FLOOD INSURANCE APPLICATION

FEDERAL EMERGENCY MANAGEMENT AGENCY

U.S. DEPARTMENT OF HOMELAND SECURITY

IMPORTANT—PLEASE PRINT OR TYPE; ENTER DATES AS MM/DD/YYYY.

NOTE: ONE BUILDING PER POLICY — BLANKET COVERAGE NOT PERMITTED.

IS INSURED'S MAILING ADDRESS THE SAME AS INSURED PROPERTY LOCATION?

NAME AND MAILING ADDRESS OF INSURED:

IF YES, CHECK THE GOVERNMENT AGENCY:

IS INSURANCE REQUIRED FOR DISASTER ASSISTANCE?

FEDERAL EMERGENCY MANAGEMENT AGENCY

U.S. DEPARTMENT OF HOMELAND SECURITY

CURRENT COMMUNITY NO./PANEL NO. AND SUFFIX:

CURRENT BFE:

NAME OF COUNTY/PARISH:

IS BUILDING  WALLED AND ROOFED?

IS BUILDING IN THE COURSE OF CONSTRUCTION OR PRIOR TO ESTABLISHING A STREET ADDRESS.

IS BUILDING IN A CONDOMINIUM FORM OF OWNERSHIP?

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## ELEVATED BUILDINGS (INCLUDING MANUFACTURED (MOBILE) HOMES/TRAVEL TRAILERS)

1. **IF THE BUILDING IS ELEVATED, IS THE AREA BELOW FREE OF OBSTRUCTION?**
   - **YES**
   - **NO**
2. **WITH OBSTRUCTION?**
   - **YES**
   - **NO**

### ELEVATING FOUNDATION TYPE
- **PIERS, POSTS, OR PILES**
- **REINFORCED MASONRY PIERS OR CONCRETE PIERS OR COLUMNS**
- **REINFORCED CONCRETE SHEAR WALLS**
- **WOOD SHEAR WALLS**
- **SOLID FOUNDATION WALLS**

3. **MACHINERY AND/OR EQUIPMENT**
   - **YES**
   - **NO**

## AREA BELOW THE ELEVATED FLOOR
- **IS THE AREA BELOW THE ELEVATED FLOOR CONTAIN MACHINERY AND/OR EQUIPMENT?**
  - **YES**
  - **NO**
- **IF YES, SELECT THE VALUE BELOW:**
  - **UP TO $10,000**
  - **UP TO $20,000**
  - **IF GREATER THAN $20,000 – INDICATE THE AMOUNT:**

4. **IS THERE A Garage?**
   - **YES**
   - **NO**

## BUILDING COVERAGE BENEFITS
- **EXCEPT FOR A RESIDENTIAL CONDOMINIUM BUILDING – ARE NOT AVAILABLE IF OTHER NFIP BUILDING COVERAGE HAS BEEN PURCHASED BY THE APPLICANT OR ANY OTHER PARTY FOR THE SAME BUILDING.**

## INSTALLATION
- **THE MANUFACTURED (MOBILE) HOME/TRAVEL TRAILER WAS INSTALLED IN ACCORDANCE WITH:**
  - **(CHECK ALL THAT APPLY.)**
  - **MANUFACTURER’S SPECIFICATIONS**
  - **LOCAL FLOODPLAIN MANAGEMENT STANDARDS**
  - **STATE AND/OR LOCAL BUILDING STANDARDS**

## SECURITY
- **IS PERSONAL PROPERTY HOUSEHOLD CONTENTS?**
  - **YES**
  - **NO**
- **IF YES, DESCRIBE: ____________________________________________**

## FLOOD OPENINGS
- **IS THE ENCLOSED AREA/CRAWLSpace CONSTRUCTED WITH OPENINGS (EXCLUDING DOORS) TO ALLOW THE PASSAGE OF FLOODWATERS THROUGH THE ENCLOSED AREA?**
  - **YES**
  - **NO**
- **NUMBER OF PERMANENT FLOOD OPENINGS WITHIN 1 FOOT ABOVE ADJACENT GRADE: ___________________________**

## TOTAL AREA OF ALL FEMALE FLOOD OPENINGS:
- **__________________ SQUARE FEET**
- **__________________ INCHES**

## SECURITY
- **ARE FLOOD OPENINGS ENGINEERED?**
  - **YES**
  - **NO**
- **IF YES, SUBMIT CERTIFICATION:**

## PAYMENT METHOD:
- **CHECK**
- **CREDIT CARD**
- **OTHER:**

## DEDUCTIBLE
- **ANNUAL SUBTOTAL:**
- **ICC PREMIUM:**
- **SUBTOTAL:**
- **CPS PREMIUM DISCOUNT %**
- **SUBTOTAL:**
- **RESERVE FUND %**
- **SUBTOTAL:**
- **PROBATION SURCHARGE:**
- **HFIA SURCHARGE:**
- **FEDERAL POLICY FEE:**

## TOTAL AMOUNT DUE:
- **$ ___________**

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**IMPORTANT—PLEASE PRINT OR TYPE:**
- **ENTER DATES AS MM/DD/YYYY.**

**ATTACH ELEVATION CERTIFICATE.**

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**THIS LAYOUT OF THE REVISED FLOOD INSURANCE APPLICATION, PAGE 2 OF 2, IS PROVIDED FOR YOUR REFERENCE. THE FINAL FORM WILL BE RELEASED UPON O.M.B. APPROVAL.**
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).

NOTE: Do not send your completed form to this address.