

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 <input type="checkbox"/> Standard 30-Day*	WAIT PERIOD <input type="checkbox"/> Standard 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 <small>IF THROUGH ABIC, INDICATE POLICY #</small>																																																																																																						
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 _____																																																																																																							
FIRST MORTGAGEE	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																																																																																																						
MAILING ADDRESS		TELEPHONE NUMBER ()	FAX NUMBER ()	CITY	STATE	ZIP CODE																																																																																																					
SECOND MORTGAGEE/LOSS PAYEE/OTHER PAYEE	CHECK TYPE <input type="checkbox"/> 2nd Mortgagee <input type="checkbox"/> Loss Payee		NAME (IF ADDITIONAL SPACE IS NEEDED, ATTACH A SEPARATE SHEET)		LOAN NUMBER																																																																																																						
	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	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) <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		(INCLUDING BASEMENT, IF ANY)																																																																																																					
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		<input type="checkbox"/> High Rise <input type="checkbox"/> Low Rise No. of Units _____ <small>FOR CONDO MASTER POLICY</small>																																																																																																							
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																																																																																																					
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-80, 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"/> Chiller <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, D, X ZONE 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 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> <th>Annual Subtotal</th> <th>\$</th> </tr> </thead> <tbody> <tr> <td>Building</td> <td></td> <td></td> <td></td> <td>Building</td> <td></td> <td></td> <td></td> <td>Deductible Discounts (-)</td> <td>.00</td> </tr> <tr> <td>Contents</td> <td></td> <td></td> <td></td> <td>Contents</td> <td></td> <td></td> <td></td> <td>Subtotal</td> <td>.00</td> </tr> <tr> <td colspan="8">TOTAL COVERAGE AMOUNT</td> <td>ICC Coverage (+)</td> <td>.00</td> </tr> <tr> <td colspan="8"> <input type="checkbox"/> BUILDING \$ _____ <input type="checkbox"/> CONTENTS \$ _____ (IF ENDORSEMENT, INDICATE TOTAL NEW AMOUNT OF COVERAGE) </td> <td>CRS Credit (-)</td> <td>.00</td> </tr> <tr> <td colspan="8">DEDUCTIBLES</td> <td>Probation Fee (+)</td> <td>.00</td> </tr> <tr> <td colspan="8"> Building \$ _____ Contents \$ _____ Deductible Discounts _____% CRS Credit _____% </td> <td>Expense Constant (+)</td> <td>.00</td> </tr> <tr> <td colspan="8">False statements may be punishable by fine or imprisonment!</td> <td>Subtotal</td> <td>.00</td> </tr> <tr> <td colspan="8">AGENT'S SIGNATURE</td> <td>Federal Service Fee (+)</td> <td>.00</td> </tr> <tr> <td colspan="8">INSURED'S SIGNATURE (REQUIRED ON ENDORSEMENTS)</td> <td>Total Payable Premium</td> <td>\$.00</td> </tr> </tbody> </table>								BASIC	BASIC COVERAGE	RATE	PREMIUM AMOUNT	ADDITIONAL	ADDITIONAL COVERAGE	RATE	PREMIUM AMOUNT	Annual Subtotal	\$	Building				Building				Deductible Discounts (-)	.00	Contents				Contents				Subtotal	.00	TOTAL COVERAGE AMOUNT								ICC Coverage (+)	.00	<input type="checkbox"/> BUILDING \$ _____ <input type="checkbox"/> CONTENTS \$ _____ (IF ENDORSEMENT, INDICATE TOTAL NEW AMOUNT OF COVERAGE)								CRS Credit (-)	.00	DEDUCTIBLES								Probation Fee (+)	.00	Building \$ _____ Contents \$ _____ Deductible Discounts _____% CRS Credit _____%								Expense Constant (+)	.00	False statements may be punishable by fine or imprisonment!								Subtotal	.00	AGENT'S SIGNATURE								Federal Service Fee (+)	.00	INSURED'S SIGNATURE (REQUIRED ON ENDORSEMENTS)								Total Payable Premium	\$.00
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****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.