FLOOD SUPPLEMENTAL APPLICATION



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

National Flood Insurance Program FLOOD INSURANCE APPLICATION, PART 1 (OF 2)

IMPORTANT DI FACE PRINT OR TYPE: ENTER DATES AS MAN (DR (VVVV

0.1	M.B. No. 1660-0006 Expires November 30, 2016
	□ NEW □ RENEWAL □ TRANSFER (NFIP ONLY)
	PRIOR POLICY #:

MPO	RTANT—PLE	ASE PRINT OR TYP	E; ENIER DAI	ES AS IVI	MI/DD/YYYY	•							
ت ت	FOR RENEWAL, I	BILL:					POLIC	Y PERIO	D IS FROM	/ TO,	//		
BILLING	☐ INSURED ☐ FIRST MORT	GAGEE	☐ LOSS PAYEE ☐ OTHER (AS SI	PECIFIED IN 1	THE "2ND		12:01 A.M. LOCAL TIME AT THE INSURED PROPERTY LOCATION.						
8	☐ FIRST MORTGAGEE ☐ OTHER (AS SPECIFIED IN THE "2ND ☐ SECOND MORTGAGEE MORTGAGEE/OTHER" BOX BELOW)							WAITING PERIOD: ☐ STANDARD 30-DAY ☐ REQUIRED FOR LOAN TRANSACTION — NO WAITING PERIOD					
	NAME AND MAILING ADDRESS OF AGENT/PRODUCER:							☐ MAP REVISION (ZONE CHANGE FROM NON-SFHA TO SFHA) —					
æ							- Bolicy	☐ TRANSFER (NFIP ONLY) — NO WAITING PERIOD					
AGENT/PRODUCER INFORMATION								PROPERTY PURCHASED ON OR AFTER 07/06/2012: YES NO					
MAT										TY PURCHASE DATE:/	/	_	
70R							NAME	AND MA	AILING ADDRESS	S OF INSURED:			
	AGENCY NO.: AGENT'S TAX ID: FAX NO.: FAX NO.:												
	EMAIL ADDRESS:							SO STATE OF THE ST					
	NOTE: ONE BUILDING PER POLICY – BLANKET COVERAGE NOT PERMITTED.						PHONE NO.:						
PROPERTY LOCATION	IS INSURED PROPERTY LOCATION SAME AS INSURED'S MAILING ADDRESS?						NAME AND MAILING ADDRESS OF FIRST MORTGAGEE:						
	☐ YES ☐ NO IF NO, ENTER PROPERTY ADDRESS. IF RURAL, ENTER LEGAL DESCRIPTION, OR GEOGRAPHIC LOCATION OF PROPERTY (DO NOT USE P.O. BOX).						ш Б						
7 L0						5	GAO						
ERT						Ì	10 N						
ROP							LOAN NO.:						
•		S WITH MULTIPLE BUILDIN SCRIBE THE INSURED BUI		BUILDING WI	TH ADDITIONS OR	1	NAME	AND MA	AILING ADDRESS	S OF 2ND MORTGAGEE LOSS	PAYEE OTHER		
ш		REQUIRED FOR DISASTER		l vec \square	NO		IF OTH	ER, SPE	ECIFY:				
ANC	IF YES, CHECK T	REQUIRED FOR DISASTER HE GOVERNMENT AGENC	ASSISTANCE? L Y: SBA	FEMA	FHA	e E	OTHER						
DISASTER SSISTANCE		SPECIFY):				OND MORTGAGEE	0						
ASS	CASE FILE NO.: .						LOAN I	NO.:					
Τ	RATING MAP INF	FORMATION TY/PARISH:							NFORMATION	NO IF YES, ☐ BUILT IN COMPLIAN	CE OR		
COMMUNITY		./PANEL NO. AND SUFFI)								NO IF YES, LI BUILT IN COMPLIAN OVIDE PRIOR POLICY NUMBER IN BOX AB			
MO	FIRM ZONE:					:			-	IO. AND SUFFIX:			
9		OGRAM TYPE IS: RE	BASEMENT, ENCI		ANU CDAOE		CURRENT FIR			CURRENT BFE:			
	BUILDING OCCU ☐ SINGLE FAM		NONE	· _	AWLSPACE] FINISHED BASE	MENT/ENCLO	SURE			ED AND ROOFED?	ES NO	N	
	2-4 FAMILY		☐ CRAWLSPACE☐ SUBGRADE C		UNFINISHED BA	SEMENT/ENC	LOSURE			IG OVER WATER? NO PARTIALLY ENTIRELY			
	OTHER RESID	DENTIAL NTIAL (INCLUDING	NUMBER OF FLO			BASEMENT/	IS BUILDING INSURED'S PRINCIPAL/PRIMARY RESIDENCE? ☐ YES IS BUILDING A RENTAL PROPERTY? ☐ YES ☐ NO					10	
5	HOTEL/MOTE		ENCLOSED AREA,	IF ANY) OR	BUILDING TYPE		IS THE INSURED A TENANT? YES NO						
BUILDING	BUILDING PURP		☐ SPLIT LEVEL	☐ TOWNHO	OUSE/ROWHOUSE	(RCBAP LOW						P	
3	☐ 100% RESIDENTIAL ☐ MANUFACTURED (MOBILE) HOME/TRAVEL TRAILER ON ☐ 100% NON-RESIDENTIAL ☐ MANUFACTURED (MOBILE) HOME/TRAVEL TRAILER ON						FOLINDATION			A SEVERE REPETITIVE LOSS PROPERTY? YES NO			
	☐ MIXED-USE	- SPECIFY PERCENTAGE	IS COVERAGE FOR A CONDO UNIT? YES NO IS BUILDING IN A CONDOMINIUM FORM OF OWNERSHIP? TOTAL NUMBER OF UNITS:				YES 🗆 N						
		TIAL USE: %						(ADDITIONS AND EXTENSIONS MAY BE SEPARATELY INSURED.)					
	IS BUILDING A BUSINESS PROPERTY? YES NO IS BUILDING LOW-RISE UW-RISE IS BUILDING LOCATED ON FEDERAL LAND? YES						IS BUILDING ELEVATED?						
	CONTENTS LOC	ATFD IN*			ROPERTY HOUSEH		CONCIDICATION DATE:						
10	☐ BASEMENT/		CON	NTENTS?	YES NO	OLD S		ONE OF	THE FOLLOWING	G:		Y	
CONTENTS	LOWEST FLO	OOR ONLY ABOVE GROUN	D LEVEL IF N	IO, DESCRIBI	E:	5	CHECK ONE OF THE FOLLOWING: BUILDING PERMIT CONSTRUCTION FOR MANUFACTURED (MOBILE) HOMES/ TRAVEL TRAILERS LOCATED OUTSIDE A MOBILE HOME PARK OR SUBDIVISION: CONSTRUCTION TRAVEL TRAILERS LOCATED IN A MOBILE HOME PARK OR SUBDIVISION: CONSTRUCTION DATE OF MOBILE HOME						
ONT	LOWEST FLOOR ABOVE GROUND LEVEL AND HIGHER				STR	FOR MANUFACTURED (MOBILE) HOMES/ TRAVEL TRAILLERS LOCATED IN A MORNIF FUNDAMENTAL PROPERTY OF THE PROPERTY O							
ဗ	ABOVE GROUND LEVEL MORE THAN 1 FULL FLOOR *IF SINGLE FAMILY, CONTENTS ARE RATED THROUGHOUT THE BUILDING.					RATED §							
							DATE OF PERMANENT PLACEMENT PARK OR SUBDIVISION FACILITIES						
z	IS BUILDING PO ☐ YES ☐ N	ST-FIRM CONSTRUCTION			RAM NO.:			GRADE	(LAG):				
ELEVATION DATA	(IF POST-FIRM CO	ONSTRUCTION IN ZONES A	, LO		TIFICATION DATE: ELEVATION:			ELEVAT	TON:	(=) DIFFERENCE TO NEAREST FOOT:	(+ OR -)		
	A1-A30, AE, AO, AH, V, V1-V30, VE, OR IF PRE- FIRM CONSTRUCTION IS ELEVATION RATED, IN ZONES V AND V1-V30 ONLY, DOES BASE FLOOD ELEVATION INCLUDE EFFECTS OF WAVE ACTION? YES NO												
	ATTACH ELEVATION CERTIFICATE.) IS BUILDING FLOODPROOFED?							NO (SEE THE NFIP FLOOD INSURANCE MANUAL FOR CERTIFICATION FORM.)					
		LDING REPLACEMENT CO	ST				LE: BUILDI			CONTENTS \$			
<u>5</u>	(INCLUDING FOL	JNDATION): \$	Ī	·	-	DEDUCTIBL	BLE BUYBACK? YES NO						
ATI			BASIC LIMITS			(F	ADDITIONA REGULAR PRO			DEDUCTIBLE			
9	INSURANCE	TOTAL AMOUNT	AMOUNT OF		ANNUAL	AMOUNT		:	ANNUAL		TOTAL		
ËA	COVERAGE	OF INSURANCE	INSURANCE	RATE	PREMIUM	INSURAN	ICE RA	IL :	PREMIUM	PREMIUM REDUCTION/INCREASE	PREMIUM		
COVERAGE AND RATING	BUILDING			:	.00			- :	.00	.00	.00		
OVE	CONTENTS .00						.00			.00 ANNUAL SUBTOTAL	.00		
٦	· · · · · · · · · · · · · · · · · · ·						NT METHOD: ECK ☐ CREDIT CARD			ICC PREMIUM	Φ		
	MANUAL SUBMIT FOR RATE PROVISIONAL RATING									SUBTOTAL			
		NG COVERAGE BENEFITS – RAGE HAS BEEN PURCHAS					NOT AVAILABLE IF OTHER NFIP			CRS PREMIUM DISCOUNT %			
							UILDING. E STATEMENTS MAY BE PUNISHABLE			SUBTOTAL			
JRE		IMPRISONMENT UNDER								RESERVE FUND %			
SIGNATURE							/	_ /		SUBTOTAL			
SIG	SIGNATURE OF IN:	SURANCE AGENT/PRODUCE	R			DATE (E (MM/DD/YYYY)			PROBATION SURCHARGE			
										FEDERAL POLICY FEE			
	SIGNATURE OF IN	SIGNATURE OF INSURED (OPTIONAL)							* TOTAL AMOUNT DUE \$				

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

National Flood Insurance Program

O.M.B. No. 1660-0006 Expires November 30, 2016 **FLOOD INSURANCE APPLICATION, PART 2 (OF 2)**

ALL DATA PROVIDED BY THE INSURED OR OBTAINED FROM THE ELEVATION

	LL DATA PROVIDED BY THE INSURED OR OBTAINED FROM THE ELEVATION	□ NEW □ RENEWAL □ TRANSFER (NFIP ONLY)								
_	ERTIFICATE SHOULD BE REVIEWED AND TRANSCRIBED BELOW. THIS PART OF APPLICATION MUST BE COMPLETED FOR ALL BUILDINGS.	PRIOR POLICY #:								
	SECTION I – ALL BI									
	☐ Poolhouse, clubhouse, recreation building ☐ Other: ☐ Garage a) Is there a garage attached to or part of the building? ☐ YES ☐ NO If the answer to 2a is YES, answer 2b through 2f. 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 flood openings within 1 foot	f) Does the garman paneling, etc. Basement/Sub a) Is the basem YES b) If yes, does equipment? If yes, check Furnace Water he Elevator Other ma Additions and I Coverage is for: Building exc Provide polic Addition or ed box in Part 1	arrage have more than 20 linear feet of finished interior wall, c.? YES NO begrade Crawlspace ment/subgrade crawlspace floor below grade on all sides? NO the basement/subgrade crawlspace contain machinery and/or YES NO k the applicable items: Heat pump Air conditioner eater Fuel tank Cistern requipment Washer & dryer Food freezer hachinery and/or equipment servicing the building (describe): Extensions (if Applicable) F: Fuluding addition(s) and extension(s) cluding addition(s) and extension: extension only (include description in the Property Location							
	SECTION II – ELEVATED BUILDINGS (Including Manufactured [Mobile] Homes/Travel Trailers)									
		ej n		·						
1.	Elevating Foundation Type Piers, posts, or piles Reinforced masonry piers or concrete piers or columns Reinforced concrete shear walls Solid foundation walls (Note: Not approved for elevating in Zones V1–V30, VE, or V.)		☐ Masonry ☐ Masonry ☐ Other (de	od frame walls (non-breakaway) walls (if breakaway, submit certification documentation) walls (non-breakaway) scribe): ith a material other than insect screening or light wood						
2.	Machinery and Equipment Below the Elevated Floor Does the area below the elevated floor contain machinery and/or equipment? YES NO If yes, check the applicable items: Furnace Heat pump Air conditioner Water heater Fuel tank Cistern Elevator equipment Washer & dryer Food freezer Other machinery and/or equipment servicing the building (describe):		e) Is the enclose vehicles, but If yes, described for the enclose of the enclose	e size of enclosed area: square feet. sed area used for any purpose other than solely for parking of ding access, and/or storage? YES NO be: Sole area have more than 20 linear feet of sior wall, paneling, etc.? YES NO						
3.	Area Below the Elevated Floor a) Is the area below the elevated floor enclosed? YES NO If yes, check one of the following: Fully Partially b) Does the area below the elevated floor contain elevators? YES NO If yes, how many? If the answer to 3a or 3b is YES, answer 3c through 4b. c) Indicate material used for enclosure: Insect screening Light wood lattice Solid wood frame walls (if breakaway, submit certification documentation)	4. Flood Openings a) Is the enclosed area/crawlspace constructed with openings (excluding doors) to allow the passage of floodwaters through the enclosed area? YES NO If yes, indicate number of permanent flood openings within 1 foot above adjacent grade: Total area of all permanent flood openings: square inches. b) Are flood openings engineered? YES NO If yes, submit certification.								
	SECTION III – MANUFACTURED (MOE									
1.	Year of manufacture:	2.	Anchoring The manufacture system utilizes: Over-the-top Frame ties Frame conner Installation The manufacture accordance with Manufacture Local floodp	ed (mobile) home/travel trailer anchoring (Check all that apply.) ties Ground anchors Slab anchors						
	THE ABOVE STATEMENTS ARE CORRECT TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT ANY FALSE STATEMENTS MAY BE PUNISHABLE BY FINE AND/OR IMPRISONMENT UNDER APPLICABLE FEDERAL LAW.									
S	IGNATURE OF INSURANCE AGENT/PRODUCER			DATE (MM/DD/YYYY)						
SIGNATURE OF INSURED (OPTIONAL) DATE (MM/DD/YYYY)										

National Flood Insurance Program

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

Public reporting burden for this form is estimated to average 12 minutes per response. The burden estimate includes the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and submitting the form. This collection of information is required to obtain or retain benefits. You are not required to respond to this collection of information unless a valid OMB control number is displayed in the upper right corner of this form. Send comments regarding the accuracy of the burden estimate and any suggestions for reducing the burden to: Information Collections Management, Department of Homeland Security, Federal Emergency Management Agency, 1800 South Bell Street, Arlington VA 20598-3005, Paperwork Reduction Project (1660-0033).

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