																																																																					
<b>CONSTRUCTION DATA</b>	BUILDING OCCUPANCY <input type="checkbox"/> SINGLE FAMILY <input type="checkbox"/> 2-4 FAMILY <input type="checkbox"/> OTHER RESIDENTIAL <input type="checkbox"/> NON-RESIDENTIAL (INCLUDING HOTEL/MOTEL)  BASEMENT/ENCLOSURE/CRAWLSPACE <input type="checkbox"/> NONE <input type="checkbox"/> FINISHED BASEMENT/ENCLOSURE <input type="checkbox"/> UNFINISHED BASEMENT/ENCLOSURE <input type="checkbox"/> CRAWLSPACE <input type="checkbox"/> SUBGRADE CRAWLSPACE	NUMBER OF FLOORS IN ENTIRE BUILDING (INCLUDE BASEMENT/ENCLOSED AREA, IF ANY) OR BUILDING TYPE <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 OR MORE <input type="checkbox"/> SPLIT LEVEL  <input type="checkbox"/> TOWNHOUSE/ROWHOUSE (RCBAP LOW-RISE ONLY) <input type="checkbox"/> MANUFACTURED (MOBILE) HOME/TRAVEL TRAILER ON FOUNDATION  IF NOT A SINGLE-FAMILY DWELLING, THE NUMBER OF OCCUPANCIES (UNITS) IS: _____																																																																																																																																																					
<b>COVERAGE AND RATING</b>	CONDO FORM OF OWNERSHIP? <input type="checkbox"/> YES <input type="checkbox"/> NO CONDO COVERAGE IS FOR: <input type="checkbox"/> UNIT <input type="checkbox"/> ENTIRE BUILDING RESIDENTIAL CONDOMINIUM BUILDING ASSOCIATION POLICY (RCBAP) ONLY. TOTAL NUMBER OF UNITS: _____ (INCLUDE NON-RES.) <input type="checkbox"/> HIGH-RISE <input type="checkbox"/> LOW-RISE	IS THIS 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 ELEVATED? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, AREA BELOW IS: <input type="checkbox"/> FREE OF OBSTRUCTION <input type="checkbox"/> WITH OBSTRUCTION IF ELEVATED, COMPLETE PART 2 OF THE FLOOD INSURANCE APPLICATION																																																																																																																																																					
<b>SIGNATURE</b>	CONTENTS LOCATED IN: <input type="checkbox"/> BASEMENT/ENCLOSURE <input type="checkbox"/> LOWEST FLOOR ABOVE GROUND LEVEL AND HIGHER <input type="checkbox"/> BASEMENT/ENCLOSURE AND ABOVE <input type="checkbox"/> ABOVE GROUND LEVEL MORE THAN ONE FULL FLOOR <input type="checkbox"/> LOWEST FLOOR ONLY ABOVE GROUND LEVEL      (IF SINGLE FAMILY, CONTENTS ARE RATED THROUGHOUT THE BUILDING)	BUILDING USE <input type="checkbox"/> MAIN HOUSE/BUILDING <input type="checkbox"/> DETACHED GUEST HOUSE <input type="checkbox"/> DETACHED GARAGE <input type="checkbox"/> AGRICULTURAL BUILDING <input type="checkbox"/> WAREHOUSE <input type="checkbox"/> POOLHOUSE, CLUBHOUSE, RECREATION BUILDING <input type="checkbox"/> TOOL/STORAGE SHED <input type="checkbox"/> OTHER: _____  FOR MANUFACTURED (MOBILE) HOMES/TRAVEL TRAILERS, COMPLETE PART 2, SECTION III OF THE FLOOD INSURANCE APPLICATION																																																																																																																																																					
IS PERSONAL PROPERTY HOUSEHOLD CONTENTS? <input type="checkbox"/> YES <input type="checkbox"/> NO      IF NO, PLEASE DESCRIBE: _____		ALL BUILDINGS: (CHECK ONE OF THE FIVE BLOCKS AND RECORD CORRESPONDING DATE IN THE DATE BOX) <input type="checkbox"/> BUILDING PERMIT DATE <input type="checkbox"/> MANUFACTURED (MOBILE) HOMES/TRAVEL TRAILERS LOCATED IN A MOBILE HOME PARK OR SUBDIVISION: CONSTRUCTION DATE OF MOBILE HOME PARK OR SUBDIVISION FACILITIES <input type="checkbox"/> DATE OF CONSTRUCTION <input type="checkbox"/> MANUFACTURED (MOBILE) HOMES/TRAVEL TRAILERS LOCATED OUTSIDE A MOBILE HOME PARK OR SUBDIVISION: DATE OF PERMANENT PLACEMENT IS BUILDING POST-FIRM CONSTRUCTION? <input type="checkbox"/> YES <input type="checkbox"/> 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? <input type="checkbox"/> YES <input type="checkbox"/> NO      IS BUILDING FLOOD-PROOFED? <input type="checkbox"/> YES <input type="checkbox"/> NO		DATE: _____ (MM/DD/YYYY)																																																																																																																																																					
DEDUCTIBLE: <input type="checkbox"/> BUILDING \$ _____ <input type="checkbox"/> CONTENTS \$ _____      DEDUCTIBLE BUYBACK? <input type="checkbox"/> YES <input type="checkbox"/> NO		TO INCREASE/DECREASE COVERAGE, COMPLETE SECTIONS A & B.      FOR RATE CHANGE, COMPLETE SECTION A ONLY.																																																																																																																																																					
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2">INSURANCE COVERAGE</th> <th colspan="3">SECTION A - CURRENT COVERAGE</th> <th colspan="3">SECTION B</th> <th rowspan="2">NEW PREMIUM</th> </tr> <tr> <th>AMOUNT</th> <th>RATE</th> <th>PREMIUM</th> <th>AMOUNT</th> <th>RATE</th> <th>PREMIUM</th> </tr> </thead> <tbody> <tr> <td>BUILDING BASIC</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>BUILDING ADDITIONAL</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>CONTENTS BASIC</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>CONTENTS ADDITIONAL</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="4" style="text-align:center;">IF CHANGING AMOUNT OF INSURANCE, ENTER NEW TOTAL AMOUNT BELOW</td> <td rowspan="2" style="vertical-align:top;">                             PAYMENT OPTION:  <input type="checkbox"/> CREDIT CARD  <input type="checkbox"/> OTHER: _____                         </td> <td colspan="2">SUBTOTAL</td> <td></td> </tr> <tr> <td colspan="4"></td> <td colspan="2">DEDUCT. DISCOUNT/SURCHARGE</td> <td></td> </tr> <tr> <td colspan="4" style="text-align:center;">BUILDING COVERAGE</td> <td colspan="2" style="text-align:center;">CONTENTS COVERAGE</td> <td colspan="2"></td> </tr> <tr> <td style="text-align:center;">BASIC</td> <td style="text-align:center;">ADDITIONAL</td> <td style="text-align:center;">TOTAL</td> <td style="text-align:center;">BASIC</td> <td style="text-align:center;">ADDITIONAL</td> <td style="text-align:center;">TOTAL</td> <td colspan="2"></td> </tr> <tr> <td colspan="4"></td> <td colspan="2">SUBTOTAL</td> <td colspan="2"></td> </tr> <tr> <td colspan="4"></td> <td colspan="2">ICC PREMIUM</td> <td colspan="2"></td> </tr> <tr> <td colspan="4"></td> <td colspan="2">SUBTOTAL</td> <td colspan="2"></td> </tr> <tr> <td colspan="4"></td> <td colspan="2">CRS PREMIUM DISCOUNT ____ %</td> <td colspan="2"></td> </tr> <tr> <td colspan="4"></td> <td colspan="2">SUBTOTAL</td> <td colspan="2"></td> </tr> <tr> <td colspan="4"></td> <td colspan="2">PREMIUM PREVIOUSLY PAID (Excludes Probation Surcharge/Federal Policy Fee)</td> <td colspan="2"></td> </tr> <tr> <td colspan="4"></td> <td colspan="2">DIFFERENCE _____ (+/-)</td> <td colspan="2"></td> </tr> <tr> <td colspan="4"></td> <td colspan="2">PRO RATA FACTOR</td> <td colspan="2"></td> </tr> <tr> <td colspan="4"></td> <td colspan="2">TOTAL</td> <td colspan="2">(+/-)</td> </tr> </tbody> </table>		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				PAYMENT OPTION: <input type="checkbox"/> CREDIT CARD <input type="checkbox"/> OTHER: _____	SUBTOTAL							DEDUCT. DISCOUNT/SURCHARGE			BUILDING COVERAGE				CONTENTS COVERAGE				BASIC	ADDITIONAL	TOTAL	BASIC	ADDITIONAL	TOTAL							SUBTOTAL								ICC PREMIUM								SUBTOTAL								CRS PREMIUM DISCOUNT ____ %								SUBTOTAL								PREMIUM PREVIOUSLY PAID (Excludes Probation Surcharge/Federal Policy Fee)								DIFFERENCE _____ (+/-)								PRO RATA FACTOR								TOTAL		(+/-)		IF RETURN PREMIUM, MAIL REFUND TO: <input type="checkbox"/> INSURED <input type="checkbox"/> AGENT <input type="checkbox"/> PAYOR THE ABOVE STATEMENTS ARE CORRECT TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT ANY FALSE STATEMENTS MAY BE PUNISHABLE BY FINE OR IMPRISONMENT UNDER APPLICABLE FEDERAL LAW.
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**MORTGAGE CERTIFICATION COPY**

**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.

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