

FLOOD INSURANCE APPLICATION/ENDORSEMENT

AGENT NAME AND ADDRESS				AGENT ACCOUNT NUMBER				CURRENT POLICY NUMBER																									
				AGENT'S PHONE NUMBER ()				<input type="checkbox"/> New <input type="checkbox"/> Renewal <input type="checkbox"/> Endorsement <input type="checkbox"/> Voluntary <input type="checkbox"/> Forced Placed																									
GENERAL INFORMATION	EFFECTIVE DATE	EXPIRATION DATE	TERM <input type="checkbox"/> 1 Year	WAIT PERIOD <input type="checkbox"/> Standard <input type="checkbox"/> 30-Day	INITIAL PURCHASE OF FLOOD INSURANCE RELATED TO <input type="checkbox"/> Loan Closing <input type="checkbox"/> Portfolio Review <input type="checkbox"/> Map Revision – Zone Change From NSFHA To SFHA (1-Day Wait)				CLOSING DATE / /																								
	APPLICANT NAME						PREVIOUS COVERAGE ON PROPERTY <input type="checkbox"/> Yes <input type="checkbox"/> No IF THROUGH ABIC, INDICATE POLICY #																										
	MAILING ADDRESS						CITY	STATE	ZIP CODE																								
	DIRECT BILL TO <input type="checkbox"/> Insured <input type="checkbox"/> First Mortgagee <input type="checkbox"/> Other			METHOD OF PAYMENT <input type="checkbox"/> Check <input type="checkbox"/> Credit Card**			<input type="checkbox"/> MasterCard® <input type="checkbox"/> VISA®		Credit Card #		Expiration Date: Month _____ Year _____																						
PROP. LOC.	SAME AS ABOVE <input type="checkbox"/> Yes <input type="checkbox"/> No	STREET ADDRESS OR LEGAL DESCRIPTION (IF DIFFERENT FROM MAILING)				CITY	STATE	ZIP CODE																									
	LENDER'S FULL NAME (IF ADDITIONAL SPACE IS NEEDED, ATTACH A SEPARATE SHEET)						LOAN NUMBER																										
FIRST MORTGAGEE	MAILING ADDRESS				TELEPHONE NUMBER ()	FAX NUMBER ()	CITY	STATE	ZIP CODE																								
	CHECK TYPE <input type="checkbox"/> 2nd Mortgagee <input type="checkbox"/> Loss Payee		<input type="checkbox"/> Other Payor <input type="checkbox"/> Other		NAME (IF ADDITIONAL SPACE IS NEEDED, ATTACH A SEPARATE SHEET)				LOAN NUMBER																								
SECOND MORTGAGEE/LOSS PAYEE/OTHER PAYOR	MAILING ADDRESS				TELEPHONE NUMBER ()	FAX NUMBER ()	CITY	STATE	ZIP CODE																								
	COMMUNITY NAME OF PROPERTY LOCATION						COUNTY	UNINCORPORATED AREA OF COUNTY <input type="checkbox"/> Yes <input type="checkbox"/> No																									
COMMUNITY NO, PANEL NO. SUFFIX				PROGRAM PARTICIPATION <input type="checkbox"/> Regular <input type="checkbox"/> Emergency		FIRM ZONE (IF B, C OR X ZONE, SEE BELOW)		ORIGINAL FIRM DATE / /																									
BUILDING OCCUPANCY <input type="checkbox"/> Single Family <input type="checkbox"/> Other Residential <input type="checkbox"/> 2-4 Family <input type="checkbox"/> Nonresidential				BUILDING TYPE (CHECK ONE) (INCLUDING BASEMENT, IF ANY) <input type="checkbox"/> One Floor <input type="checkbox"/> Three or more Floors <input type="checkbox"/> Mobile Home on Foundation <input type="checkbox"/> Two Floors <input type="checkbox"/> Split Level <input type="checkbox"/> Three or more Floors Townhouse/Rowhouse																													
BASEMENT <input type="checkbox"/> None <input type="checkbox"/> Finished <input type="checkbox"/> Unfinished		COVERAGE IS FOR <input type="checkbox"/> Condominium Unit <input type="checkbox"/> Condo Association on one building				FOR CONDO MASTER POLICY <input type="checkbox"/> High Rise <input type="checkbox"/> Low Rise No. of Units _____																											
IS INSURED PROPERTY OWNED BY STATE <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 THIS BUILDING INSURED'S PRINCIPAL RESIDENCE? <input type="checkbox"/> Yes <input type="checkbox"/> No		REPLACEMENT COST OF BUILDING \$ _____																											
IF NOT SINGLE FAMILY, INDICATE NUMBER OF OCCUPANCIES AND USE OF BUILDING				BUILDING IS POST-FIRM CONSTRUCTION OR SUBSTANTIAL IMPROVEMENT? <input type="checkbox"/> Yes <input type="checkbox"/> No		BUILDING PERMIT OR START OF CONSTRUCTION DATE / /																											
IS BUILDING FLOOD PROOFED? IF YES, ATTACH CERTIFICATE. <input type="checkbox"/> Yes <input type="checkbox"/> No		LOWEST FLOOR ELEVATION (-)	BASE FLOOD ELEVATION (-)	ELEVATION DIFFERENCE _____ LESS _____ = _____ (+ OR -)		DATE ELEVATION CERTIFICATE ISSUED / /	LOWEST ADJACENT GRADE (LAG)																										
Check all of the following that apply: <input type="checkbox"/> Elevated, free of obstruction <input type="checkbox"/> Elevated, with obstruction <input type="checkbox"/> Not Elevated										DIAGRAM #																							
ELEVATED BUILDINGS/MANUFACTURED (MOBILE) HOMES/GARAGE INFORMATION	INSTRUCTIONS: Complete this section for all types of buildings if Post-FIRM or Pre-FIRM rated Post-FIRM except for Zones B, C, D, X, AO, and A99. 1. Elevated foundation of the building, check one: <input type="checkbox"/> Piers, posts, or piles <input type="checkbox"/> Reinforced masonry piers or concrete piers or columns <input type="checkbox"/> Reinforced concrete shear walls <input type="checkbox"/> Solid perimeter walls (Note: This is not an approved method for elevating in Zones V-1-V-30, VE or V.) 2. Does the area below the elevated floor/garage contain machinery or equipment? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, check the appropriate items: <input type="checkbox"/> Furnace <input type="checkbox"/> Heat Pump <input type="checkbox"/> Hot Water Heater <input type="checkbox"/> Oil Tank <input type="checkbox"/> Elevator Equipment <input type="checkbox"/> Air Conditioner <input type="checkbox"/> Cistern <input type="checkbox"/> Other equipment or machinery servicing the building? 3. Area below the elevated floor: a) Is the area below the elevated floor enclosed? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, check one of the following: <input type="checkbox"/> Partially <input type="checkbox"/> Fully b) Is the enclosed area greater than 300 square feet? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, estimate size of area: _____ square feet. c) Is the area below the elevated floor enclosed using materials other than insect screening or light wood lattice? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, check one of the following: <input type="checkbox"/> Breakaway Walls <input type="checkbox"/> Solid Wood Frame Walls <input type="checkbox"/> Masonry Walls <input type="checkbox"/> Other: _____ d) Is the enclosed area constructed with vents (excluding doors) to allow the passage of flood waters through the enclosed area? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, attach photos. e) Is the enclosed area/garage used for any purpose other than solely for parking of vehicles, building access or storage? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe: _____ f) Is the garage attached to or part of the building? <input type="checkbox"/> Yes <input type="checkbox"/> No						MANUFACTURED (MOBILE) HOMES 1. Manufactured (Mobile) Home Data: Make: _____ Year of Manufacture: _____ Model Number: _____ Serial Number: _____ 2. Manufactured (Mobile) Home Dimensions: _____ x _____ feet. 3. Are there any permanent additions or extensions to the Manufactured (Mobile) Home? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, the dimensions are: _____ x _____ feet. 4. Is the Manufactured (Mobile) Home located in a Manufactured (Mobile) Home Park/Subdivision? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Park Name: _____ Date Park established: _____ 5. The Manufactured (Mobile) Home's anchoring system utilizes: <input type="checkbox"/> Over-the-top ties <input type="checkbox"/> Ground Anchor <input type="checkbox"/> Frame Ties <input type="checkbox"/> Slab Anchors <input type="checkbox"/> Frame Connectors <input type="checkbox"/> Other: _____ 6. Was the Manufactured (Mobile) Home installed in accordance with: <input type="checkbox"/> Manufacturer's Specifications <input type="checkbox"/> Local Floodplain Management Standards <input type="checkbox"/> State and/or Local Building Standards																										
	B, C & X ZONES If this is a residential property in a B, C or X zone and a Preferred Risk Policy (PRP) was not written, why not? <input type="checkbox"/> Loss History <input type="checkbox"/> Grandfathering <input type="checkbox"/> Different Limits/Deductible <input type="checkbox"/> Other _____																																
CONTENTS	CONTENTS LOCATION <input type="checkbox"/> Basement/Enclosure and above <input type="checkbox"/> Lowest floor – above ground level and higher floor(s) <input type="checkbox"/> Lowest Floor only – above ground level <input type="checkbox"/> Above ground level more than one full floor						ARE THESE HOUSEHOLD CONTENTS <input type="checkbox"/> Yes <input type="checkbox"/> No If no, describe:																										
	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>BASIC</th> <th>BASIC COVERAGE</th> <th>RATE</th> <th>PREMIUM AMOUNT</th> <th>ADDITIONAL</th> <th>ADDITIONAL COVERAGE</th> <th>RATE</th> <th>PREMIUM AMOUNT</th> </tr> </thead> <tbody> <tr> <td>Building</td> <td></td> <td></td> <td></td> <td>Building</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Contents</td> <td></td> <td></td> <td></td> <td>Contents</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>						BASIC	BASIC COVERAGE	RATE	PREMIUM AMOUNT	ADDITIONAL	ADDITIONAL COVERAGE	RATE	PREMIUM AMOUNT	Building				Building				Contents				Contents				Annual Subtotal \$ _____ .00 Deductible Discounts (-) _____ .00 Subtotal _____ .00 ICC Coverage (+) _____ .00 CRS Credit (-) _____ .00 Probation Fee (+) _____ .00 Expense Constant (+) _____ .00 Subtotal _____ .00 Federal Service Fee (+) _____ .00 Total Payable Premium \$ _____ .00		
BASIC	BASIC COVERAGE	RATE	PREMIUM AMOUNT	ADDITIONAL	ADDITIONAL COVERAGE	RATE	PREMIUM AMOUNT																										
Building				Building																													
Contents				Contents																													
AMOUNT OF INSURANCE	TOTAL COVERAGE AMOUNT <input type="checkbox"/> BUILDING \$ _____ <input type="checkbox"/> CONTENTS \$ _____ (IF ENDORSEMENT, INDICATE TOTAL NEW AMOUNT OF COVERAGE)																																
	DEDUCTIBLES Building \$ _____ Contents \$ _____				APPLICABLE DISCOUNTS Deductible Discounts _____% CRS Credit _____%																												
	False statements may be punishable by fine or imprisonment! DATE OF APPLICATION/ENDORSEMENT / /																																
AGENT'S SIGNATURE X				INSURED'S SIGNATURE (REQUIRED ON ENDORSEMENTS) X																													

****CREDIT CARD DISCLAIMER:** This policy is not subject to cancellation for reasons other than those set forth in the National Flood Insurance Program Rules and Regulations. In matters involving billing disputes, cancellation is not available other than for billing processing error or fraud.

FLOOD INSURANCE APPLICATION

EFFECTIVE DATE. The Effective Date of this Policy must be at least thirty calendar days (date of application plus thirty) after the date of a new application except as noted in the agent manual.

LOSS IN PROGRESS. The Policy does not cover loss resulting from a flood or mudslide occurrence already in progress on the date of this application. This Policy is subject to the National Flood Insurance Act of 1968 and any Acts Amendatory thereof, (the Regulations) issued by the Federal Insurance Administration pursuant to such statutes.

LIMITATIONS OF PERIL. Insurance is provided only (1) against the peril of flood as defined in the Policy, and (2) with respect to those coverages applied for herein and for which a specified amount of insurance is shown and unless otherwise provided, all conditions and provisions of this form and of the Policy shall apply separately to each coverage.

1-4 FAMILY DWELLING. Advantage of insuring to value; if the dwelling is the owner's principal residence the repair costs are extended to include the full cost of repair or replacement to the building, without deduction for depreciation.

GENERAL CHANGE ENDORSEMENT

REFER TO THE GENERAL CHANGE ENDORSEMENT CHAPTER OF THE FLOOD INSURANCE MANUAL FOR DETAILED INSTRUCTIONS ON COMPLETING GENERAL CHANGE ENDORSEMENTS.

The General Endorsement cannot be used to renew, extend or change the term of a Policy.

When a General Change Endorsement is submitted toward the end of a Policy term, the agent/broker should examine the Renewal Premium Notice upon receipt to determine if the changes were recorded in time to be reflected on the Premium Notice.

WARNING

A building erected after DECEMBER 31, 1974 in highly Flood Prone Zones (A1-A30), (AH) or (V1-V30) is MATERIAL to the Flood Insurance Contract and should have its answers closely examined by the insurance person submitting the application.

WARNING TO AGENTS AND INSURANCE APPLICANTS. The National Flood Insurance Act of 1968, as amended, prohibits the payment of flood insurance claims on properties officially declared to be in violation of Section 1316 of the Act. Therefore, if the lowest floor elevation of post firm construction or substantial improvement is below the base flood elevation for the area, the applicant, for his own protection, should obtain a certification (e.g. a copy of their variance) from the appropriate community official that the property has not been officially declared to be in violation of state or local flood plain management requirements.

POST FIRM CONSTRUCTION OR SUBSTANTIAL IMPROVEMENT. *(Formerly called new Construction)* POST FIRM Construction or substantial improvement means, for the purposes of determining insurance rates, buildings whose construction or substantial improvement started on or after December 31, 1974 or the Effective Date of the initial Regular Program, Flood Insurance Rate Map (FIRM) whichever is later. Substantial improvement is any repair, reconstruction, or improvement of a structure, the cost of which equals or exceeds 50% of the market value of the structure.

DATE OF CONSTRUCTION. The start of Construction or Substantial Improvement for insurance purposes means the date the building permit was issued provided the actual start of construction, repair, reconstruction or improvement was within 180 days following the initial permit date.

MORTGAGEE GRACE PERIOD. With respect to any mortgagee (or trustee) named in this application, this insurance shall continue in force for the benefit of such mortgagee (or trustee) for 30 days after mailing of written notice to the mortgagee (or trustee) of expiration of this Policy. This will provide coverage for approximately 30 days after the Policy expiration in the case of a nonrenewal.

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

PRIVACY ACT. The information requested is necessary to process your General Change Endorsement. The authority to collect the information is Title 42, U.S. Code, Section 4001 to 4028. It is voluntary on your part to furnish the information. It will not be disclosed outside the Federal Emergency Management Agency except to the servicing office, acting as the Government's fiscal agent, to routine users, to your insurance company, agent and any mortgagee named on your Policy.

FRAUD NOTICE

ALL STATES EXCEPT FLORIDA: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

FLORIDA: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.