

AGENT INFORMATION		Agent Number	New <input type="checkbox"/> Renewal <input type="checkbox"/>	Current Policy Number
Name and Address		Phone Number	<input type="checkbox"/> <input type="checkbox"/>	_____
				If new, leave blank

GENERAL INFORMATION						
Effective Date	At Renewal Direct Bill To: <input type="checkbox"/>	Insured <input type="checkbox"/>	First Mortgagee <input type="checkbox"/>	Second Mortgagee <input type="checkbox"/>	Loss Payee <input type="checkbox"/>	Other <input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Applicant Name			Applicant's Social Sec. No.		Applicant's Telephone No.	
Mailing Address			City	State	Zip Code	

PROPERTY LOCATION					
Same as above Yes <input type="checkbox"/> No <input type="checkbox"/>	Street Address or Legal Description		City	State	Zip Code

PRIMARY MORTGAGEE NOTE: IF DIFFERENT PAYOR OR ADDITIONAL MORTGAGEES EXIST, COMPLETE SECTION I ON REVERSE							
Check Type <input type="checkbox"/>	First Mortgagee <input type="checkbox"/>	Second Mortgagee <input type="checkbox"/>	Loss Payee <input type="checkbox"/>	Disaster Agency <input type="checkbox"/>	Other <input type="checkbox"/>	Lender's Name	Loan Number
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Mailing Address			City	State	Zip Code	Telephone Number	

RATING INFORMATION						
Community Number	City Limits <input type="checkbox"/>	County Limits <input type="checkbox"/>	County/Parish	Panel No. and Suffix	FIRM Zone:	
Building Occupancy: Single Family <input type="checkbox"/> 2-4 Family <input type="checkbox"/> Other Residential <input type="checkbox"/> Non-Residential <input type="checkbox"/>			Building Type (including basement if any): One Floor <input type="checkbox"/> Two Floors <input type="checkbox"/> Three or more Floors <input type="checkbox"/> Split Level <input type="checkbox"/> Mobile Home on Foundation <input type="checkbox"/>			
Basement <input type="checkbox"/>		Elevated w/enclosure <input type="checkbox"/>		Is Coverage for Condominium Unit? Yes <input type="checkbox"/> No <input type="checkbox"/>		Condo Association on entire building? Yes <input type="checkbox"/> No <input type="checkbox"/>
None <input type="checkbox"/> Finished <input type="checkbox"/> Unfinished <input type="checkbox"/>		If Yes, Indicate total number of units in building _____				
Is Insured Property Owned by State Government? Yes <input type="checkbox"/> No <input type="checkbox"/>	Is this Building in the Course of Construction? Yes <input type="checkbox"/> No <input type="checkbox"/>	Is this Building Insured's Principal Residence? Yes <input type="checkbox"/> No <input type="checkbox"/>	Estimated Replacement Cost of the Building is \$ _____	Is Building Elevated? Yes <input type="checkbox"/> No <input type="checkbox"/>		
If yes, is building walled & roofed? Yes <input type="checkbox"/> No <input type="checkbox"/>				If YES, complete Section II on reverse		

PROPERTY DESCRIPTION AND ELEVATION INFORMATION						
Contents location: Basement only <input type="checkbox"/>	Basement and above <input type="checkbox"/>	Lowest floor only - above ground level <input type="checkbox"/>	Lowest floor only above ground level and higher floors <input type="checkbox"/>	Above ground level more than one full floor <input type="checkbox"/>		
Are contents household? Yes <input type="checkbox"/> No <input type="checkbox"/> If no, describe: _____			If not single family, indicate number of occupancies and use of building. If mobile home, complete Section III on reverse.			
Building is POST-FIRM construction or substantial improvement? Yes <input type="checkbox"/> No <input type="checkbox"/>		Date of construction / /		Is building flood proofed? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Lowest Floor Elevation	Base Flood Elevation (-)	Elevation Difference (-) (+ or -)	LAG	Diag No.	If elevation certificate was previously submitted, indicate policy number: _____	

AMOUNT OF INSURANCE									
Coverage	Basic	Rate	Premium	Additional	Rate	Premium	Discount Amount	Total Ins. Amt.	Prem. Totals
Building									
Contents									
Deductibles: Building \$ _____ Contents \$ _____			Applicable Discounts: Deductible Discounts _____% CRS Credit _____%				Annual Subtotal	\$.00	
							Increase Cost of Compliance	.00	
							Community Rating System	.00	
							Probation Surcharge if Applicable	.00	
False statements may be punishable by fine or imprisonment			Insured's Signature				Premium Subtotal	.00	
Date of Application			Agent's Signature				Federal Service Fee (Commission not applicable)	30.00	
							Total Payable Premium	\$.00	

Method of Payment: <input type="checkbox"/> Credit Card <input type="checkbox"/> Check	<input type="checkbox"/> I hereby reject contents coverage _____ Insured's Initials
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ADDITIONAL INFORMATION IF REQUIRED

SECTION I: SECOND MORTGAGEE

CHECK TYPE:	First Mortgagee	Second Mortgagee	Loss Payee	Disaster Agency	Other	LENDER'S NAME	LOAN NUMBER	
	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4			
MAILING ADDRESS					CITY	STATE	ZIP CODE	TELEPHONE NUMBER

SECTION II: ELEVATED BUILDINGS [INCLUDING MANUFACTURED (MOBILE) HOMES]

1. Elevating foundation of the building:
 - 1 Piers, posts, or piles
 - 2 Reinforced masonry piers or concrete piers or columns
 - 3 Reinforced concrete shear walls
 - 4 Solid perimeter walls (Note: This is not an approved method for elevating in Zones V1-V30, VE or V.)
2. Area below the elevated floor:
 - Is the area below the elevated floor enclosed?
 - Yes No
 - 3. Is the enclosed area greater than 300 square feet?
 - Yes No
 - If yes, estimate size of area: _____ square feet.
 - 4. Is the enclosed area constructed with openings (excluding doors) to allow the passage of flood waters through the enclosed area?
 - Yes No
5. a. Is the area below the elevated floor enclosed using materials other than insect screening or light wood lattice?
 - Yes No
- b. If yes, check one of the following:
 - 1 Breakaway walls
 - 2 Solid wood frame walls
 - 3 Masonry walls
 - 4 Other: _____
6. a. Does the area below the elevated floor contain machinery or equipment?
 - Yes No
 - If yes, check the appropriate items:
 - 1 Furnace
 - 2 Hot water heater
 - 3 Elevator equipment
 - 4 Other equipment or machinery servicing the building
 - 5 Heat Pump
 - 6 Oil tank
 - 7 Air conditioner
 - 8 Cistern
- b. Value of machinery or equipment _____
- c. Is all referenced equipment elevated?
 - Yes No

SECTION III: MANUFACTURED (MOBILE) HOMES

4. Manufactured (Mobile) Home Data:
 - Make: _____
 - Year of manufacture: _____
 - Model number: _____
 - Serial number: _____
5. Manufactured (mobile) home dimensions:
 - _____ x _____ feet = total square footage
6. Are there any permanent additions or extensions to the manufactured (mobile) home? Yes No
 - If yes, the dimensions are: _____ x _____ feet.
7. Is the manufactured (mobile) home located in a manufactured (mobile) home park/subdivision? Yes No
 - If yes, park name: _____
 - Date park established: _____
8. Is the manufactured (mobile) home permanently anchored?
 - Yes No

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 application for flood insurance. 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 agent and any mortgagee named on your policy.

DISCLOSURE OF YOUR SOCIAL SECURITY NUMBER UNDER PUBLIC LAW 93-579 SECTION 7(B)

Solicitation of the Social Security Number (SSN) is authorized under provisions of E.O. 9397, dated November 22, 1943. The disclosure of your SSN is voluntary. However, since many persons appearing in the Government's administrative records possess identical names, the use of your SSN would provide for your precise identification.