

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

☐ NEW ☐ RENEWAL ☐ TRANSFER (NFIP ONLY)
PRIOR POLICY #: _____

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

BILLING	FOR RENEWAL, BILL: ☐ INSURED ☐ FIRST MORTGAGEE ☐ SECOND MORTGAGEE		☐ LOSS PAYEE ☐ OTHER (AS SPECIFIED IN THE "2ND MORTGAGEE/OTHER" BOX BELOW)	
	NAME AND MAILING ADDRESS OF AGENT/PRODUCER: AGENCY NO.: _____ AGENT'S TAX ID: _____ PHONE NO.: _____ FAX NO.: _____ EMAIL ADDRESS: _____			
	PROPERTY LOCATION			
	NOTE: ONE BUILDING PER POLICY – BLANKET COVERAGE NOT PERMITTED. IS INSURED PROPERTY LOCATION SAME AS INSURED'S MAILING ADDRESS? ☐ YES ☐ NO IF NO, ENTER PROPERTY ADDRESS. IF RURAL, ENTER LEGAL DESCRIPTION, OR GEOGRAPHIC LOCATION OF PROPERTY (DO NOT USE P.O. BOX). IDENTIFY ADDRESS TYPE: ☐ STREET ☐ LEGAL DESCRIPTION* ☐ GEOGRAPHIC LOCATION FOR AN ADDRESS WITH MULTIPLE BUILDINGS AND/OR FOR A BUILDING WITH ADDITIONS OR EXTENSIONS, DESCRIBE THE INSURED BUILDING: _____ _____ * LEGAL DESCRIPTION MAY BE USED ONLY WHILE A BUILDING OR SUBDIVISION IS IN THE COURSE OF CONSTRUCTION OR PRIOR TO ESTABLISHING A STREET ADDRESS.			
AGENT/PRODUCER INFORMATION				
	INSURED INFORMATION			
POLICY PERIOD		POLICY PERIOD IS FROM ____/____/____ TO ____/____/____ 12:01 A.M. LOCAL TIME AT THE INSURED PROPERTY LOCATION. WAITING PERIOD: ☐ STANDARD 30-DAY ☐ REQUIRED FOR LOAN TRANSACTION – NO WAITING PERIOD ☐ MAP REVISION (ZONE CHANGE FROM NON-SFHA TO SFHA) – 1 DAY ☐ TRANSFER (NFIP ONLY) – NO WAITING PERIOD INDICATE THE PROPERTY PURCHASE DATE: ____/____/____		
1ST MORTGAGEE		NAME AND MAILING ADDRESS OF INSURED: PHONE NO.: _____ IS THE INSURED A SMALL BUSINESS? ☐ YES ☐ NO IS THE INSURED A NON-PROFIT ENTITY? ☐ YES ☐ NO		
2ND MORTGAGEE/OTHER		NAME AND MAILING ADDRESS OF FIRST MORTGAGEE: LOAN NO.: _____ IS INSURANCE REQUIRED UNDER MANDATORY PURCHASE? ☐ YES ☐ NO		
DISASTER ASSISTANCE		NAME AND MAILING ADDRESS OF: ☐ 2ND MORTGAGEE ☐ LOSS PAYEE ☐ OTHER IF OTHER, SPECIFY: _____ LOAN NO.: _____ IS INSURANCE REQUIRED UNDER MANDATORY PURCHASE? ☐ YES ☐ NO		
COMMUNITY		COMPLETE THIS SECTION ONLY FOR PRE-FIRM BUILDINGS LOCATED IN AN SFHA. 1. HAS THE APPLICANT HAD A PRIOR NFIP POLICY FOR THIS PROPERTY? ☐ YES ☐ NO 2. WAS THE POLICY REQUIRED BY THE LENDER UNDER MANDATORY PURCHASE? ☐ YES ☐ NO 3. IF YES, HAS THE PRIOR NFIP POLICY EVER LAPSED WHILE COVERAGE WAS REQUIRED UNDER MANDATORY PURCHASE BY THE LENDER? ☐ YES ☐ NO 4. IF YES, WAS THE LAPSE THE RESULT OF A COMMUNITY SUSPENSION? ☐ YES ☐ NO IF YES, WHAT IS THE SUSPENSION DATE? ____/____/____ WHAT IS THE REINSTATEMENT DATE? ____/____/____ 5. WILL THIS POLICY BE EFFECTIVE WITHIN 180 DAYS OF THE COMMUNITY REINSTATEMENT AFTER SUSPENSION REFERRED TO IN (4) ABOVE? ☐ YES ☐ NO		
ALL BUILDINGS	1. BUILDING PURPOSE ☐ 100% RESIDENTIAL ☐ 100% NON-RESIDENTIAL ☐ MIXED-USE – SPECIFY PERCENTAGE OF RESIDENTIAL USE: ____ %		IS INSURANCE REQUIRED FOR DISASTER ASSISTANCE? ☐ YES ☐ NO IF YES, CHECK THE GOVERNMENT AGENCY: ☐ SBA ☐ FEMA ☐ FHA ☐ OTHER (SPECIFY): _____ CASE FILE NO.: _____	
	2. BUILDING OCCUPANCY ☐ SINGLE FAMILY ☐ 2-4 FAMILY ☐ OTHER RESIDENTIAL ☐ NON-RESIDENTIAL BUSINESS ☐ OTHER NON-RESIDENTIAL		GRANDFATHERING INFORMATION GRANDFATHERED? ☐ YES ☐ NO IF YES, ☐ BUILT IN COMPLIANCE OR ☐ CONTINUOUS COVERAGE (PROVIDE PRIOR POLICY NUMBER IN BOX ABOVE) RATING MAP INFORMATION NAME OF COUNTY/PARISH: _____ COMMUNITY NO./PANEL NO. AND SUFFIX: _____ - _____ FIRM ZONE: _____ MAP DATE: ____/____/____ COMMUNITY PROGRAM TYPE IS: ☐ REGULAR ☐ EMERGENCY CURRENT MAP INFORMATION CURRENT COMMUNITY NO./PANEL NO. AND SUFFIX: _____ - _____ CURRENT FIRM ZONE: _____ CURRENT BFE: _____ MAP DATE: ____/____/____	
NON-ELEVATED BUILDINGS	1. GARAGE IS A GARAGE ATTACHED TO THE BUILDING? ☐ YES ☐ NO TOTAL NET 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 FLOOD OPENINGS WITHIN 1 FOOT ABOVE THE ADJACENT GRADE: _____ TOTAL AREA OF ALL PERMANENT OPENINGS: [][][][][][] SQUARE INCHES. IS THE GARAGE USED SOLELY FOR PARKING OF VEHICLES, BUILDING ACCESS, AND/OR STORAGE? ☐ YES ☐ NO IF YES, DOES THE GARAGE CONTAIN MACHINERY AND/OR EQUIPMENT? ☐ YES ☐ NO	
	2. BASEMENT/SUBGRADE CRAWLSPACE DOES THE BASEMENT/SUBGRADE CRAWLSPACE CONTAIN MACHINERY AND/OR EQUIPMENT? ☐ YES ☐ NO IF YES, SELECT THE VALUE BELOW: ☐ UP TO \$10,000 ☐ \$10,001 TO \$20,000 ☐ IF GREATER THAN \$20,000 - INDICATE THE AMOUNT: _____		DOES THE BASEMENT/SUBGRADE CRAWLSPACE CONTAIN A WASHER, DRYER OR FOOD FREEZER? ☐ YES ☐ NO IF YES, SELECT THE VALUE BELOW: ☐ UP TO \$5,000 ☐ \$5,001 TO \$10,000 ☐ IF GREATER THAN \$10,000 - INDICATE THE AMOUNT: _____	

PLEASE SUBMIT TOTAL AMOUNT DUE AND ALL REQUIRED CERTIFICATIONS WITH THE NFIP COPY OF THIS APPLICATION.
IF PAYING BY CHECK OR MONEY ORDER, MAKE PAYABLE TO THE NATIONAL FLOOD INSURANCE PROGRAM.
IMPORTANT — COMPLETE PAGE 1 AND PAGE 2 BEFORE SENDING APPLICATION TO THE NFIP. — **IMPORTANT**

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