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

PART 1 (OF 2) OF FLOOD INSURANCE APPLICATION

IMPORTANT—PLEASE PRINT OR TYPE

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

CURRENT POLICY NUMBER
☐ NEW
☐ RENEWAL _____

POLICY TERM

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

POLICY PERIOD IS FROM _____ TO _____
12:01 A.M LOCAL TIME AT THE INSURED PROPERTY LOCATION
WAITING PERIOD: ☐ STANDARD 30-DAY
☐ MAP REV. (ZONE CHANGE FROM NON-SFHA TO SFHA)—ONE DAY
☐ LOAN—NO WAITING
☐ LENDER REQUIRED—NO WAITING

AGENT INFORMATION

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

AGENCY NO.: _____ AGENT'S TAX ID: _____
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'S MAILING ADDRESS?
☐ YES ☐ NO IF NO, ENTER PROPERTY ADDRESS. IF RURAL,
DESCRIBE PROPERTY LOCATION (DO NOT USE P.O. BOX).

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, COMPLETE
THE FOLLOWING, INCLUDING THE NAME, AND ADDRESS:
☐ 2ND MORTGAGEE ☐ DISASTER AGENCY ☐ LOSS PAYEE
☐ IF OTHER, PLEASE 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?
☐ CONTINUOUS COVERAGE? PRIOR POLICY NO.: _____
CURRENT COMMUNITY NO./PANEL NO. AND SUFFIX:
_____ — _____
CURRENT FIRM ZONE: _____ CURRENT BFE: _____

BUILDING

IS INSURED BUILDING OWNED BY STATE GOVERNMENT? ☐ YES ☐ NO   IS BUILDING LOCATED ON FEDERAL LAND? ☐ YES ☐ NO

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
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 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.

N F I P   C O P Y

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.)

COVERAGE AND RATING

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

COVERAGE	BASIC LIMITS			ADDITIONAL LIMITS (REGULAR PROGRAM ONLY)			DEDUCTIBLE	BASIC AND ADDITIONAL	TOTAL PREMIUM
	AMOUNT OF INSURANCE	RATE	ANNUAL PREMIUM	AMOUNT OF INSURANCE	RATE	ANNUAL PREMIUM	PREM. REDUCTION/ INCREASE	TOTAL AMOUNT OF INSURANCE	
BUILDING			.00			.00	.00		.00
CONTENTS			.00			.00	.00		.00

RATE TYPE: (ONE BUILDING PER POLICY—BLANKET COVERAGE NOT PERMITTED)
☐ MANUAL
☐ ALTERNATIVE
☐ PROVISIONAL RATING
☐ MORTGAGE PORTFOLIO PROTECTION PROGRAM
☐ SUBMIT FOR RATING
☐ V-ZONE RISK FACTOR RATING FORM
☐ LEASED FEDERAL PROPERTY

PAYMENT OPTION:
☐ CREDIT CARD
☐ OTHER:
_____

ANNUAL SUBTOTAL	$
ICC PREMIUM	
SUBTOTAL	
CRS PREMIUM DISCOUNT _____ %	
SUBTOTAL	
PROBATION SURCHARGE +	
FEDERAL POLICY FEE +	
TOTAL PREPAID AMOUNT	$

SIGNATURE

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.
SEE REVERSE SIDE OF COPIES 2, 3, & 4.

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

PLEASE ATTACH TO NFIP COPY OF APPLICATION THE CHECK OR MONEY ORDER FOR
THE TOTAL PREPAID PREMIUM MADE PAYABLE TO THE NATIONAL FLOOD INSURANCE PROGRAM
IMPORTANT — COMPLETE PART 1 AND PART 2 (ON LAST PAGE) BEFORE SENDING APPLICATION TO THE NFIP — **IMPORTANT**

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

PART 1 (OF 2) OF FLOOD INSURANCE APPLICATION

IMPORTANT—PLEASE PRINT OR TYPE

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

CURRENT POLICY NUMBER
☐ NEW
☐ RENEWAL _____

POLICY TERM

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

POLICY PERIOD IS FROM _____ TO _____
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WAITING PERIOD: ☐ STANDARD 30-DAY
☐ MAP REV. (ZONE CHANGE FROM NON-SFHA TO SFHA)—ONE DAY
☐ LOAN—NO WAITING
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AGENT INFORMATION

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

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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'S MAILING ADDRESS?
☐ YES ☐ NO IF NO, ENTER PROPERTY ADDRESS. IF RURAL, DESCRIBE PROPERTY LOCATION (DO NOT USE P.O. BOX).

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, COMPLETE THE FOLLOWING, INCLUDING THE NAME, AND ADDRESS:
☐ 2ND MORTGAGEE ☐ DISASTER AGENCY ☐ LOSS PAYEE
☐ IF OTHER, PLEASE SPECIFY:

LOAN NO.: _____
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COMMUNITY

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

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

BUILDING

IS INSURED BUILDING OWNED BY STATE GOVERNMENT? ☐ YES ☐ NO
IS BUILDING LOCATED ON FEDERAL LAND? ☐ YES ☐ NO

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 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 APPLICATION

BUILDING USE:
☐ MAIN HOUSE/BUILDING
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☐ WAREHOUSE
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☐ TOOL/STORAGE SHED
☐ OTHER: _____

FOR MANUFACTURED (MOBILE) HOMES/TRAVEL TRAILERS, COMPLETE PART 2, SECTION III.

CONTENTS

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(SEE FLOOD INSURANCE MANUAL FOR CERTIFICATION FORM.)

COVERAGE AND RATING

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

COVERAGE	BASIC LIMITS			ADDITIONAL LIMITS (REGULAR PROGRAM ONLY)			DEDUCTIBLE	BASIC AND ADDITIONAL	TOTAL PREMIUM
	AMOUNT OF INSURANCE	RATE	ANNUAL PREMIUM	AMOUNT OF INSURANCE	RATE	ANNUAL PREMIUM	PREM. REDUCTION/ INCREASE	TOTAL AMOUNT OF INSURANCE	
BUILDING			.00			.00	.00		.00
CONTENTS			.00			.00	.00		.00

RATE TYPE: (ONE BUILDING PER POLICY—BLANKET COVERAGE NOT PERMITTED)
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PAYMENT OPTION:
☐ CREDIT CARD
☐ OTHER: _____

ANNUAL SUBTOTAL	$
ICC PREMIUM	
SUBTOTAL	
CRS PREMIUM DISCOUNT _____ %	
SUBTOTAL	
PROBATION SURCHARGE +	
FEDERAL POLICY FEE +	
TOTAL PREPAID AMOUNT	$

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

A G E N T   C O P Y

FEMA Form 086-0-1, AUG 10   Previously FEMA Form 81-16   F-050 (8/10)

PLEASE ATTACH TO NFIP COPY OF APPLICATION THE CHECK OR MONEY ORDER FOR
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GRANDFATHERED? ☐ YES ☐ NO   IF YES, ☐ BUILT IN COMPLIANCE?
☐ CONTINUOUS COVERAGE? PRIOR POLICY NO.: _____
CURRENT COMMUNITY NO./PANEL NO. AND SUFFIX:
_____ – _____
CURRENT FIRM ZONE: _____ CURRENT BFE: _____

BUILDING

IS INSURED BUILDING OWNED BY STATE GOVERNMENT? ☐ YES ☐ NO
IS BUILDING LOCATED ON FEDERAL LAND? ☐ YES ☐ NO

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

BASEMENT, ENCLOSURE, CRAWLSPACE
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- ☐ UNFINISHED BASEMENT/ENCLOSURE
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NUMBER OF FLOORS IN ENTIRE BUILDING (INCLUDE BASEMENT/ENCLOSED AREA, IF ANY) OR BUILDING TYPE
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☐ 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
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- ☐ WITH OBSTRUCTION
IF ELEVATED, COMPLETE PART 2 OF APPLICATION

BUILDING USE:
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- ☐ DETACHED GARAGE
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- ☐ WAREHOUSE
- ☐ POOLHOUSE, CLUBHOUSE, RECREATION BUILDING
- ☐ TOOL/STORAGE SHED
- ☐ OTHER: _____

FOR MANUFACTURED (MOBILE) HOMES/TRAVEL TRAILERS, COMPLETE PART 2, SECTION III.

CONTENTS

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- ☐ BASEMENT/ENCLOSURE
- ☐ BASEMENT/ENCLOSURE AND ABOVE
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- ☐ ABOVE GROUND LEVEL MORE THAN ONE FULL FLOOR
  (IF SINGLE FAMILY, CONTENTS ARE RATED THROUGHOUT THE BUILDING)

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CONSTRUCTION DATA

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- ☐ BUILDING PERMIT DATE
- ☐ DATE OF CONSTRUCTION
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- ☐ MANUFACTURED (MOBILE) HOMES/TRAVEL TRAILERS LOCATED IN A MOBILE HOME PARK OR SUBDIVISION: CONSTRUCTION DATE OF MOBILE HOME PARK OR SUBDIVISION FACILITIES
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DATE: _____/_____/_____ (MM/DD/YYYY)

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(SEE FLOOD INSURANCE MANUAL FOR CERTIFICATION FORM.)

COVERAGE AND RATING

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

COVERAGE	BASIC LIMITS			ADDITIONAL LIMITS (REGULAR PROGRAM ONLY)			DEDUCTIBLE	BASIC AND ADDITIONAL	TOTAL PREMIUM
	AMOUNT OF INSURANCE	RATE	ANNUAL PREMIUM	AMOUNT OF INSURANCE	RATE	ANNUAL PREMIUM	PREM. REDUCTION/ INCREASE	TOTAL AMOUNT OF INSURANCE	
BUILDING			.00			.00	.00		.00
CONTENTS			.00			.00	.00		.00

RATE TYPE: (ONE BUILDING PER POLICY—BLANKET COVERAGE NOT PERMITTED)
- ☐ MANUAL
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- ☐ MORTGAGE PORTFOLIO PROTECTION PROGRAM
- ☐ SUBMIT FOR RATING
- ☐ V-ZONE RISK FACTOR RATING FORM
- ☐ LEASED FEDERAL PROPERTY

PAYMENT OPTION:
- ☐ CREDIT CARD
- ☐ OTHER: _____

ANNUAL SUBTOTAL	$
ICC PREMIUM	
SUBTOTAL	
CRS PREMIUM DISCOUNT _____ %	
SUBTOTAL	
PROBATION SURCHARGE +	
FEDERAL POLICY FEE +	
TOTAL PREPAID AMOUNT	$

SIGNATURE

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. SEE REVERSE SIDE OF COPIES 2, 3, & 4.

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

INSURED COPY

PLEASE ATTACH TO NFIP COPY OF APPLICATION THE CHECK OR MONEY ORDER FOR
THE TOTAL PREPAID PREMIUM MADE PAYABLE TO THE NATIONAL FLOOD INSURANCE PROGRAM
IMPORTANT — COMPLETE PART 1 AND PART 2 (ON LAST PAGE) BEFORE SENDING APPLICATION TO THE NFIP — **IMPORTANT**

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

PART 1 (OF 2) OF FLOOD INSURANCE APPLICATION

IMPORTANT—PLEASE PRINT OR TYPE

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

CURRENT POLICY NUMBER
☐ NEW
☐ RENEWAL _____

POLICY TERM

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

POLICY PERIOD IS FROM _____ TO _____
12:01 A.M LOCAL TIME AT THE INSURED PROPERTY LOCATION
WAITING PERIOD: ☐ STANDARD 30-DAY
☐ MAP REV. (ZONE CHANGE FROM NON-SFHA TO SFHA)—ONE DAY
☐ LOAN—NO WAITING
☐ LENDER REQUIRED—NO WAITING

AGENT INFORMATION

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

AGENCY NO.: _____   AGENT'S TAX ID: _____
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'S MAILING ADDRESS?
☐ YES ☐ NO IF NO, ENTER PROPERTY ADDRESS. IF RURAL,
DESCRIBE PROPERTY LOCATION (DO NOT USE P.O. BOX).

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, COMPLETE
THE FOLLOWING, INCLUDING THE NAME, AND ADDRESS:
☐ 2ND MORTGAGEE   ☐ DISASTER AGENCY   ☐ LOSS PAYEE
☐ IF OTHER, PLEASE 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?
☐ CONTINUOUS COVERAGE? PRIOR POLICY NO.: _____
CURRENT COMMUNITY NO./PANEL NO. AND SUFFIX:
_____ — _____
CURRENT FIRM ZONE: _____   CURRENT BFE: _____

BUILDING

IS INSURED BUILDING OWNED BY STATE GOVERNMENT? ☐ YES ☐ NO   IS BUILDING LOCATED ON FEDERAL LAND? ☐ YES ☐ NO

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
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 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.

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   ☐ MANUFACTURED (MOBILE) HOMES/TRAVEL TRAILERS LOCATED IN A MOBILE HOME PARK
☐ DATE OF CONSTRUCTION   OR SUBDIVISION: CONSTRUCTION DATE OF MOBILE HOME PARK OR SUBDIVISION FACILITIES
☐ SUBSTANTIAL IMPROVEMENT DATE ☐ 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.)

COVERAGE AND RATING

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

COVERAGE	BASIC LIMITS			ADDITIONAL LIMITS (REGULAR PROGRAM ONLY)			DEDUCTIBLE	BASIC AND ADDITIONAL	TOTAL PREMIUM
	AMOUNT OF INSURANCE	RATE	ANNUAL PREMIUM	AMOUNT OF INSURANCE	RATE	ANNUAL PREMIUM	PREM. REDUCTION/ INCREASE	TOTAL AMOUNT OF INSURANCE	
BUILDING			.00			.00	.00		.00
CONTENTS			.00			.00	.00		.00

RATE TYPE: (ONE BUILDING PER POLICY—BLANKET COVERAGE NOT PERMITTED)
☐ MANUAL   ☐ SUBMIT FOR RATING
☐ ALTERNATIVE   ☐ V-ZONE RISK FACTOR RATING FORM
☐ PROVISIONAL RATING ☐ LEASED FEDERAL PROPERTY
☐ MORTGAGE PORTFOLIO PROTECTION PROGRAM

PAYMENT OPTION:
☐ CREDIT CARD
☐ OTHER: _____

ANNUAL SUBTOTAL	$
ICC PREMIUM	
SUBTOTAL	
CRS PREMIUM DISCOUNT _____ %	
SUBTOTAL	
PROBATION SURCHARGE +	
FEDERAL POLICY FEE +	
TOTAL PREPAID AMOUNT	$

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SEE REVERSE SIDE OF COPIES 2, 3, & 4.

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

(Right margin: MORTGAGEE CERTIFICATION COPY)

FEMA Form 086-0-1, AUG 10   **Previously FEMA Form 81-16**   **F-050 (8/10)**

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THE TOTAL PREPAID PREMIUM MADE PAYABLE TO THE NATIONAL FLOOD INSURANCE PROGRAM
IMPORTANT — COMPLETE PART 1 AND PART 2 (ON LAST PAGE) BEFORE SENDING APPLICATION TO THE NFIP — **IMPORTANT**

ALL APPROPRIATE 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.

CURRENT POLICY NUMBER
☐ NEW
☐ RENEWAL _____

SECTION I—ALL BUILDING TYPES

1. Diagram number selected from Building Diagrams 1-9: ☐

2. The lowest floor is (round to nearest foot):
   |___|___| feet ☐ above ☐ below (check one) the lowest ground (grade) immediately next to the building.

3. The garage floor (if applicable) or elevated floor (if applicable) is (round to nearest foot):
   |___|___| feet ☐ above ☐ below (check one) the lowest ground (grade) immediately next to the building.

4. Machinery or equipment located at a level lower than the lowest floor is (round to nearest foot):
   |___|___| feet below the lowest floor.

5. Site location
   a) Approximate distance of site location to nearest shoreline:
      ☐ Less than 200 feet   ☐ 500 to 1,000 feet
      ☐ 200 to 500 feet   ☐ More than 1,000 feet
   b) Source of flooding:
      ☐ Ocean   ☐ River/stream
      ☐ Lake   ☐ Other: _____

6. Basement/Subgrade Crawlspace
   a) Is the basement/subgrade crawlspace floor below grade on all sides? ☐ YES   ☐ NO
   b) Does the basement/subgrade crawlspace contain machinery or equipment? ☐ YES   ☐ NO

If yes, check the appropriate items:
☐ Furnace   ☐ Heat pump   ☐ Air conditioner
☐ Hot water heater ☐ Fuel tank   ☐ Cistern
☐ Elevator equipment ☐ Washer & dryer ☐ Food freezer
☐ Other equipment or machinery servicing the building

7. Garage
   a) Is the garage attached to or part of the building?
      ☐ YES   ☐ NO
   b) Total area of the garage: _____ square feet.
   c) Are there any openings (excluding doors) that are designed to allow the passage of floodwaters through the garage?
      ☐ YES   ☐ NO
      If yes, number of permanent openings (flood vents) within 1 foot above the adjacent grade: _____. Total area of all permanent openings (flood vents): _____ square inches.
   d) Is the garage used solely for parking of vehicles, building access, and/or storage? ☐ YES   ☐ NO
   e) Does the garage contain machinery or equipment?
      ☐ YES   ☐ NO
      If yes, check the appropriate items:
      ☐ Furnace   ☐ Heat pump   ☐ Air conditioner
      ☐ Hot water heater ☐ Fuel tank   ☐ Cistern
      ☐ Elevator equipment ☐ Washer & dryer ☐ Food freezer
      ☐ Other equipment or machinery servicing the building
   f) Does the garage have more than 20 linear feet of finished wall paneling, etc? ☐ YES   ☐ NO

SECTION II—ELEVATED BUILDINGS
(Including Manufactured [Mobile] Homes/Travel Trailers)

8. Elevating foundation of the building:
   ☐ Piers, posts, or piles
   ☐ Reinforced masonry piers or concrete piers or columns
   ☐ Reinforced concrete shear walls
   ☐ Solid perimeter walls (Note: Not approved for elevating in Zones VI-V30, VE, or V.)

9. Does the area below the elevated floor contain machinery or equipment?
   ☐ YES   ☐ NO
   If yes, check the appropriate items:
   ☐ Furnace   ☐ Heat pump   ☐ Air conditioner
   ☐ Hot water heater ☐ Fuel tank   ☐ Cistern
   ☐ Elevator equipment ☐ Washer & dryer ☐ Food freezer
   ☐ Other equipment or machinery servicing the building

10. Area below the elevated floor:
    a) Is the area below the elevated floor enclosed?
       ☐ YES   ☐ NO
       If yes, check one of the following:
       ☐ Partially ☐ Fully
       If 10a is NO, do not answer 10b through 10f.
    b) If enclosed, provide size of enclosed area/crawlspace:
       |___|___|___|___| square feet.

    c) Is the area below the elevated floor enclosed using materials other than insect screening or light wood lattice?
       ☐ YES   ☐ NO
       If yes, check one of the following:
       ☐ Breakaway walls
       ☐ Solid wood frame walls
       ☐ Masonry walls
       ☐ Other:_____

    d) Is the enclosed area/crawlspace constructed with openings (excluding doors) to allow the passage of floodwaters through the enclosed area? ☐ YES   ☐ NO
       If yes, number of permanent openings (flood vents) within 1 foot above adjacent grade _____. Total Area of all permanent openings (flood vents) |___|___|___|___| square inches

    e) Is the enclosed area/crawlspace used for any purpose other than solely for parking of vehicles, building access, or storage?
       ☐ YES   ☐ NO If yes, describe:_____
       _____
       _____

    f) Does the enclosed area/crawlspace have more than 20 linear feet of finished wall, paneling, etc.? ☐ YES   ☐ NO

SECTION III—MANUFACTURED (MOBILE) HOMES/TRAVEL TRAILERS

11. Manufactured (mobile) home/travel trailer data:
    Make: |_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|
    Year of manufacture: |_|_|_|_|
    Model number: |_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|
    Serial number: |_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|

12. Manufactured (mobile) home/travel trailer dimensions:
    |_|_|_|_| x |_|_|_|_| feet.

13. Are there any permanent additions or extensions to the manufactured (mobile) home/travel trailer? ☐ YES   ☐ NO
    If yes, the dimensions are: |_|_|_| x |_|_|_| feet.

14. The manufactured (mobile) home/travel trailer anchoring system utilizes:
    ☐ Over-the-top ties   ☐ Ground anchors
    ☐ Frame ties   ☐ Slab anchors
    ☐ Frame connectors   ☐ Other: _____

15. The manufactured (mobile) home/travel trailer was installed in accordance with:
    ☐ Manufacturer's specifications
    ☐ Local floodplain management standards
    ☐ State and/or local building standards

16. Is the manufactured (mobile) home/travel trailer located in a manufactured (mobile) home park/subdivision? ☐ YES   ☐ NO

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_____ |_|_|_|_|_|_|_|_|
SIGNATURE OF INSURANCE AGENT/BROKER   DATE (MM/DD/YYYY)

FLOOD INSURANCE
FLOOD INSURANCE APPLICATION
FEMA FORM 086-0-1

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

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