

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

FAX TO 925-945-8802 FOR A QUOTE

National Flood Insurance Program

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

**PART 1 (OF 2) OF FLOOD INSURANCE APPLICATION**

CURRENT POLICY NUMBER  
 NEW  
 RENEWAL \_\_\_\_\_

**IMPORTANT—PLEASE PRINT OR TYPE**

<b>POLICY TERM</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		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"/> MAP REVISION (ZONE CHANGE FROM NON-SFHA TO SFHA)—ONE DAY <input type="checkbox"/> LOAN TRANSACTION—NO WAITING <input type="checkbox"/> LENDER REQUIRED—NO WAITING (SFHA ONLY)																																										
<b>AGENT INFORMATION</b>	NAME, ADDRESS OF LICENSED PROPERTY OR CASUALTY INSURANCE AGENT OR BROKER:  AGENCY NO.: _____ AGENT'S TAX ID: _____ PHONE NO.: _____ FAX NO.: _____		<b>INSURED MAILING ADDRESS</b>	NAME, MAILING ADDRESS, AND PHONE NO. OF INSURED:  PHONE NO.: _____																																									
<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 NO.: _____		<b>PROPERTY LOCATION</b>	IS INSURED PROPERTY LOCATION SAME AS INSURED'S 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).																																									
<b>MORTGAGEE</b>	NAME AND ADDRESS OF FIRST MORTGAGEE:  LOAN NO.: _____ PHONE NO.: _____ FAX NO.: _____		<b>2ND MORTGAGEE/ OTHER</b>	IF SECOND MORTGAGEE, LOSS PAYEE OR OTHER IS TO BE BILLED, COMPLETE THE FOLLOWING, INCLUDING THE NAME AND ADDRESS: <input type="checkbox"/> 2ND MORTGAGEE <input type="checkbox"/> DISASTER AGENCY <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> IF OTHER, PLEASE 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, <input type="checkbox"/> BUILT IN COMPLIANCE? <input type="checkbox"/> CONTINUOUS COVERAGE? PRIOR POLICY NO.: _____ CURRENT COMMUNITY NO./PANEL NO. AND SUFFIX: _____ CURRENT FIRM ZONE: _____ CURRENT BFE: _____																																										
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>BUILDING</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)	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	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 ONLY: TOTAL NUMBER OF UNITS: _____ (INCLUDE NON-RES.) <input type="checkbox"/> HIGH-RISE <input type="checkbox"/> LOW-RISE	IS 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	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 OTHER: _____																																								
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		IF NOT A SINGLE-FAMILY DWELLING, NUMBER OF OCCUPANCIES (UNITS) IS: _____	ESTIMATED REPLACEMENT COST AMOUNT \$ _____	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 APPLICATION	FOR MANUFACTURED (MOBILE) HOMES/TRAVEL TRAILERS, COMPLETE PART 2, SECTION III.																																								
<b>CONTENTS</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: _____																																													
<b>CONSTRUCTION DATA</b>	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																																												
DATE: _____ (MM/DD/YYYY)																																													
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 NO.: _____ 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 FLOODPROOFED? <input type="checkbox"/> YES <input type="checkbox"/> NO (SEE NFIP FLOOD INSURANCE MANUAL FOR CERTIFICATION FORM.)																																													
DEDUCTIBLE:    BUILDING \$ _____ CONTENTS \$ _____ DEDUCTIBLE BUYBACK? <input type="checkbox"/> YES <input type="checkbox"/> NO																																													
<b>COVERAGE AND RATING</b>	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2">COVERAGE</th> <th colspan="3">BASIC LIMITS</th> <th colspan="3">ADDITIONAL LIMITS (REGULAR PROGRAM ONLY)</th> <th rowspan="2">DEDUCTIBLE</th> <th rowspan="2">BASIC AND ADDITIONAL</th> <th rowspan="2">TOTAL PREMIUM</th> </tr> <tr> <th>AMOUNT OF INSURANCE</th> <th>RATE</th> <th>ANNUAL PREMIUM</th> <th>AMOUNT OF INSURANCE</th> <th>RATE</th> <th>ANNUAL PREMIUM</th> </tr> </thead> <tbody> <tr> <td>BUILDING</td> <td></td> <td></td> <td>.00</td> <td></td> <td></td> <td>.00</td> <td>.00</td> <td></td> <td>.00</td> </tr> <tr> <td>CONTENTS</td> <td></td> <td></td> <td>.00</td> <td></td> <td></td> <td>.00</td> <td>.00</td> <td></td> <td>.00</td> </tr> </tbody> </table>		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	BUILDING			.00			.00	.00		.00	CONTENTS			.00			.00	.00		.00	RATE TYPE: (ONE BUILDING PER POLICY—BLANKET COVERAGE NOT PERMITTED) <input type="checkbox"/> MANUAL <input type="checkbox"/> SUBMIT FOR RATING <input type="checkbox"/> ALTERNATIVE <input type="checkbox"/> V-ZONE RISK FACTOR RATING FORM <input type="checkbox"/> PROVISIONAL RATING <input type="checkbox"/> LEASED FEDERAL PROPERTY <input type="checkbox"/> MORTGAGE PORTFOLIO PROTECTION PROGRAM			PAYMENT OPTION: <input type="checkbox"/> CREDIT CARD <input type="checkbox"/> OTHER: _____		ANNUAL SUBTOTAL \$ _____ ICC PREMIUM _____ SUBTOTAL _____ CRS PREMIUM DISCOUNT _____ %	
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																																							
BUILDING			.00			.00	.00		.00																																				
CONTENTS			.00			.00	.00		.00																																				
<b>SIGNATURE</b>	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.				SUBTOTAL _____ PROBATION SURCHARGE + _____ FEDERAL POLICY FEE + _____ TOTAL PREPAID AMOUNT \$ _____																																								
SIGNATURE OF INSURANCE AGENT/BROKER _____				DATE (MM/DD/YYYY) _____																																									

**AGENT COPY**

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
<input type="checkbox"/> NEW
<input type="checkbox"/> RENEWAL _____

**SECTION I—ALL BUILDING TYPES**

- Diagram number selected from Building Diagrams 1-9:
  - The lowest floor is (round to nearest foot):  
 feet  above  below (check one) the lowest ground (grade) immediately next to the building.
  - 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.
  - Machinery or equipment located at a level lower than the lowest floor is (round to nearest foot):  
 feet below the lowest floor.
  - Site location
    - 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
    - Source of flooding:  
 Ocean     River/stream  
 Lake     Other: \_\_\_\_\_
  - Basement/Subgrade Crawlspace
    - Is the basement/subgrade crawlspace floor below grade on all sides?  YES  NO
    - 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
- Garage
    - Is the garage attached to or part of the building?  
 YES  NO
    - Total area of the garage: \_\_\_\_\_ square feet.
    - 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.
    - Is the garage used solely for parking of vehicles, building access, and/or storage?  YES  NO
    - 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
    - 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)

- 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 V1-V30, VE, or V.)
- 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
- Area below the elevated floor:
  - 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.**
  - If enclosed, provide size of enclosed area/crawlspace:  
 x  square feet.
- 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: \_\_\_\_\_
- 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
- 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: \_\_\_\_\_
- 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**

- Manufactured (mobile) home/travel trailer data:  
 Make:   
 Year of manufacture:   
 Model number:   
 Serial number:
- Manufactured (mobile) home/travel trailer dimensions:  
 x  feet.
- Are there any permanent additions or extensions to the manufactured (mobile) home/travel trailer?  YES  NO  
 If yes, the dimensions are:  x  feet.
- The manufactured (mobile) home/travel trailer anchoring system utilizes:  
 Over-the-top ties     Ground anchors  
 Frame ties     Slab anchors  
 Frame connectors     Other: \_\_\_\_\_
- The manufactured (mobile) home/travel trailer was installed in accordance with:  
 Manufacturer's specifications  
 Local floodplain management standards  
 State and/or local building standards
- Is the manufactured (mobile) home/travel trailer located in a manufactured (mobile) home park/subdivision?  YES  NO

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 INSURANCE AGENT/BROKER

DATE (MM/DD/YYYY)