

Appendix B: Forms

I. NFIP Flood Insurance Application

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

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

National Flood Insurance Program

FLOOD INSURANCE APPLICATION, PAGE 1 (OF 2)

☐ NEW ☐ RENEWAL ☐ TRANSFER (NFIP POLICIES ONLY)

PRIOR POLICY #: _____

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

BILLING	AGENCY/PRODUCER INFORMATION	PROPERTY LOCATION	DISASTER ASSISTANCE	COMMUNITY	ALL BUILDINGS	NON-ELEVATED BUILDINGS
FOR RENEWAL, BILL: <input type="checkbox"/> INSURED <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> FIRST MORTGAGEE <input type="checkbox"/> OTHER (AS SPECIFIED IN THE "2ND MORTGAGEE/OTHER" BOX BELOW) <input type="checkbox"/> SECOND MORTGAGEE	NAME AND MAILING ADDRESS OF AGENT/PRODUCER: AGENCY NO.: _____ AGENT'S NO.: _____ PHONE NO.: _____ FAX NO.: _____ EMAIL ADDRESS: _____	NOTE: ONE BUILDING PER POLICY – BLANKET COVERAGE NOT PERMITTED. IS BUILDING LOCATED IN A CBRS OR OPA? <input type="checkbox"/> YES <input type="checkbox"/> NO 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, ENTER LEGAL DESCRIPTION, OR GEOGRAPHIC LOCATION OF PROPERTY (DO NOT USE P.O. BOX). IDENTIFY ADDRESS TYPE: <input type="checkbox"/> STREET <input type="checkbox"/> LEGAL DESCRIPTION* <input type="checkbox"/> 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.	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"/> FFA <input type="checkbox"/> OTHER (SPECIFY): _____ CASE FILE NO.: _____	GRANDFATHERING INFORMATION GRANDFATHERED? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, <input type="checkbox"/> BUILT IN COMPLIANCE OR <input type="checkbox"/> 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: <input type="checkbox"/> REGULAR <input type="checkbox"/> EMERGENCY CURRENT MAP INFORMATION CURRENT COMMUNITY NO./PANEL NO. AND SUFFIX: _____ CURRENT FIRM ZONE: _____ CURRENT BFE: _____ MAP DATE: _____/_____/_____	1. BUILDING PURPOSE <input type="checkbox"/> 100% RESIDENTIAL <input type="checkbox"/> 100% NON-RESIDENTIAL <input type="checkbox"/> MIXED-USE – SPECIFY PERCENTAGE OF RESIDENTIAL USE: _____ % 2. BUILDING OCCUPANCY <input type="checkbox"/> SINGLE FAMILY <input type="checkbox"/> 2-4 FAMILY <input type="checkbox"/> OTHER RESIDENTIAL <input type="checkbox"/> NON-RESIDENTIAL BUSINESS <input type="checkbox"/> OTHER NON-RESIDENTIAL 3. IS THE BUILDING A HOUSE OF WORSHIP? <input type="checkbox"/> YES <input type="checkbox"/> NO 4. IS THE BUILDING AN AGRICULTURAL STRUCTURE? <input type="checkbox"/> YES <input type="checkbox"/> NO 5. BUILDING DESCRIPTION (CHECK ONE) <input type="checkbox"/> MAIN HOUSE <input type="checkbox"/> DETACHED GUEST HOUSE <input type="checkbox"/> DETACHED GARAGE <input type="checkbox"/> BARN <input type="checkbox"/> APARTMENT BUILDING <input type="checkbox"/> APARTMENT - UNIT <input type="checkbox"/> CO-OPERATIVE BUILDING <input type="checkbox"/> CO-OPERATIVE - UNIT <input type="checkbox"/> WAREHOUSE <input type="checkbox"/> TOOL/STORAGE SHED <input type="checkbox"/> POOL/HOUSE, CLUBHOUSE, RECREATION BUILDING <input type="checkbox"/> OTHER: _____ 6. CONDOMINIUM INFORMATION IS BUILDING IN A CONDOMINIUM FORM OF OWNERSHIP? <input type="checkbox"/> YES <input type="checkbox"/> NO IS COVERAGE FOR THE ENTIRE BUILDING? <input type="checkbox"/> YES <input type="checkbox"/> NO TOTAL NUMBER OF UNITS: _____ HIGH-RISE <input type="checkbox"/> LOW-RISE IS COVERAGE FOR A CONDOMINIUM UNIT? <input type="checkbox"/> YES <input type="checkbox"/> NO 7. ADDITIONS AND EXTENSIONS (IF APPLICABLE) DOES THE BUILDING HAVE ANY ADDITIONS OR EXTENSIONS? <input type="checkbox"/> YES <input type="checkbox"/> NO (ADDITIONS AND EXTENSIONS MAY BE SEPARATELY INSURED.) COVERAGE IS FOR: <input type="checkbox"/> BUILDING INCLUDING ADDITION(S) AND EXTENSION(S) <input type="checkbox"/> BUILDING EXCLUDING ADDITION(S) AND EXTENSION(S). PROVIDE POLICY NUMBER FOR ADDITION OR EXTENSION: _____ 8. PRIMARY RESIDENCE, RENTAL PROPERTY, TENANT'S COVERAGE IS BUILDING INSURED'S PRIMARY RESIDENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO IS BUILDING A RENTAL PROPERTY? <input type="checkbox"/> YES <input type="checkbox"/> NO IS THE INSURED A TENANT? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, IS THE TENANT REQUESTING BUILDING COVERAGE? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, SEE NOTICE IN SIGNATURE BLOCK ON PAGE 2. 9. BUILDING INFORMATION 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	1. GARAGE IS A GARAGE ATTACHED TO THE BUILDING? <input type="checkbox"/> YES <input type="checkbox"/> 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? <input type="checkbox"/> YES <input type="checkbox"/> 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? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, DOES THE GARAGE CONTAIN MACHINERY AND/OR EQUIPMENT? <input type="checkbox"/> YES <input type="checkbox"/> NO 2. BASEMENT/SUBGRADE CRAWLSPACE DOES THE BASEMENT/SUBGRADE CRAWLSPACE CONTAIN MACHINERY AND/OR EQUIPMENT? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, SELECT THE VALUE BELOW: <input type="checkbox"/> UP TO \$10,000 <input type="checkbox"/> \$10,001 TO \$20,000 <input type="checkbox"/> IF GREATER THAN \$20,000 - INDICATE THE AMOUNT: _____ DOES THE BASEMENT/SUBGRADE CRAWLSPACE CONTAIN A WASHER, DRYER OR FOOD FREEZER? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, SELECT THE VALUE BELOW: <input type="checkbox"/> UP TO \$5,000 <input type="checkbox"/> \$5,001 TO \$10,000 <input type="checkbox"/> IF GREATER THAN \$10,000 - INDICATE THE AMOUNT: _____

INSURED INFORMATION
NAME AND MAILING ADDRESS OF INSURED:

PHONE NO.: _____
EMAIL ADDRESS: _____

IS THE INSURED A SMALL BUSINESS? ☐ YES ☐ NO
IS THE INSURED A NON-PROFIT ENTITY? ☐ YES ☐ NO

NAME AND MAILING ADDRESS OF FIRST MORTGAGEE:

LOAN NO.: _____
IS INSURANCE REQUIRED UNDER MANDATORY PURCHASE? ☐ YES ☐ NO

NAME AND MAILING ADDRESS OF: ☐ 2ND MORTGAGEE ☐ LOSS PAYEE ☐ OTHER
IF OTHER, SPECIFY: _____

LOAN NO.: _____
IS INSURANCE REQUIRED UNDER MANDATORY PURCHASE? ☐ YES ☐ NO

PRIOR NFIP COVERAGE
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

10. IS BUILDING ELEVATED? ☐ YES ☐ NO
11. BASEMENT, ENCLOSURE, CRAWLSPACE
☐ NONE
☐ FINISHED BASEMENT/ENCLOSURE
☐ CRAWLSPACE
☐ UNFINISHED BASEMENT/ENCLOSURE
☐ SUBGRADE CRAWLSPACE
IS THE BASEMENT/SUBGRADE CRAWLSPACE FLOOR BELOW GRADE ON ALL SIDES? ☐ YES ☐ NO
12. NUMBER OF FLOORS IN BUILDING (INCLUDING BASEMENT/ENCLOSED AREA, IF ANY) OR BUILDING TYPE
☐ 1 ☐ 2 ☐ 3 OR MORE
☐ SPLIT LEVEL
☐ TOWNHOUSE/ROWHOUSE (RCBP LOW-RISE ONLY)
☐ MANUFACTURED (MOBILE) HOME/TRAVEL TRAILER ON FOUNDATION

FEMA Form 086-0-1

F-050 (DEC 2019)

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**

ONLINE

The current approved version of the NFIP Flood Insurance Application, FEMA Form 086-0-1, is available at <https://www.fema.gov/media-library/assets/documents/154>

THIS LAYOUT OF THE REVISED FLOOD INSURANCE APPLICATION IS PROVIDED FOR YOUR REFERENCE.
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**U.S. DEPARTMENT OF HOMELAND SECURITY
FEDERAL EMERGENCY MANAGEMENT AGENCY**

National Flood Insurance Program

FLOOD INSURANCE APPLICATION, PAGE 2 (OF 2)

<p>IMPORTANT—PLEASE PRINT OR TYPE; ENTER DATES AS MM/DD/YYYY. ALL 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.</p>		<p><input type="checkbox"/> NEW <input type="checkbox"/> RENEWAL <input type="checkbox"/> TRANSFER (NFIP POLICIES ONLY)</p> <p>PRIOR POLICY #: _____</p>																																				
ELEVATED BUILDINGS	<div style="display: flex;"> <div style="flex: 1;"> <p>ELEVATED BUILDINGS (INCLUDING MANUFACTURED (MOBILE) HOMES/TRAVEL TRAILERS)</p> <p>1. IF THE BUILDING IS ELEVATED, IS THE AREA BELOW</p> <p><input type="checkbox"/> FREE OF OBSTRUCTION <input type="checkbox"/> WITH OBSTRUCTION</p> <p>2. ELEVATING FOUNDATION TYPE</p> <p><input type="checkbox"/> PIERS, POSTS, OR PILES <input type="checkbox"/> REINFORCED MASONRY PIERS OR CONCRETE PIERS OR COLUMNS <input type="checkbox"/> WOOD SHEAR WALLS <input type="checkbox"/> SOLID FOUNDATION WALLS</p> <p>3. MACHINERY AND/OR EQUIPMENT</p> <p>DOES THE AREA BELOW THE ELEVATED FLOOR CONTAIN MACHINERY AND/OR EQUIPMENT? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>IF YES, SELECT THE VALUE BELOW:</p> <p><input type="checkbox"/> UP TO \$5,000 <input type="checkbox"/> \$5,001 TO \$10,000 <input type="checkbox"/> IF GREATER THAN \$10,000 - INDICATE THE AMOUNT: _____</p> <p>4. AREA BELOW THE ELEVATED FLOOR</p> <p>IS THE AREA BELOW THE ELEVATED FLOOR ENCLOSED? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>IF YES, CHECK ONE OF THE FOLLOWING:</p> <p><input type="checkbox"/> FULLY <input type="checkbox"/> PARTIALLY</p> <p>IS THERE A GARAGE? (CHECK ONE)</p> <p><input type="checkbox"/> NO GARAGE <input type="checkbox"/> BENEATH THE LIVING SPACE <input type="checkbox"/> NEXT TO THE LIVING SPACE</p> <p>DOES THE AREA BELOW THE ELEVATED FLOOR CONTAIN ELEVATORS? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>IF YES, HOW MANY? _____</p> </div> <div style="flex: 1;"> <p>DOES THE AREA BELOW THE ELEVATED FLOOR CONTAIN A WASHER, DRYER OR FOOD FREEZER? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>IF YES, SELECT THE VALUE BELOW:</p> <p><input type="checkbox"/> UP TO \$5,000 <input type="checkbox"/> \$5,001 TO \$10,000 <input type="checkbox"/> IF GREATER THAN \$10,000 - INDICATE THE AMOUNT: _____</p> <p>IF THE ANSWER TO ANY OF THE QUESTIONS REGARDING THE AREA BELOW THE ELEVATED FLOOR IS YES, OR THERE IS A GARAGE, ANSWER ALL THE FOLLOWING.</p> <p>INDICATE MATERIAL USED FOR ENCLOSURE:</p> <p><input type="checkbox"/> INSECT SCREENING <input type="checkbox"/> LIGHT WOOD LATTICE <input type="checkbox"/> SOLID WOOD FRAME WALLS (BREAKAWAY) <input type="checkbox"/> SOLID WOOD FRAME WALLS (NON-BREAKAWAY) <input type="checkbox"/> MASONRY WALLS (IF BREAKAWAY, SUBMIT CERTIFICATION DOCUMENTATION) <input type="checkbox"/> MASONRY WALLS (NON-BREAKAWAY) <input type="checkbox"/> OTHER (DESCRIBE): _____</p> <p>IF ENCLOSED WITH A MATERIAL OTHER THAN INSECT SCREENING OR LIGHT WOOD LATTICE, PROVIDE THE SIZE OF ENCLOSED AREA: _____ SQUARE FEET</p> <p>IS THE ENCLOSED AREA/CRAWLSPACE USED FOR ANY PURPOSE OTHER THAN SOLELY FOR</p> </div> <div style="flex: 1;"> <p>PARKING OF VEHICLES, BUILDING ACCESS AND/OR STORAGE? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>IF YES, DESCRIBE: _____</p> <p>DOES THE ENCLOSED AREA HAVE MORE THAN 20 LINEAR FEET OF FINISHED INTERIOR WALL, PANELING, ETC.? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>5. FLOOD OPENINGS</p> <p>IS THE ENCLOSED AREA/CRAWLSPACE CONSTRUCTED WITH OPENINGS (EXCLUDING DOORS) TO ALLOW THE PASSAGE OF FLOODWATERS THROUGH THE ENCLOSED AREA? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>IF YES, INDICATE NUMBER OF PERMANENT FLOOD OPENINGS WITHIN 1 FOOT ABOVE ADJACENT GRADE: _____</p> <p>TOTAL AREA OF ALL PERMANENT FLOOD OPENINGS: _____ SQUARE INCHES.</p> <p>ARE FLOOD OPENINGS ENGINEERED? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>IF YES, SUBMIT CERTIFICATION.</p> </div> </div>																																					
MANUFACTURED (MOBILE) HOMES/TRAVEL TRAILERS	<p>NOTE: WHEELS MUST BE REMOVED FOR TRAVEL TRAILER TO BE INSURABLE.</p> <p>1. MANUFACTURED (MOBILE) HOME/TRAVEL TRAILER DATA</p> <p>YEAR OF MANUFACTURE: _____</p> <p>MAKE: _____</p> <p>MODEL NUMBER: _____</p> <p>SERIAL NUMBER: _____</p> <p>DIMENSIONS: _____ x _____ FEET</p> <p>ARE THERE ANY PERMANENT ADDITIONS AND/OR EXTENSIONS? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>IF YES, THE DIMENSIONS ARE: _____ x _____ FEET</p> <p>2. ANCHORING</p> <p>THE MANUFACTURED (MOBILE) HOME/TRAVEL TRAILER ANCHORING SYSTEM UTILIZES: (CHECK ALL THAT APPLY.)</p> <p><input type="checkbox"/> OVER-THE-TOP TIES <input type="checkbox"/> GROUND ANCHORS <input type="checkbox"/> FRAME TIES <input type="checkbox"/> SLAB ANCHORS <input type="checkbox"/> FRAME CONNECTORS <input type="checkbox"/> OTHER (DESCRIBE): _____</p> <p>3. INSTALLATION</p> <p>THE MANUFACTURED (MOBILE) HOME/TRAVEL TRAILER WAS INSTALLED IN ACCORDANCE WITH: (CHECK ALL THAT APPLY.)</p> <p><input type="checkbox"/> MANUFACTURER'S SPECIFICATIONS <input type="checkbox"/> LOCAL FLOODPLAIN MANAGEMENT STANDARDS <input type="checkbox"/> STATE AND/OR LOCAL BUILDING STANDARDS</p>																																					
CONSTRUCTION INFORMATION	<p>CHECK ONE OF THE FOLLOWING AND ENTER DATE FOR ORIGINAL CONSTRUCTION:</p> <p><input type="checkbox"/> BUILDING PERMIT <input type="checkbox"/> CONSTRUCTION _____ / _____ / _____</p> <p>CHECK IF BUILDING HAS BEEN SUBSTANTIALLY IMPROVED AND ENTER DATE:</p> <p><input type="checkbox"/> SUBSTANTIAL IMPROVEMENT _____ / _____ / _____</p> <p>CHECK ONE OF THE FOLLOWING FOR MANUFACTURED (MOBILE) HOMES/TRAVEL TRAILERS:</p> <p><input type="checkbox"/> LOCATED OUTSIDE A MOBILE HOME PARK OR SUBDIVISION: DATE OF PERMANENT PLACEMENT _____</p> <p><input type="checkbox"/> LOCATED INSIDE A MOBILE HOME PARK OR SUBDIVISION: CONSTRUCTION DATE OF MOBILE HOME PARK OR SUBDIVISION FACILITIES _____</p> <p>CONTENTS LOCATED IN:*</p> <p><input type="checkbox"/> Basement/Subgrade Crawlpace only <input type="checkbox"/> Lowest floor above ground level and higher floors <input type="checkbox"/> Basement/Subgrade Crawlpace and above <input type="checkbox"/> Above ground level more than one full floor <input type="checkbox"/> Enclosure/Crawlpace and above <input type="checkbox"/> Lowest floor only above ground level <input type="checkbox"/> Manufactured (mobile) home</p> <p>IS PERSONAL PROPERTY HOUSEHOLD CONTENTS? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>IF NO, DESCRIBE: _____</p> <p>*IF SINGLE FAMILY, CONTENTS ARE RATED THROUGHOUT THE BUILDING.</p>																																					
ELEVATION DATA	<p>IS BUILDING POST-FIRM CONSTRUCTION? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>(IF POST-FIRM CONSTRUCTION IN ZONES A1-A30, AE, AO, AH, V, V1-V30, VE, OR IF PRE-FIRM CONSTRUCTION IS ELEVATION RATED, ATTACH ELEVATION CERTIFICATE.)</p> <p>ELEVATION CERTIFICATION DATE: _____ / _____ / _____</p> <p>BUILDING DIAGRAM NO.: _____ LOWEST ADJACENT GRADE (LAG): _____</p> <p>LOWEST FLOOR ELEVATION: _____ (-) BASE FLOOD ELEVATION: _____ (-) DIFFERENCE TO NEAREST FOOT: _____ (+ OR -)</p> <p>IN ZONES V AND V1-V30 ONLY, DOES BASE FLOOD ELEVATION INCLUDE EFFECTS OF WAVE ACTION? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>IS BUILDING FLOODPROOFED? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>(SEE THE NFIP FLOOD INSURANCE MANUAL FOR CERTIFICATION REQUIREMENTS.)</p>																																					
COVERAGE AND RATING	<p>ESTIMATED BUILDING REPLACEMENT COST (INCLUDING FOUNDATION): \$ _____ DEDUCTIBLE: BUILDING \$ _____ CONTENTS \$ _____</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2">INSURANCE COVERAGE</th> <th rowspan="2">TOTAL AMOUNT OF INSURANCE</th> <th colspan="3">BASIC LIMITS</th> <th colspan="3">ADDITIONAL LIMITS (REGULAR PROGRAM ONLY)</th> <th rowspan="2">DEDUCTIBLE</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></td> <td>.00</td> <td></td> <td></td> <td>.00</td> <td>.00</td> <td>.00</td> </tr> <tr> <td>CONTENTS</td> <td></td> <td></td> <td></td> <td>.00</td> <td></td> <td></td> <td>.00</td> <td>.00</td> <td>.00</td> </tr> </tbody> </table> <p>RATE CATEGORY: <input type="checkbox"/> MANUAL <input type="checkbox"/> SUBMIT FOR RATE <input type="checkbox"/> PROVISIONAL RATING PAYMENT METHOD: <input type="checkbox"/> CHECK <input type="checkbox"/> CREDIT CARD</p> <p>INDICATE THE RATE TABLE USED: _____ <input type="checkbox"/> OTHER: _____</p>		INSURANCE COVERAGE	TOTAL AMOUNT OF INSURANCE	BASIC LIMITS			ADDITIONAL LIMITS (REGULAR PROGRAM ONLY)			DEDUCTIBLE	TOTAL PREMIUM	AMOUNT OF INSURANCE	RATE	ANNUAL PREMIUM	AMOUNT OF INSURANCE	RATE	ANNUAL PREMIUM	BUILDING				.00			.00	.00	.00	CONTENTS				.00			.00	.00	.00
INSURANCE COVERAGE	TOTAL AMOUNT OF INSURANCE	BASIC LIMITS			ADDITIONAL LIMITS (REGULAR PROGRAM ONLY)			DEDUCTIBLE	TOTAL PREMIUM																													
		AMOUNT OF INSURANCE	RATE	ANNUAL PREMIUM	AMOUNT OF INSURANCE	RATE	ANNUAL PREMIUM																															
BUILDING				.00			.00	.00	.00																													
CONTENTS				.00			.00	.00	.00																													
SIGNATURE	<p>NOTICE: 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.</p> <p>THE ABOVE STATEMENTS ARE CORRECT TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT ANY FALSE STATEMENTS MAY BE PUNISHABLE BY FINE AND/OR IMPRISONMENT UNDER APPLICABLE FEDERAL LAW. SEE LAST PAGE OF FORM.</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>SIGNATURE OF INSURANCE AGENT/PRODUCER _____</p> <p>DATE (MM/DD/YYYY) _____</p> <p>SIGNATURE OF INSURED (OPTIONAL) _____</p> <p>DATE (MM/DD/YYYY) _____</p> </div> <div style="width: 50%;"> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>ANNUAL SUBTOTAL</td><td>\$</td></tr> <tr><td>SRL PREMIUM</td><td></td></tr> <tr><td>ICC PREMIUM</td><td></td></tr> <tr><td>SUBTOTAL</td><td></td></tr> <tr><td>CRS PREMIUM DISCOUNT _____ %</td><td></td></tr> <tr><td>SUBTOTAL</td><td></td></tr> <tr><td>RESERVE FUND _____ %</td><td></td></tr> <tr><td>SUBTOTAL</td><td></td></tr> <tr><td>PROBATION SURCHARGE</td><td></td></tr> <tr><td>HFIAA SURCHARGE</td><td></td></tr> <tr><td>FEDERAL POLICY FEE</td><td></td></tr> <tr><td>TOTAL AMOUNT DUE</td><td>\$</td></tr> </table> </div> </div>		ANNUAL SUBTOTAL	\$	SRL PREMIUM		ICC PREMIUM		SUBTOTAL		CRS PREMIUM DISCOUNT _____ %		SUBTOTAL		RESERVE FUND _____ %		SUBTOTAL		PROBATION SURCHARGE		HFIAA SURCHARGE		FEDERAL POLICY FEE		TOTAL AMOUNT DUE	\$												
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TOTAL AMOUNT DUE	\$																																					

FEMA Form 086-0-1

F-050 (DEC 2019)

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

National Flood Insurance Program

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 certain property 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, 500 C Street SW, Washington, DC 20742, Paperwork Reduction Project (1660-0006).

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

II. NFIP Preferred Risk Policy and Newly Mapped Application

THIS LAYOUT OF THE REVISED PRP AND NEWLY MAPPED APPLICATION IS PROVIDED FOR YOUR REFERENCE.
THE FINAL FORM WILL BE RELEASED UPON O.M.B. APPROVAL.

**U.S. DEPARTMENT OF HOMELAND SECURITY
FEDERAL EMERGENCY MANAGEMENT AGENCY
National Flood Insurance Program
PREFERRED RISK POLICY AND NEWLY MAPPED APPLICATION, PAGE 1 (OF 2)**

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

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

BILLING	FOR RENEWAL, BILL: <input type="checkbox"/> INSURED <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> FIRST MORTGAGEE <input type="checkbox"/> OTHER (AS SPECIFIED IN THE "2ND MORTGAGEE/OTHER" BOX BELOW) <input type="checkbox"/> SECOND MORTGAGEE	POLICY PERIOD	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"/> REQUIRED FOR LOAN TRANSACTION – NO WAITING PERIOD <input type="checkbox"/> MAP REVISION (ZONE CHANGE FROM NON-SFHA TO SFHA) – 1 DAY <input type="checkbox"/> TRANSFER (NFIP POLICIES ONLY) – NO WAITING PERIOD
AGENT/PRODUCER INFORMATION	NAME AND MAILING ADDRESS OF AGENT/PRODUCER: AGENT'S NO.: _____ AGENT'S NO.: _____ PHONE NO.: _____ FAX NO.: _____ EMAIL ADDRESS: _____	INSURED INFORMATION	NAME AND MAILING ADDRESS OF INSURED: PHONE NO.: _____ EMAIL ADDRESS: _____ IS THE INSURED A SMALL BUSINESS? <input type="checkbox"/> YES <input type="checkbox"/> NO IS THE INSURED A NON-PROFIT ENTITY? <input type="checkbox"/> YES <input type="checkbox"/> NO
PROPERTY LOCATION	NOTE: ONE BUILDING PER POLICY – BLANKET COVERAGE NOT PERMITTED. IS BUILDING LOCATED IN A CBSR OR OPA? <input type="checkbox"/> YES <input type="checkbox"/> NO 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, ENTER LEGAL DESCRIPTION, OR GEOGRAPHIC LOCATION OF PROPERTY (DO NOT USE P.O. BOX). IDENTIFY ADDRESS TYPE: <input type="checkbox"/> STREET <input type="checkbox"/> LEGAL DESCRIPTION* <input type="checkbox"/> 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.	1ST MORTGAGEE	NAME AND MAILING ADDRESS OF FIRST MORTGAGEE: LOAN NO.: _____ IS INSURANCE REQUIRED UNDER MANDATORY PURCHASE? <input type="checkbox"/> YES <input type="checkbox"/> NO
DISASTER ASSISTANCE	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): _____ CASE FILE NO.: _____	2ND MORTGAGEE/OTHER	NAME AND MAILING ADDRESS OF: <input type="checkbox"/> 2ND MORTGAGEE <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> OTHER IF OTHER, SPECIFY: _____ LOAN NO.: _____ IS INSURANCE REQUIRED UNDER MANDATORY PURCHASE? <input type="checkbox"/> YES <input type="checkbox"/> NO
COMMUNITY	RATING MAP INFORMATION NAME OF COUNTY/PARISH: _____ COMMUNITY NO./PANEL NO. AND SUFFIX: _____ FIRM ZONE: _____ MAP DATE: ____/____/____ CURRENT MAP INFORMATION CURRENT COMMUNITY NO./PANEL NO. AND SUFFIX: _____ CURRENT FIRM ZONE: _____ CURRENT BFE: _____ MAP DATE: ____/____/____ NEWLY MAPPED INFORMATION DATE THE BUILDING WAS NEWLY MAPPED INTO THE SFHA: ____/____/____	PRIOR NFIP COVERAGE	COMPLETE THIS SECTION FOR PRE- AND POST-FIRM BUILDINGS LOCATED IN AN SFHA. 1. HAS THE APPLICANT HAD A PRIOR NFIP POLICY FOR THIS PROPERTY? <input type="checkbox"/> YES <input type="checkbox"/> NO 2. WAS THE POLICY REQUIRED BY THE LENDER UNDER MANDATORY PURCHASE? <input type="checkbox"/> YES <input type="checkbox"/> NO 3. IF YES, HAS THE PRIOR NFIP POLICY EVER LAPSED WHILE COVERAGE WAS REQUIRED UNDER MANDATORY PURCHASE BY THE LENDER? <input type="checkbox"/> YES <input type="checkbox"/> NO 4. IF YES, WAS THE LAPSE THE RESULT OF A COMMUNITY SUSPENSION? <input type="checkbox"/> YES <input type="checkbox"/> 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? <input type="checkbox"/> YES <input type="checkbox"/> NO
ALL BUILDINGS	1. BUILDING PURPOSE <input type="checkbox"/> 100% RESIDENTIAL <input type="checkbox"/> 100% NON-RESIDENTIAL <input type="checkbox"/> MIXED-USE – SPECIFY PERCENTAGE OF RESIDENTIAL USE: _____ % 2. BUILDING OCCUPANCY <input type="checkbox"/> SINGLE FAMILY <input type="checkbox"/> 2-4 FAMILY <input type="checkbox"/> OTHER RESIDENTIAL <input type="checkbox"/> NON-RESIDENTIAL BUSINESS <input type="checkbox"/> OTHER NON-RESIDENTIAL 3. IS THE BUILDING A HOUSE OF WORSHIP? <input type="checkbox"/> YES <input type="checkbox"/> NO 4. IS THE BUILDING AN AGRICULTURAL STRUCTURE? <input type="checkbox"/> YES <input type="checkbox"/> NO 5. BUILDING DESCRIPTION (CHECK ONE) <input type="checkbox"/> MAIN HOUSE <input type="checkbox"/> DETACHED GUEST HOUSE <input type="checkbox"/> DETACHED GARAGE <input type="checkbox"/> BARN <input type="checkbox"/> APARTMENT BUILDING <input type="checkbox"/> APARTMENT – UNIT <input type="checkbox"/> COOPERATIVE BUILDING <input type="checkbox"/> COOPERATIVE – SHED <input type="checkbox"/> WAREHOUSE <input type="checkbox"/> TOOL/STORAGE SHED <input type="checkbox"/> POOLHOUSE, CLUBHOUSE, RECREATION BUILDING <input type="checkbox"/> OTHER: _____ 6. CONDOMINIUM INFORMATION IS BUILDING IN A CONDOMINIUM FORM OF OWNERSHIP? <input type="checkbox"/> YES <input type="checkbox"/> NO IS COVERAGE FOR THE ENTIRE BUILDING? <input type="checkbox"/> YES <input type="checkbox"/> NO TOTAL NUMBER OF UNITS: _____ <input type="checkbox"/> HIGH-RISE <input type="checkbox"/> LOW-RISE IS COVERAGE FOR A CONDOMINIUM UNIT? <input type="checkbox"/> YES <input type="checkbox"/> NO 7. ADDITIONS AND EXTENSIONS (IF APPLICABLE) DOES THE BUILDING HAVE ANY ADDITIONS OR EXTENSIONS? <input type="checkbox"/> YES <input type="checkbox"/> NO (ADDITIONS AND EXTENSIONS MAY BE SEPARATELY INSURED.) COVERAGE IS FOR: <input type="checkbox"/> BUILDING INCLUDING ADDITION(S) AND EXTENSION(S) <input type="checkbox"/> BUILDING EXCLUDING ADDITION(S) AND EXTENSION(S). PROVIDE POLICY NUMBER FOR ADDITION OR EXTENSION: _____ 8. ADDITION OR EXTENSION ONLY (INCLUDE DESCRIPTION IN THE PROPERTY LOCATION BOX ABOVE). PROVIDE POLICY NUMBER FOR BUILDING EXCLUDING ADDITION(S) OR EXTENSION(S): _____ 9. PRIMARY RESIDENCE, RENTAL PROPERTY, TENANT'S COVERAGE IS BUILDING INSURED'S PRIMARY RESIDENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO IS BUILDING A RENTAL PROPERTY? <input type="checkbox"/> YES <input type="checkbox"/> NO IS THE INSURED A TENANT? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, IS THE TENANT REQUESTING BUILDING COVERAGE? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, SEE NOTICE IN SIGNATURE BLOCK ON PAGE 2. 10. BUILDING INFORMATION 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	NON ELEVATED BUILDINGS	IS BUILDING LOCATED ON FEDERAL LAND? <input type="checkbox"/> YES <input type="checkbox"/> NO IS BUILDING A SEVERE REPETITIVE LOSS PROPERTY? <input type="checkbox"/> YES <input type="checkbox"/> NO 10. IS BUILDING ELEVATED? <input type="checkbox"/> YES <input type="checkbox"/> NO 11. BASEMENT, ENCLOSURE, CRAWLSPACE <input type="checkbox"/> NONE <input type="checkbox"/> FINISHED BASEMENT/ENCLOSURE <input type="checkbox"/> CRAWLSPACE <input type="checkbox"/> UNFINISHED BASEMENT/ENCLOSURE <input type="checkbox"/> SUBGRADE CRAWLSPACE IS THE BASEMENT/SUBGRADE CRAWLSPACE FLOOR BELOW GRADE ON ALL SIDES? <input type="checkbox"/> YES <input type="checkbox"/> NO 12. NUMBER OF FLOORS IN BUILDING (INCLUDING 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 DOES THE BASEMENT/SUBGRADE CRAWLSPACE CONTAIN A WASHER, DRYER OR FOOD FREEZER? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, SELECT THE VALUE BELOW: <input type="checkbox"/> UP TO \$5,000 <input type="checkbox"/> \$5,001 TO \$10,000 <input type="checkbox"/> IF GREATER THAN \$10,000 – INDICATE THE AMOUNT: _____

FEMA Form 086-0-5 **F-089 (DEC 2019)**

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

ONLINE

The current approved version of the NFIP Preferred Risk Policy and Newly Mapped Application, FEMA Form 086-0-5, is available at <https://www.fema.gov/media-library/assets/documents/209>

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

National Flood Insurance Program

**PREFERRED RISK POLICY AND
NEWLY MAPPED APPLICATION, PAGE 2 (OF 2)**

IMPORTANT—PLEASE PRINT OR TYPE; ENTER DATES AS MM/DD/YYYY. ALL 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.		<input type="checkbox"/> NEW <input type="checkbox"/> RENEWAL <input type="checkbox"/> TRANSFER (NFIP POLICIES ONLY) PRIOR POLICY #: _____																																	
ELEVATED BUILDINGS	ELEVATED BUILDINGS (INCLUDING MANUFACTURED (MOBILE) HOMES/TRAVEL TRAILERS) 1. IF THE BUILDING IS ELEVATED, IS THE AREA BELOW <input type="checkbox"/> FREE OF OBSTRUCTION <input type="checkbox"/> WITH OBSTRUCTION 2. ELEVATING FOUNDATION TYPE <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"/> WOOD SHEAR WALLS <input type="checkbox"/> SOLID FOUNDATION WALLS 3. MACHINERY AND/OR EQUIPMENT DOES THE AREA BELOW THE ELEVATED FLOOR CONTAIN MACHINERY AND/OR EQUIPMENT? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, SELECT THE VALUE BELOW: <input type="checkbox"/> UP TO \$10,000 <input type="checkbox"/> \$10,001 TO \$20,000 <input type="checkbox"/> IF GREATER THAN \$20,000 - INDICATE THE AMOUNT: _____ DOES THE AREA BELOW THE ELEVATED FLOOR CONTAIN A WASHER, DRYER OR FOOD FREEZER? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, SELECT THE VALUE BELOW: <input type="checkbox"/> UP TO \$5,000 <input type="checkbox"/> \$5,001 TO \$10,000 <input type="checkbox"/> IF GREATER THAN \$10,000 - INDICATE THE AMOUNT: _____ 4. AREA BELOW THE ELEVATED FLOOR 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"/> FULLY <input type="checkbox"/> PARTIALLY IS THERE A GARAGE? (CHECK ONE) <input type="checkbox"/> NO GARAGE <input type="checkbox"/> BENEATH THE LIVING SPACE <input type="checkbox"/> NEXT TO THE LIVING SPACE DOES THE AREA BELOW THE ELEVATED FLOOR CONTAIN ELEVATORS? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, HOW MANY? _____ IF THE ANSWER TO ANY OF THE QUESTIONS REGARDING THE AREA BELOW THE ELEVATED FLOOR IS YES, OR THERE IS A GARAGE, ANSWER ALL THE FOLLOWING. INDICATE MATERIAL USED FOR ENCLOSURE: <input type="checkbox"/> INSECT SCREENING <input type="checkbox"/> LIGHT WOOD LATTICE <input type="checkbox"/> SOLID WOOD FRAME WALLS (BREAKAWAY) <input type="checkbox"/> SOLID WOOD FRAME WALLS (NON-BREAKAWAY) <input type="checkbox"/> MASONRY WALLS (IF BREAKAWAY, SUBMIT CERTIFICATION DOCUMENTATION) <input type="checkbox"/> MASONRY WALLS (NON-BREAKAWAY) <input type="checkbox"/> OTHER (DESCRIBE): _____ IF ENCLOSED WITH A MATERIAL OTHER THAN INSECT SCREENING OR LIGHT WOOD LATTICE, PROVIDE THE SIZE OF ENCLOSED AREA: _____ SQUARE FEET IS THE ENCLOSED AREA/CRAWLSPACE USED FOR ANY PURPOSE OTHER THAN SOLELY FOR PARKING OF VEHICLES, BUILDING ACCESS AND/OR STORAGE? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, DESCRIBE: _____ DOES THE ENCLOSED AREA HAVE MORE THAN 20 LINEAR FEET OF FINISHED INTERIOR WALL PANELING, ETC.? <input type="checkbox"/> YES <input type="checkbox"/> NO 5. FLOOD OPENINGS IS THE ENCLOSED AREA/CRAWLSPACE CONSTRUCTED WITH OPENINGS (EXCLUDING DOORS) TO ALLOW THE PASSAGE OF FLOODWATERS THROUGH THE ENCLOSED AREA? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, INDICATE NUMBER OF PERMANENT FLOOD OPENINGS WITHIN 1 FOOT ABOVE ADJACENT GRADE: _____ TOTAL AREA OF ALL PERMANENT FLOOD OPENINGS: _____ SQUARE INCHES. ARE FLOOD OPENINGS ENGINEERED? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, SUBMIT CERTIFICATION.																																		
MANUFACTURED (MOBILE) HOMES/TRAVEL TRAILERS	NOTE: WHEELS MUST BE REMOVED FOR TRAVEL TRAILER TO BE INSURABLE. 1. MANUFACTURED (MOBILE) HOME/TRAVEL TRAILER DATA YEAR OF MANUFACTURE: _____ MAKE: _____ MODEL NUMBER: _____ SERIAL NUMBER: _____ DIMENSIONS: _____ x _____ FEET ARE THERE ANY PERMANENT ADDITIONS AND/OR EXTENSIONS? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, THE DIMENSIONS ARE: _____ x _____ FEET 2. ANCHORING THE MANUFACTURED (MOBILE) HOME/TRAVEL TRAILER ANCHORING SYSTEM UTILIZES: (CHECK ALL THAT APPLY) <input type="checkbox"/> OVER-THE-TOP TIES <input type="checkbox"/> GROUND ANCHORS <input type="checkbox"/> FRAME TIES <input type="checkbox"/> SLAB ANCHORS <input type="checkbox"/> FRAME CONNECTORS <input type="checkbox"/> OTHER (DESCRIBE): _____ 3. INSTALLATION THE MANUFACTURED (MOBILE) HOME/TRAVEL TRAILER WAS INSTALLED IN ACCORDANCE WITH: (CHECK ALL THAT APPLY) <input type="checkbox"/> MANUFACTURER'S SPECIFICATIONS <input type="checkbox"/> LOCAL FLOODPLAIN MANAGEMENT STANDARDS <input type="checkbox"/> STATE AND/OR LOCAL BUILDING STANDARDS																																		
CONSTRUCTION INFORMATION	CHECK ONE OF THE FOLLOWING AND ENTER DATE FOR ORIGINAL CONSTRUCTION: <input type="checkbox"/> BUILDING PERMIT <input type="checkbox"/> CONSTRUCTION _____/_____/_____ CHECK IF BUILDING HAS BEEN SUBSTANTIALLY IMPROVED AND ENTER DATE: <input type="checkbox"/> SUBSTANTIAL IMPROVEMENT _____/_____/_____ CHECK ONE OF THE FOLLOWING FOR MANUFACTURED (MOBILE) HOMES/TRAVEL TRAILERS: <input type="checkbox"/> LOCATED OUTSIDE A MOBILE HOME PARK OR SUBDIVISION: DATE OF PERMANENT PLACEMENT <input type="checkbox"/> LOCATED INSIDE A MOBILE HOME PARK OR SUBDIVISION: CONSTRUCTION DATE OF MOBILE HOME PARK OR SUBDIVISION FACILITIES																																		
CONTENTS	CONTENTS LOCATED IN: * <input type="checkbox"/> Basement/Subgrade Crawlspace only <input type="checkbox"/> Lowest floor above ground level and higher floors <input type="checkbox"/> Basement/Subgrade Crawlspace and above <input type="checkbox"/> Above ground level more than one full floor <input type="checkbox"/> Enclosure/Crawlspace and above <input type="checkbox"/> Enclosure/Crawlspace and above <input type="checkbox"/> Lowest floor only above ground level <input type="checkbox"/> Manufactured (mobile) home IS PERSONAL PROPERTY HOUSEHOLD CONTENTS? <input type="checkbox"/> YES <input type="checkbox"/> NO IF NO, DESCRIBE: _____ *IF SINGLE FAMILY, CONTENTS ARE RATED THROUGHOUT THE BUILDING.																																		
BUILDING ELIGIBILITY	THE PREFERRED RISK POLICY (PRP) IS ONLY AVAILABLE IF ALL ANSWERS TO QUESTIONS A AND B ARE NO, EXCEPT FOR BUILDINGS ELIGIBLE UNDER THE NEWLY MAPPED PROCEDURE, FOR WHICH THE ANSWER TO QUESTION A MAY BE YES. ANSWER THE FOLLOWING TO DETERMINE A BUILDING'S ELIGIBILITY FOR A PRP: A) IS THE BUILDING LOCATED IN A SPECIAL FLOOD HAZARD AREA (SFHA) EXCLUDING ZONES AR AND A99? <input type="checkbox"/> YES <input type="checkbox"/> NO B) DO ANY OF THE FOLLOWING CONDITIONS, ARISING FROM 1 OR MORE OCCURRENCES IN ANY 10-YEAR PERIOD, EXIST? * 2 LOSS PAYMENTS, EACH MORE THAN \$1,000 <input type="checkbox"/> YES <input type="checkbox"/> NO * 3 OR MORE LOSS PAYMENTS, REGARDLESS OF AMOUNT <input type="checkbox"/> YES <input type="checkbox"/> NO * 2 FEDERAL DISASTER RELIEF PAYMENTS, EACH MORE THAN \$1,000 <input type="checkbox"/> YES <input type="checkbox"/> NO * 3 FEDERAL DISASTER RELIEF PAYMENTS, REGARDLESS OF AMOUNT <input type="checkbox"/> YES <input type="checkbox"/> NO * 1 FLOOD INSURANCE CLAIM PAYMENT AND 1 FLOOD DISASTER RELIEF PAYMENT (INCLUDING LOANS AND GRANTS), EACH MORE THAN \$1,000 <input type="checkbox"/> YES <input type="checkbox"/> NO																																		
COVERAGE AND PREMIUM	ESTIMATED BUILDING REPLACEMENT COST (INCLUDING FOUNDATION): \$ _____ ENTER SELECTED OPTION FOR COVERAGE LIMIT AND PREMIUM FROM THE TABLES IN THE NFIP FLOOD INSURANCE MANUAL BUILDING AND CONTENTS COVERAGE COMBINATION <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2">REQUESTED COVERAGE</th> </tr> </thead> <tbody> <tr> <td>BUILDING COVERAGE</td> <td>\$</td> </tr> <tr> <td>CONTENTS COVERAGE / CONTENTS ONLY</td> <td>\$</td> </tr> <tr> <th colspan="2">PREMIUM CALCULATION</th> </tr> <tr> <td>BASE PREMIUM</td> <td>\$</td> </tr> <tr> <td>MULTIPLIER</td> <td></td> </tr> <tr> <td>ADJUSTED PREMIUM</td> <td>\$</td> </tr> <tr> <td>ICC PREMIUM</td> <td>\$</td> </tr> <tr> <td>PREMIUM SUBTOTAL</td> <td>\$</td> </tr> <tr> <td>RESERVE FUND ASSESSMENT PERCENT</td> <td>%</td> </tr> <tr> <td>RESERVE FUND ASSESSMENT AMOUNT</td> <td>\$</td> </tr> <tr> <td>TOTAL PREMIUM</td> <td>\$</td> </tr> <tr> <th colspan="2">FEES AND SURCHARGES</th> </tr> <tr> <td>HFIAA SURCHARGE</td> <td>\$</td> </tr> <tr> <td>PROBATION SURCHARGE</td> <td>\$</td> </tr> <tr> <td>FEDERAL POLICY FEE</td> <td>\$</td> </tr> <tr> <td>TOTAL AMOUNT DUE</td> <td>\$</td> </tr> </tbody> </table> INDICATE THE RATE TABLE USED FOR THE BASE PREMIUM: _____ RISK RATING METHOD: <input type="checkbox"/> 7 - PRP <input type="checkbox"/> R - NEWLY MAPPED	REQUESTED COVERAGE		BUILDING COVERAGE	\$	CONTENTS COVERAGE / CONTENTS ONLY	\$	PREMIUM CALCULATION		BASE PREMIUM	\$	MULTIPLIER		ADJUSTED PREMIUM	\$	ICC PREMIUM	\$	PREMIUM SUBTOTAL	\$	RESERVE FUND ASSESSMENT PERCENT	%	RESERVE FUND ASSESSMENT AMOUNT	\$	TOTAL PREMIUM	\$	FEES AND SURCHARGES		HFIAA SURCHARGE	\$	PROBATION SURCHARGE	\$	FEDERAL POLICY FEE	\$	TOTAL AMOUNT DUE	\$
REQUESTED COVERAGE																																			
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PREMIUM CALCULATION																																			
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ADJUSTED PREMIUM	\$																																		
ICC PREMIUM	\$																																		
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RESERVE FUND ASSESSMENT PERCENT	%																																		
RESERVE FUND ASSESSMENT AMOUNT	\$																																		
TOTAL PREMIUM	\$																																		
FEES AND SURCHARGES																																			
HFIAA SURCHARGE	\$																																		
PROBATION SURCHARGE	\$																																		
FEDERAL POLICY FEE	\$																																		
TOTAL AMOUNT DUE	\$																																		
SIGNATURE	NOTICE: 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. THE ABOVE STATEMENTS ARE CORRECT TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT ANY FALSE STATEMENTS MAY BE PUNISHABLE BY FINE AND/OR IMPRISONMENT UNDER APPLICABLE FEDERAL LAW. SEE LAST PAGE OF FORM. SIGNATURE OF INSURANCE AGENT/PRODUCER _____ DATE (MM/DD/YYYY) _____ SIGNATURE OF INSURED (OPTIONAL) _____ DATE (MM/DD/YYYY) _____																																		

FEMA Form 086-0-5

F-089 (DEC 2019)

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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**

National Flood Insurance Program

PREFERRED RISK POLICY AND NEWLY MAPPED APPLICATION
FEMA FORM 086-0-5

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 certain property 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 10 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, 500 C Street SW, Washington, DC 20742, Paperwork Reduction Project (1660-0006).

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

III. NFIP Flood Insurance General Change Endorsement

THIS LAYOUT OF THE REVISED GENERAL CHANGE ENDORSEMENT IS PROVIDED FOR YOUR REFERENCE.
THE FINAL FORM WILL BE RELEASED UPON O.M.B. APPROVAL.

**U.S. DEPARTMENT OF HOMELAND SECURITY
FEDERAL EMERGENCY MANAGEMENT AGENCY
National Flood Insurance Program
FLOOD INSURANCE GENERAL CHANGE ENDORSEMENT, PAGE 1 (OF 2)**

FOR ALL POLICY TYPES. IMPORTANT—PLEASE PRINT OR TYPE; ENTER DATES AS MM/DD/YYYY.

POLICY #: _____

CHANGE	REASON FOR CHANGE (CHECK ALL THAT APPLY): <input type="checkbox"/> MORTGAGEE <input type="checkbox"/> MAILING ADDRESS <input type="checkbox"/> INCREASE COVERAGE <input type="checkbox"/> BILLING <input type="checkbox"/> BUILDING INFORMATION <input type="checkbox"/> AGENT/PRODUCER <input type="checkbox"/> INSURED INFORMATION <input type="checkbox"/> OTHER (SPECIFY): _____	ASSIGNMENT	REASON FOR ASSIGNMENT: <input type="checkbox"/> NEW PURCHASE DATE OF PURCHASE: ____/____/____ <input type="checkbox"/> OTHER (SPECIFY): _____	BILLING	FOR RENEWAL, BILL: <input type="checkbox"/> INSURED <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> FIRST MORTGAGEE <input type="checkbox"/> OTHER (AS SPECIFIED IN THE "2ND MORTGAGEE/OTHER" BOX BELOW) <input type="checkbox"/> SECOND MORTGAGEE
	AGENT/PRODUCER INFORMATION		POLICY PERIOD		INSURED INFORMATION
PROPERTY LOCATION	NAME AND MAILING ADDRESS OF AGENT/PRODUCER: AGENCY NO.: _____ AGENT'S NO.: _____ PHONE NO.: _____ FAX NO.: _____ EMAIL ADDRESS: _____		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"/> REQUIRED FOR LOAN TRANSACTION -- NO WAITING PERIOD <input type="checkbox"/> MAP REVISION (ZONE CHANGE FROM NON-SFHA TO SFHA) -- 1 DAY <input type="checkbox"/> TRANSFER (NFIP POLICIES ONLY) -- NO WAITING PERIOD		
	NOTE: ONE BUILDING PER POLICY -- BLANKET COVERAGE NOT PERMITTED. IS BUILDING LOCATED IN A CRRS OR OPA? <input type="checkbox"/> YES <input type="checkbox"/> NO 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, ENTER LEGAL DESCRIPTION, OR GEOGRAPHIC LOCATION OF PROPERTY (DO NOT USE P.O. BOX). IDENTIFY ADDRESS TYPE: <input type="checkbox"/> STREET <input type="checkbox"/> LEGAL DESCRIPTION* <input type="checkbox"/> 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.		NAME AND MAILING ADDRESS OF INSURED: PHONE NO.: _____ EMAIL ADDRESS: _____ IS THE INSURED A SMALL BUSINESS? <input type="checkbox"/> YES <input type="checkbox"/> NO IS THE INSURED A NON-PROFIT ENTITY? <input type="checkbox"/> YES <input type="checkbox"/> NO		
COMMUNITY	GRANDFATHERING INFORMATION GRANDFATHERED? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, <input type="checkbox"/> BUILT IN COMPLIANCE OR <input type="checkbox"/> CONTINUOUS COVERAGE (PROVIDE PRIOR POLICY NO. _____) RATING MAP INFORMATION NAME OF COUNTY/PARISH: _____ COMMUNITY NO./PANEL NO. AND SUFFIX: _____ FIRM ZONE: _____ MAP DATE: ____/____/____ COMMUNITY PROGRAM TYPE IS: <input type="checkbox"/> REGULAR <input type="checkbox"/> EMERGENCY CURRENT MAP INFORMATION CURRENT COMMUNITY NO./PANEL NO. AND SUFFIX: _____ CURRENT FIRM ZONE: _____ CURRENT BFE: _____ MAP DATE: ____/____/____ NEWLY MAPPED INFORMATION DATE THE BUILDING WAS NEWLY MAPPED INTO THE SFHA: ____/____/____		NAME AND MAILING ADDRESS OF FIRST MORTGAGEE: LOAN NO.: _____ IS INSURANCE REQUIRED UNDER MANDATORY PURCHASE? <input type="checkbox"/> YES <input type="checkbox"/> NO		
	1. BUILDING PURPOSE <input type="checkbox"/> 100% RESIDENTIAL <input type="checkbox"/> 100% NON-RESIDENTIAL <input type="checkbox"/> MIXED-USE -- SPECIFY PERCENTAGE OF RESIDENTIAL USE: _____ % 2. BUILDING OCCUPANCY <input type="checkbox"/> SINGLE FAMILY <input type="checkbox"/> 2-4 FAMILY <input type="checkbox"/> OTHER RESIDENTIAL <input type="checkbox"/> NON-RESIDENTIAL BUSINESS <input type="checkbox"/> OTHER NON-RESIDENTIAL 3. IS THE BUILDING A HOUSE OF WORSHIP? <input type="checkbox"/> YES <input type="checkbox"/> NO 4. IS THE BUILDING AN AGRICULTURAL STRUCTURE? <input type="checkbox"/> YES <input type="checkbox"/> NO 5. BUILDING DESCRIPTION (CHECK ONE) <input type="checkbox"/> MAIN HOUSE <input type="checkbox"/> DETACHED GUEST HOUSE <input type="checkbox"/> DETACHED GARAGE <input type="checkbox"/> BARN <input type="checkbox"/> APARTMENT BUILDING <input type="checkbox"/> APARTMENT - UNIT <input type="checkbox"/> COOPERATIVE BUILDING <input type="checkbox"/> COOPERATIVE - UNIT <input type="checkbox"/> WAREHOUSE <input type="checkbox"/> TOOL/STORAGE SHED <input type="checkbox"/> POOLHOUSE, CLUBHOUSE, RECREATION BUILDING <input type="checkbox"/> OTHER: _____ 6. CONDOMINIUM INFORMATION IS BUILDING IN A CONDOMINIUM FORM OF OWNERSHIP? <input type="checkbox"/> YES <input type="checkbox"/> NO IS COVERAGE FOR THE ENTIRE BUILDING? <input type="checkbox"/> YES <input type="checkbox"/> NO TOTAL NUMBER OF UNITS: _____ <input type="checkbox"/> HIGH-RISE <input type="checkbox"/> LOW-RISE IS COVERAGE FOR A CONDOMINIUM UNIT? <input type="checkbox"/> YES <input type="checkbox"/> NO 7. ADDITIONS AND EXTENSIONS (IF APPLICABLE) DOES THE BUILDING HAVE ANY ADDITIONS OR EXTENSIONS? <input type="checkbox"/> YES <input type="checkbox"/> NO (ADDITIONS AND EXTENSIONS MAY BE SEPARATELY INSURED.) COVERAGE IS FOR: <input type="checkbox"/> BUILDING INCLUDING ADDITION(S) AND EXTENSION(S) <input type="checkbox"/> BUILDING EXCLUDING ADDITION(S) AND EXTENSION(S). PROVIDE POLICY NUMBER FOR ADDITION OR EXTENSION: _____		1ST MORTGAGEE NAME AND MAILING ADDRESS OF: <input type="checkbox"/> 2ND MORTGAGEE <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> OTHER IF OTHER, SPECIFY: _____ LOAN NO.: _____ IS INSURANCE REQUIRED UNDER MANDATORY PURCHASE? <input type="checkbox"/> YES <input type="checkbox"/> NO 2ND MORTGAGEE/OTHER NAME AND MAILING ADDRESS OF: <input type="checkbox"/> 2ND MORTGAGEE <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> OTHER IF OTHER, SPECIFY: _____ LOAN NO.: _____ IS INSURANCE REQUIRED UNDER MANDATORY PURCHASE? <input type="checkbox"/> YES <input type="checkbox"/> NO		
ALL BUILDINGS	1. BUILDING PURPOSE <input type="checkbox"/> 100% RESIDENTIAL <input type="checkbox"/> 100% NON-RESIDENTIAL <input type="checkbox"/> MIXED-USE -- SPECIFY PERCENTAGE OF RESIDENTIAL USE: _____ % 2. BUILDING OCCUPANCY <input type="checkbox"/> SINGLE FAMILY <input type="checkbox"/> 2-4 FAMILY <input type="checkbox"/> OTHER RESIDENTIAL <input type="checkbox"/> NON-RESIDENTIAL BUSINESS <input type="checkbox"/> OTHER NON-RESIDENTIAL 3. IS THE BUILDING A HOUSE OF WORSHIP? <input type="checkbox"/> YES <input type="checkbox"/> NO 4. IS THE BUILDING AN AGRICULTURAL STRUCTURE? <input type="checkbox"/> YES <input type="checkbox"/> NO 5. BUILDING DESCRIPTION (CHECK ONE) <input type="checkbox"/> MAIN HOUSE <input type="checkbox"/> DETACHED GUEST HOUSE <input type="checkbox"/> DETACHED GARAGE <input type="checkbox"/> BARN <input type="checkbox"/> APARTMENT BUILDING <input type="checkbox"/> APARTMENT - UNIT <input type="checkbox"/> COOPERATIVE BUILDING <input type="checkbox"/> COOPERATIVE - UNIT <input type="checkbox"/> WAREHOUSE <input type="checkbox"/> TOOL/STORAGE SHED <input type="checkbox"/> POOLHOUSE, CLUBHOUSE, RECREATION BUILDING <input type="checkbox"/> OTHER: _____ 6. CONDOMINIUM INFORMATION IS BUILDING IN A CONDOMINIUM FORM OF OWNERSHIP? <input type="checkbox"/> YES <input type="checkbox"/> NO IS COVERAGE FOR THE ENTIRE BUILDING? <input type="checkbox"/> YES <input type="checkbox"/> NO TOTAL NUMBER OF UNITS: _____ <input type="checkbox"/> HIGH-RISE <input type="checkbox"/> LOW-RISE IS COVERAGE FOR A CONDOMINIUM UNIT? <input type="checkbox"/> YES <input type="checkbox"/> NO 7. ADDITIONS AND EXTENSIONS (IF APPLICABLE) DOES THE BUILDING HAVE ANY ADDITIONS OR EXTENSIONS? <input type="checkbox"/> YES <input type="checkbox"/> NO (ADDITIONS AND EXTENSIONS MAY BE SEPARATELY INSURED.) COVERAGE IS FOR: <input type="checkbox"/> BUILDING INCLUDING ADDITION(S) AND EXTENSION(S) <input type="checkbox"/> BUILDING EXCLUDING ADDITION(S) AND EXTENSION(S). PROVIDE POLICY NUMBER FOR ADDITION OR EXTENSION: _____		1ST MORTGAGEE NAME AND MAILING ADDRESS OF: <input type="checkbox"/> 2ND MORTGAGEE <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> OTHER IF OTHER, SPECIFY: _____ LOAN NO.: _____ IS INSURANCE REQUIRED UNDER MANDATORY PURCHASE? <input type="checkbox"/> YES <input type="checkbox"/> NO 2ND MORTGAGEE/OTHER NAME AND MAILING ADDRESS OF: <input type="checkbox"/> 2ND MORTGAGEE <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> OTHER IF OTHER, SPECIFY: _____ LOAN NO.: _____ IS INSURANCE REQUIRED UNDER MANDATORY PURCHASE? <input type="checkbox"/> YES <input type="checkbox"/> NO		
	1. GARAGE IS A GARAGE ATTACHED TO THE BUILDING? <input type="checkbox"/> YES <input type="checkbox"/> 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? <input type="checkbox"/> YES <input type="checkbox"/> 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? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, DOES THE GARAGE CONTAIN MACHINERY AND/OR EQUIPMENT? <input type="checkbox"/> YES <input type="checkbox"/> NO		2. BASEMENT/SUBGRADE CRAWLSPACE DOES THE BASEMENT/SUBGRADE CRAWLSPACE CONTAIN MACHINERY AND/OR EQUIPMENT? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, SELECT THE VALUE BELOW: <input type="checkbox"/> UP TO \$10,000 <input type="checkbox"/> \$10,001 TO \$20,000 <input type="checkbox"/> IF GREATER THAN \$20,000 - INDICATE THE AMOUNT: _____ IS BUILDING LOCATED ON FEDERAL LAND? <input type="checkbox"/> YES <input type="checkbox"/> NO IS BUILDING A SEVERE REPETITIVE LOSS PROPERTY? <input type="checkbox"/> YES <input type="checkbox"/> NO 10. IS BUILDING ELEVATED? <input type="checkbox"/> YES <input type="checkbox"/> NO 11. BASEMENT, ENCLOSURE, CRAWLSPACE <input type="checkbox"/> NONE <input type="checkbox"/> FINISHED BASEMENT/ENCLOSURE <input type="checkbox"/> CRAWLSPACE <input type="checkbox"/> UNFINISHED BASEMENT/ENCLOSURE <input type="checkbox"/> SUBGRADE CRAWLSPACE IS THE BASEMENT/SUBGRADE CRAWLSPACE FLOOR BELOW GRADE ON ALL SIDES? <input type="checkbox"/> YES <input type="checkbox"/> NO 12. NUMBER OF FLOORS IN BUILDING (INCLUDING 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		

FEMA Form 086-0-3 F-051 (DEC 2019)

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

ONLINE

The current approved version of the NFIP Flood Insurance General Change Endorsement, FEMA Form 086-0-3, is available at <https://www.fema.gov/media-library/assets/documents/144>

THIS LAYOUT OF THE REVISED GENERAL CHANGE ENDORSEMENT IS PROVIDED FOR YOUR REFERENCE.
THE FINAL FORM WILL BE RELEASED UPON O.M.B. APPROVAL.

**U.S. DEPARTMENT OF HOMELAND SECURITY
FEDERAL EMERGENCY MANAGEMENT AGENCY
National Flood Insurance Program**

**FLOOD INSURANCE GENERAL CHANGE
ENDORSEMENT, PAGE 2 (OF 2)**

FOR ALL POLICY TYPES. IMPORTANT—PLEASE PRINT OR TYPE; ENTER DATES AS MM/DD/YYYY. ALL DATA PROVIDED BY THE INSURED OR OBTAINED FROM THE ELEVATION CERTIFICATE SHOULD BE REVIEWED AND TRANSCRIBED BELOW. THIS PART OF THE ENDORSEMENT MUST BE COMPLETED FOR ALL BUILDINGS.		POLICY #: _____																																																																																																																																																																															
ELEVATED BUILDINGS	ELEVATED BUILDINGS (INCLUDING MANUFACTURED (MOBILE) HOMES/TRAVEL TRAILERS) 1. IF THE BUILDING IS ELEVATED, IS THE AREA BELOW <input type="checkbox"/> FREE OF OBSTRUCTION <input type="checkbox"/> WITH OBSTRUCTION 2. ELEVATING FOUNDATION TYPE <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"/> WOOD SHEAR WALLS <input type="checkbox"/> SOLID FOUNDATION WALLS 3. MACHINERY AND/OR EQUIPMENT DOES THE AREA BELOW THE ELEVATED FLOOR CONTAIN MACHINERY AND/OR EQUIPMENT? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, SELECT THE VALUE BELOW: <input type="checkbox"/> UP TO \$10,000 <input type="checkbox"/> \$10,001 TO \$20,000 <input type="checkbox"/> IF GREATER THAN \$20,000 - INDICATE THE AMOUNT: _____ 4. AREA BELOW THE ELEVATED FLOOR 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"/> FULLY <input type="checkbox"/> PARTIALLY IS THERE A GARAGE? (CHECK ONE) <input type="checkbox"/> NO GARAGE <input type="checkbox"/> BENEATH THE LIVING SPACE <input type="checkbox"/> NEXT TO THE LIVING SPACE DOES THE AREA BELOW THE ELEVATED FLOOR CONTAIN ELEVATORS? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, HOW MANY? _____	IF THE ANSWER TO ANY OF THE QUESTIONS REGARDING THE AREA BELOW THE ELEVATED FLOOR IS YES, OR THERE IS A GARAGE, ANSWER ALL THE FOLLOWING. INDICATE MATERIAL USED FOR ENCLOSURE: <input type="checkbox"/> INSECT SCREENING <input type="checkbox"/> LIGHT WOOD LATTICE <input type="checkbox"/> SOLID WOOD FRAME WALLS (BREAKAWAY) <input type="checkbox"/> SOLID WOOD FRAME WALLS (NON-BREAKAWAY) <input type="checkbox"/> MASONRY WALLS (IF BREAKAWAY, SUBMIT CERTIFICATION DOCUMENTATION) <input type="checkbox"/> MASONRY WALLS (NON-BREAKAWAY) <input type="checkbox"/> OTHER (DESCRIBE): _____ IF ENCLOSED WITH A MATERIAL OTHER THAN INSECT SCREENING OR LIGHT WOOD LATTICE, PROVIDE THE SIZE OF ENCLOSED AREA: _____ SQUARE FEET IS THE ENCLOSED AREA/CRAWLSPACE USED FOR ANY PURPOSE OTHER THAN SOLELY FOR	PARKING OF VEHICLES, BUILDING ACCESS AND/OR STORAGE? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, DESCRIBE: _____ DOES THE ENCLOSED AREA HAVE MORE THAN 20 LINEAR FEET OF FINISHED INTERIOR WALL, PANELING, ETC.? <input type="checkbox"/> YES <input type="checkbox"/> NO 5. FLOOD OPENINGS IS THE ENCLOSED AREA/CRAWLSPACE CONSTRUCTED WITH OPENINGS (EXCLUDING DOORS) TO ALLOW THE PASSAGE OF FLOODWATERS THROUGH THE ENCLOSED AREA? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, INDICATE NUMBER OF PERMANENT FLOOD OPENINGS WITHIN 1 FOOT ABOVE ADJACENT GRADE: _____ TOTAL AREA OF ALL PERMANENT FLOOD OPENINGS: _____ SQUARE INCHES. ARE FLOOD OPENINGS ENGINEERED? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, SUBMIT CERTIFICATION.																																																																																																																																																																														
MANUFACTURED (MOBILE) HOMES/TRAVEL TRAILERS	NOTE: WHEELS MUST BE REMOVED FOR TRAVEL TRAILER TO BE INSURABLE. 1. MANUFACTURED (MOBILE) HOME/TRAVEL TRAILER DATA YEAR OF MANUFACTURE: _____ MAKE: _____ MODEL NUMBER: _____ SERIAL NUMBER: _____ DIMENSIONS: _____ x _____ FEET ARE THERE ANY PERMANENT ADDITIONS AND/OR EXTENSIONS? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, THE DIMENSIONS ARE: _____ x _____ FEET																																																																																																																																																																																
CONSTRUCTION INFORMATION	2. ANCHORING THE MANUFACTURED (MOBILE) HOME/TRAVEL TRAILER ANCHORING SYSTEM UTILIZES: (CHECK ALL THAT APPLY.) <input type="checkbox"/> OVER-THE-TOP TIES <input type="checkbox"/> GROUND ANCHORS <input type="checkbox"/> FRAME TIES <input type="checkbox"/> SLAB ANCHORS <input type="checkbox"/> FRAME CONNECTORS <input type="checkbox"/> OTHER (DESCRIBE): _____ 3. INSTALLATION THE MANUFACTURED (MOBILE) HOME/TRAVEL TRAILER WAS INSTALLED IN ACCORDANCE WITH: (CHECK ALL THAT APPLY.) <input type="checkbox"/> MANUFACTURER'S SPECIFICATIONS <input type="checkbox"/> LOCAL FLOODPLAIN MANAGEMENT STANDARDS <input type="checkbox"/> STATE AND/OR LOCAL BUILDING STANDARDS																																																																																																																																																																																
ELEVATION DATA	CONTENTS CHECK ONE OF THE FOLLOWING AND ENTER DATE FOR ORIGINAL CONSTRUCTION: <input type="checkbox"/> BUILDING PERMIT <input type="checkbox"/> CONSTRUCTION _____/_____/_____ CHECK IF BUILDING HAS BEEN SUBSTANTIALLY IMPROVED AND ENTER DATE: _____/_____/_____ CHECK ONE OF THE FOLLOWING FOR MANUFACTURED (MOBILE) HOMES/TRAVEL TRAILERS: <input type="checkbox"/> LOCATED OUTSIDE A MOBILE HOME PARK OR SUBDIVISION: DATE OF PERMANENT PLACEMENT _____/_____/_____ <input type="checkbox"/> LOCATED INSIDE A MOBILE HOME PARK OR SUBDIVISION: CONSTRUCTION DATE OF MOBILE HOME PARK OR SUBDIVISION _____/_____/_____ IS BUILDING POST-FIRM CONSTRUCTION? <input type="checkbox"/> YES <input type="checkbox"/> NO (IF POST-FIRM CONSTRUCTION IN ZONES A, 1-A30, AE, AO, AH, V, VI-V30, VE, OR IF PRE-FIRM CONSTRUCTION IS ELEVATION RATED, ATTACH ELEVATION CERTIFICATE.) ELEVATION CERTIFICATION DATE: _____/_____/_____ BUILDING DIAGRAM NO.: _____ LOWEST ADJACENT GRADE (LAG): _____ LOWEST FLOOR ELEVATION: _____ (-) BASE FLOOD ELEVATION: _____ (-) DIFFERENCE TO NEAREST FOOT: _____ (+ OR -) IN ZONES V AND VI-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 THE NFIP FLOOD INSURANCE MANUAL FOR CERTIFICATION REQUIREMENTS.)																																																																																																																																																																																
COVERAGE AND RATING	ESTIMATED BUILDING REPLACEMENT COST (INCLUDING FOUNDATION): \$ _____ DEDUCTIBLE: BUILDING \$ _____ CONTENTS \$ _____ TO INCREASE/DECREASE COVERAGE, COMPLETE SECTIONS A & B. FOR RATE CHANGE, COMPLETE SECTION A ONLY. INDICATE THE RATE TABLE USED: _____ RISK RATING METHOD: <input type="checkbox"/> 7 - PRP <input type="checkbox"/> R - NEWLY MAPPED																																																																																																																																																																																
SIGNATURE	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="3">SECTION A - CURRENT LIMITS</th> <th colspan="3">SECTION B - NEW LIMITS</th> <th rowspan="2">A + B PREMIUM</th> </tr> <tr> <th>AMOUNT</th> <th>RATE</th> <th>PREMIUM</th> <th>AMOUNT</th> <th>RATE</th> <th>PREMIUM</th> </tr> </thead> <tbody> <tr> <td colspan="3">BUILDING BASIC LIMIT</td> <td colspan="3"></td> <td></td> </tr> <tr> <td colspan="3">BUILDING ADDITIONAL LIMIT</td> <td colspan="3"></td> <td></td> </tr> <tr> <td colspan="3">CONTENTS BASIC LIMIT</td> <td colspan="3"></td> <td></td> </tr> <tr> <td colspan="3">CONTENTS ADDITIONAL LIMIT</td> <td colspan="3"></td> <td></td> </tr> <tr> <td colspan="3">FOR PRP AND NEWLY MAPPED ONLY, ENTER LIMITS FROM THE NFIP FLOOD INSURANCE MANUAL</td> <td colspan="3"></td> <td></td> </tr> <tr> <td colspan="3">IF CHANGING AMOUNT OF INSURANCE, ENTER NEW TOTAL AMOUNT BELOW</td> <td colspan="3"></td> <td></td> </tr> <tr> <td colspan="3">BUILDING COVERAGE</td> <td colspan="3">PAYMENT METHOD:</td> <td></td> </tr> <tr> <td>BASIC</td> <td>ADDITIONAL</td> <td>TOTAL</td> <td colspan="3"> <input type="checkbox"/> CHECK <input type="checkbox"/> CREDIT CARD <input type="checkbox"/> OTHER: _____ </td> <td></td> </tr> <tr> <td colspan="3"></td> <td colspan="3">SUBTOTAL</td> <td></td> </tr> <tr> <td colspan="3"></td> <td colspan="3">DEDUCTIBLE DISCOUNT/SURCHARGE</td> <td></td> </tr> <tr> <td colspan="3"></td> <td colspan="3">SUBTOTAL</td> <td></td> </tr> <tr> <td colspan="3"></td> <td colspan="3">SRL PREMIUM</td> <td></td> </tr> <tr> <td colspan="3"></td> <td colspan="3">ICC PREMIUM</td> <td></td> </tr> <tr> <td colspan="3"></td> <td colspan="3">SUBTOTAL</td> <td></td> </tr> <tr> <td colspan="3"></td> <td colspan="3">CRS PREMIUM DISCOUNT _____ %</td> <td></td> </tr> <tr> <td colspan="3"></td> <td colspan="3">SUBTOTAL</td> <td></td> </tr> <tr> <td colspan="3"></td> <td colspan="3">RESERVE FUND _____ %</td> <td></td> </tr> <tr> <td colspan="3"></td> <td colspan="3">SUBTOTAL</td> <td></td> </tr> <tr> <td colspan="3"></td> <td colspan="3">PREMIUM PREVIOUSLY PAID (Excludes Probation Surcharge/Federal Policy Fee)</td> <td></td> </tr> <tr> <td colspan="3"></td> <td colspan="3">HFIAA SURCHARGE</td> <td></td> </tr> <tr> <td colspan="3"></td> <td colspan="3">DIFFERENCE _____ (+/-)</td> <td></td> </tr> <tr> <td colspan="3"></td> <td colspan="3">PRO-RATA FACTOR</td> <td></td> </tr> <tr> <td colspan="3"></td> <td colspan="3">TOTAL AMOUNT DUE _____ (+/-)</td> <td></td> </tr> </tbody> </table>			SECTION A - CURRENT LIMITS			SECTION B - NEW LIMITS			A + B PREMIUM	AMOUNT	RATE	PREMIUM	AMOUNT	RATE	PREMIUM	BUILDING BASIC LIMIT							BUILDING ADDITIONAL LIMIT							CONTENTS BASIC LIMIT							CONTENTS ADDITIONAL LIMIT							FOR PRP AND NEWLY MAPPED ONLY, ENTER LIMITS FROM THE NFIP FLOOD INSURANCE MANUAL							IF CHANGING AMOUNT OF INSURANCE, ENTER NEW TOTAL AMOUNT BELOW							BUILDING COVERAGE			PAYMENT METHOD:				BASIC	ADDITIONAL	TOTAL	<input type="checkbox"/> CHECK <input type="checkbox"/> CREDIT CARD <input type="checkbox"/> OTHER: _____							SUBTOTAL							DEDUCTIBLE DISCOUNT/SURCHARGE							SUBTOTAL							SRL PREMIUM							ICC PREMIUM							SUBTOTAL							CRS PREMIUM DISCOUNT _____ %							SUBTOTAL							RESERVE FUND _____ %							SUBTOTAL							PREMIUM PREVIOUSLY PAID (Excludes Probation Surcharge/Federal Policy Fee)							HFIAA SURCHARGE							DIFFERENCE _____ (+/-)							PRO-RATA FACTOR							TOTAL AMOUNT DUE _____ (+/-)			
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National Flood Insurance Program

FLOOD INSURANCE GENERAL CHANGE ENDORSEMENT
FEMA FORM 086-0-3

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 certain property 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 9 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, 500 C Street SW, Washington, DC 20742, Paperwork Reduction Project (1660-0006).

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

IV. NFIP Flood Insurance Cancellation/Nullification Request Form

THIS LAYOUT OF THE REVISED FLOOD INSURANCE CANCELLATION/NULLIFICATION REQUEST FORM IS PROVIDED FOR YOUR REFERENCE.
THE FINAL FORM WILL BE RELEASED UPON O.M.B. APPROVAL.

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

National Flood Insurance Program

Flood Insurance Cancellation/Nullification Request Form

POLICY #:

IMPORTANT – Please print or type; enter dates as MM/DD/YYYY.

POLICY PERIOD	Policy Period Is From _____ To _____ 12:01 A.M. LOCAL TIME AT THE INSURED PROPERTY LOCATION.		INSURED MAILING INFORMATION	Name and Mailing Address of Insured for Mailing Refund:	
	Cancellation Effective Date: _____			Phone No.: _____	
AGENT/PRODUCER INFORMATION	Agent/Producer information for the policy being canceled:		INSURED PROPERTY LOCATION	Insured Property Location if Different from Insured's Mailing Address:	
	Agency No.: _____ Agent's No.: _____ Phone No.: _____ FAX No.: _____ Email Address: _____				
FIRST MORTGAGEE INFORMATION	Name and Mailing Address of First Mortgagee:		SECOND MORTGAGEE/ OTHER INFORMATION	Information below is that of: <input type="checkbox"/> Second Mortgagee <input type="checkbox"/> Loss Payee <input type="checkbox"/> Other (specify): _____	
	Loan No.: _____				
CANCELLATION REASON CODE	<p>Please see all valid cancellation reason codes and requirements for their use in the "How to Cancel" section of the <i>NFIP Flood Insurance Manual</i> on the FEMA website. https://www.fema.gov/flood-insurance-manual</p> <p>CANCELLATION REASON CODE: _____</p>				
REFUND	<p>Make Refund Payable To (check one): <input type="checkbox"/> Insured <input type="checkbox"/> Payor <input type="checkbox"/> Agent (Reason Code 5 Only)</p> <p>Mail Refund To (check one): <input type="checkbox"/> Insured <input type="checkbox"/> Payor <input type="checkbox"/> Agent (Reason Code 5 or at Request of Insured)</p>				
SIGNATURE	<p>The above statements are correct to the best of my knowledge. I understand that any false statements may be punishable by fine and/or imprisonment under applicable federal law. See second page of form.</p> <p>SIGNATURE OF INSURED _____ DATE _____ (NOT REQUIRED FOR REASON CODES 5, 6, 22, OR 25)</p> <p>SIGNATURE OF OTHER INSURED _____ DATE _____ SIGNATURE OF AGENT/PRODUCER _____ DATE _____</p>				

FEMA Form 086-0-2

REPLACES ALL PREVIOUS EDITIONS.

F-052 (DEC 2019)

PLEASE ATTACH ALL REQUIRED DOCUMENTS TO NFIP COPY OF CANCELLATION/ NULLIFICATION REQUEST FORM.
SEND ORIGINAL TO NFIP, KEEP A COPY FOR YOUR RECORDS, AND PROVIDE COPIES TO THE INSURED AND MORTGAGEE(S).

ONLINE

The current approved version of the NFIP Flood Insurance Cancellation/Nullification Request Form, FEMA Form 086-0-2, is available at <https://www.fema.gov/media-library/assets/documents/1190>

National Flood Insurance Program

FLOOD INSURANCE CANCELLATION/NULLIFICATION REQUEST FORM

FEMA FORM 086-0-2

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 certain property 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 7.5 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, 500 C Street SW, Washington, DC 20742, Paperwork Reduction Project (1660-0006). **NOTE: Do not send your completed form to this address.**

V. NFIP Residential Basement Floodproofing Certificate

DEPARTMENT OF HOMELAND SECURITY
Federal Emergency Management Agency
National Flood Insurance Program

OMB No.: 1660-0033
Expiration: 05/31/2020

Residential Basement Floodproofing Certificate

PAPERWORK BURDEN DISCLOSURE NOTICE

Public reporting burden for this data collection is estimated to average 3.25 hours 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 this Residential Basement Floodproofing Certificate. 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 Residential Basement Floodproofing Certificate. 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, 500 C Street, SW, Washington, DC 20472, Paperwork Reduction Project (1660-0033). **NOTE: Do not send your completed form to this address.**

Privacy Act Statement

AUTHORITY

National Flood Insurance Act of 1968, as amended (42 U.S.C. § 4001 et seq.).

PRINCIPAL PURPOSE(S)

This information is being collected for two primary purposes. First, for community use in documenting compliance with floodplain management ordinances, where records are maintained by the community. Second, for flood insurance purposes of estimating the risk premium rates necessary to provide flood insurance for new or substantially improved structures in designated Special Flood Hazard Areas. Records are located at the facility that underwrites and administers the policy (Write Your Own (WYO) companies or the Federal Emergency Management Agency's (FEMA) National Flood Insurance Program (NFIP) Direct).

ROUTINE USE(S)

When this form is maintained by FEMA and is used in conjunction with the application and maintenance of a flood insurance policy, the information requested on this form may be shared externally as a "routine use" to authorized WYO companies receiving transferred policies, to assist the Department of Homeland Security (DHS)/FEMA in estimating the risk premium rates necessary to provide flood insurance for new or substantially improved structures in designated Special Flood Hazard Areas. A complete list of the routine uses can be found in the system of records notice associated with this form, "DHS/FEMA-003 - National Flood Insurance Program Files 79 Fed. Reg. 28,747 (May 19, 2014); and upon written request, written consent, by agreement, or as required by law. The Department's full list of system of records notices can be found on the Department's website at <http://www.dhs.gov/system-records-notices-sorns>.

DISCLOSURE

The disclosure of information on this form is voluntary; however, failure to provide the information requested may result in the inability to obtain flood insurance through the National Flood Insurance Program, or the building being subject to higher premium rates for flood insurance. Information will only be released as permitted by law.

ONLINE

The NFIP Residential Basement Floodproofing Certificate, FEMA Form 086-0-24, is available at <https://www.fema.gov/media-library/assets/documents/215>

DEPARTMENT OF HOMELAND SECURITY
Federal Emergency Management Agency
National Flood Insurance Program

OMB No.: 1660-0033
Expiration: 05/31/2020

Residential Basement Floodproofing Certificate

BUILDING OWNER'S NAME					FOR INSURANCE COMPANY USE		
					POLICY NUMBER		
BUILDING STREET ADDRESS <i>(Including Apt., Unit Number)</i>					COMPANY NAIC NUMBER		
OTHER DESCRIPTION <i>(Lot and Block Numbers, etc.)</i>							
CITY		STATE		ZIP CODE			
SECTION I - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION							
Provide the following from the FIRM and flood profile <i>(from Flood Insurance Study)</i>							
COMMUNITY NUMBER	PANEL NUMBER	SUFFIX	DATE OF FIRM	ZONE	BASE FLOOD ELEVATION <i>(In AO Zones, Use depth)</i>	NAME OF FLOODING SOURCE(S) AFFECTING BUILDING	
Indicate elevation datum used for Base Flood Elevation shown above: <input type="checkbox"/> NGVD 1929 <input type="checkbox"/> NAVD 1988 <input type="checkbox"/> Other/Source: _____							
SECTION II - FLOODPROOFED ELEVATION CERTIFICATION <i>(By a Registered Professional Land Surveyor, Engineer, or Architect)</i>							
All elevations must be based on finished construction.							
Floodproofing Elevation Information for Zones A1-30, AE, AH, AO:							
Building is floodproofed to an elevation of _____ feet. <i>(In Puerto Rico only: _____ meters.)</i>							
<i>(Elevation datum used must be the same as that on the FIRM.)</i>							
Elevation of the top of the basement floor is _____ feet. <i>(In Puerto Rico only: _____ meters.)</i>							
Lowest adjacent (finished) grade next to the building (LAG): _____ feet. <i>(In Puerto Rico only: _____ meters.)</i>							
Highest adjacent (finished) grade next to the building (HAG): _____ feet. <i>(In Puerto Rico only: _____ meters.)</i>							
Indicate elevation datum used for Section II: <input type="checkbox"/> NGVD 1929 <input type="checkbox"/> NAVD 1988 <input type="checkbox"/> Other/Source: _____							
(NOTE: For insurance rating purposes, the building's floodproofed elevation must be at least 1 foot above the Base Flood Elevation to receive rating credit. If the building is floodproofed only to the Base Flood Elevation, then the building's insurance rating will result in a higher premium.)							
Section II certification is to be signed and sealed by a land surveyor, engineer, or architect authorized by law to certify elevation information.							
<i>I certify that the information in Section II on this Certificate represents a true and accurate interpretation and determination by the undersigned using the available information and data. I understand that any false statement may be punishable by fine or imprisonment under 18 U.S. Code, Section 1001.</i>							
CERTIFIER'S NAME			LICENSE NUMBER <i>(or affix Seal)</i>			Place Seal Here	
TITLE			COMPANY NAME				
ADDRESS			CITY	STATE	ZIP CODE		
SIGNATURE			PHONE NO.		DATE		

DEPARTMENT OF HOMELAND SECURITY
Federal Emergency Management Agency
National Flood Insurance Program

OMB No.: 1660-0033
Expiration: 05/31/2020

Residential Basement Floodproofing Certificate *continued*

BUILDING STREET ADDRESS <i>(Including Apt., Unit Number)</i>				
CITY	STATE	ZIP CODE		
SECTION III - FLOODPROOFING CERTIFICATION <i>(By a Registered Professional Engineer or Architect)</i>				
Residential Floodproofed Basement Construction Certification:				
<p>I certify the structure, based upon development and/or review of the design, specifications, as-built drawings for construction and physical inspection, has been designed and constructed in accordance with the accepted standards of practice (ASCE 24-05, ASCE 24-14, or their equivalent) and any alterations also meet those standards and the following provisions.</p> <ul style="list-style-type: none"> Basement area, together with attendant utilities and sanitary facilities, is watertight to the floodproofing design elevation with walls that are impermeable to the passage of water without human intervention; and Basement walls and floor are capable of resisting hydrostatic and hydrodynamic loads and the effects of buoyancy resulting from flooding to the floodproofing design elevation; and have been designed so that minimal damage will occur from floods that exceed the floodproofing design elevation; and Building design, including the floodproofing design elevation, complies with community requirements; and Soil or fill adjacent to the structure is compacted and protected against erosion and local scour (in accordance with ASCE 24). 				
<p>I certify that the information in Section III on this certificate represents a true and accurate determination by the undersigned using the available information and data. I understand that any false statement may be punishable by fine or imprisonment under 18 U.S. Code, Section 1001.</p>				
CERTIFIER'S NAME	LICENSE NUMBER <i>(or affix Seal)</i>			
TITLE	COMPANY NAME			
ADDRESS	CITY	STATE	ZIP CODE	
SIGNATURE	PHONE NO.	DATE		
Place Seal Here				
<p>Copies of this certificate must be given to: 1) the community official; 2) the insurance agent; and 3) the building owner.</p>				

DEPARTMENT OF HOMELAND SECURITY
Federal Emergency Management Agency
National Flood Insurance Program

OMB No.: 1660-0033
Expiration: 05/31/2020

Residential Basement Floodproofing Certificate *continued*

Instructions for Completing the Residential Basement Floodproofing Certificate

To receive credit for floodproofing, a completed Residential Basement Floodproofing Certificate is required for residential buildings with basements in Regular Program communities, located in zones A1-A30, AE, AR, AR Dual, AO, AH, and A with BFE.

The communities must have been specifically approved and authorized by FEMA to receive residential basement floodproofing rating credit. Approved communities are listed in Appendix K of the *NFIP Flood Insurance Manual*, available on the FEMA website at <https://www.fema.gov/flood-insurance-manual>.

When applying for flood insurance, the following information must be provided with the completed Residential Basement Floodproofing Certificate:

- The Flood Insurance Application
- At least two photographs of the building.

VI. NFIP Floodproofing Certificate for Non-Residential Structures

DEPARTMENT OF HOMELAND SECURITY
Federal Emergency Management Agency
National Flood Insurance Program

OMB No.: 1660-0008
Expiration: 11/30/2022

FLOODPROOFING CERTIFICATE FOR NON-RESIDENTIAL STRUCTURES

Paperwork Burden Disclosure Notice

Public reporting burden for this data collection is estimated to average 3.25 hours 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 this form. You are not required to respond to this collection of information unless a valid OMB control number is displayed on 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, 500 C Street SW, Washington, DC 20742, Paperwork Reduction Project (1660-0008). **NOTE: Do not send your completed form to this address.**

General: This information is provided pursuant to Public Law 96-511 (the 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.

Privacy Act Statement

Authority: Title 44 CFR § 61.7 and 61.8.

Principal Purpose(s): This information is being collected for the primary purpose of estimating the risk premium rates necessary to provide flood insurance for new or substantially improved structures in designated Special Flood Hazard Areas.

Routine Use(s): The information on this form may be disclosed as generally permitted under 5 U.S.C. § 552a(b) of the Privacy Act of 1974, as amended. This includes using this information as necessary and authorized by the routine uses published in DHS/FEMA-003 – National Flood Insurance Program Files System or Records Notice 73 Fed. Reg. 77747 (December 19, 2008); DHS/FEMA/NFIP/LOMA-1 – National Flood Insurance Program (NFIP) Letter of Map Amendment (LOMA) System of Records Notice 71 Fed. Reg. 7990 (February 15, 2006); and upon written request, written consent, by agreement, or as required by law.

Disclosure: The disclosure of information on this form is voluntary; however, failure to provide the information requested may result in the inability to obtain flood insurance through the National Flood Insurance Program or being subject to higher premium rates for flood insurance. Information will only be released as permitted by law.

Purpose of the Floodproofing Certificate for Non-Residential Structures

Under the National Flood Insurance Program (NFIP), the floodproofing of non-residential buildings may be permitted as an alternative to elevating to or above the Base Flood Elevation (BFE). A floodproofing design certification is required for non-residential structures that are floodproofed. This form is to be used for that certification.

A floodproofed building is a building that has been designed and constructed to be watertight (substantially impermeable to floodwaters) below the BFE and with structural components having the capability of resisting hydrostatic and hydrodynamic loads and effects of buoyancy. Before a floodproofed building is designed, numerous planning considerations, including flood warning time, uses of the building, mode of entry to and exit from the building and the site in general, floodwater velocities, flood depths, debris impact potential, and flood frequency, must be addressed to ensure that dry floodproofing will be a viable floodplain management measure.

The minimum NFIP requirement is to floodproof a building to the BFE. However, when it is rated for flood insurance one-foot is subtracted from the floodproofed elevation. Therefore, a building has to be floodproofed to one foot above the BFE to receive the same favorable flood insurance rates as a building elevated to the BFE.

Additional guidance can be found in FEMA Publication 936, Floodproofing Non-Residential Buildings (2013), available on FEMA's website at <https://www.fema.gov/media-library/assets/documents/34270>.

ONLINE

The NFIP Floodproofing Certificate for Non-Residential Structures, FEMA Form 086-0-34, is available at <https://www.fema.gov/media-library/assets/documents/2748>

DEPARTMENT OF HOMELAND SECURITY
Federal Emergency Management Agency
National Flood Insurance Program

OMB No.: 1660-0008
Expiration: 11/30/2022

FLOODPROOFING CERTIFICATE FOR NON-RESIDENTIAL STRUCTURES

The floodproofing of non-residential buildings may be permitted as an alternative to elevating to or above the Base Flood Elevation; however, a floodproofing design certification is required. This form is to be used for that certification. Floodproofing of a residential building does not alter a community's floodplain management elevation requirements or affect the insurance rating unless the community has been issued an exception by FEMA to allow floodproofed residential basements. The permitting of a floodproofed residential basement requires a separate certification specifying that the design complies with the local floodplain management ordinance.

BUILDING OWNER'S NAME		FOR INSURANCE COMPANY USE	
		POLICY NUMBER	
		COMPANY NAIC NUMBER	
STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. Number) OR P.O. ROUTE AND BOX NUMBER			
OTHER DESCRIPTION (Lot and Block Numbers, etc.)			
CITY		STATE	Zip Code

SECTION I – FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

Provide the following from the proper FIRM:

COMMUNITY NUMBER	PANEL NUMBER	SUFFIX	DATE OF FIRM INDEX	FIRM ZONE	BASE FLOOD ELEVATION (in AO Zones, Use Depth)

Indicate elevation datum used for Base Flood Elevation shown above: ☐ NGVD 1929 ☐ NAVD 1988 ☐ Other/Source: _____

SECTION II – FLOODPROOFED ELEVATION CERTIFICATION (By a Registered Professional Land Surveyor, Engineer, or Architect)

All elevations must be based on finished construction.

Floodproofing Elevation Information:

Building is floodproofed to an elevation of _____ feet (In Puerto Rico only: _____ meters).

☐ NGVD 1929 ☐ NAVD 1988 ☐ Other/Source: _____

(Elevation datum used must be the same as that used for the Base Flood Elevation.)

Height of floodproofing on the building above the lowest adjacent grade is _____ feet (In Puerto Rico only: _____ meters).

For Unnumbered A Zones Only:

Highest adjacent (finished) grade next to the building (HAG) _____ feet (In Puerto Rico only: _____ meters).

☐ NGVD 1929 ☐ NAVD 1988 ☐ Other/Source: _____

(NOTE: For insurance rating purposes, the building's floodproofed design elevation must be at least 1 foot above the Base Flood Elevation to receive rating credit. If the building is floodproofed only to the Base Flood Elevation, then the building's insurance rating will result in a higher premium. See the Instructions section for information on documentation that must accompany this certificate if being submitted for flood insurance rating purposes.)

DEPARTMENT OF HOMELAND SECURITY
Federal Emergency Management Agency
National Flood Insurance Program

OMB No.: 1660-0008
Expiration: 11/30/2022

FLOODPROOFING CERTIFICATE FOR NON-RESIDENTIAL STRUCTURES

Non-Residential Floodproofed Elevation Information Certification:

Section II certification is to be signed and sealed by a land surveyor, engineer, or architect authorized by law to certify elevation information

I certify that the information in Section II on this Certificate represents a true and accurate interpretation and determination by the undersigned using the available information and data. I understand that any false statement may be punishable by fine or imprisonment under 18 U.S. Code, Section 1001.

CERTIFIER'S NAME	LICENSE NUMBER (or Affix Seal)			PLACE SEAL HERE
TITLE	COMPANY NAME			
ADDRESS	CITY	STATE	ZIP CODE	
SIGNATURE	DATE	PHONE		

SECTION III – FLOODPROOFED CERTIFICATION (By a Registered Professional Engineer or Architect)

Non-Residential Floodproofed Construction Certification:

I certify the structure, based upon development and/or review of the design, specifications, as-built drawings for construction and physical inspection, has been designed and constructed in accordance with the accepted standards of practice (ASCE 24-05, ASCE 24-14 or their equivalent) and any alterations also meet those standards and the following provisions.

The structure, together with attendant utilities and sanitary facilities is watertight to the floodproofed design elevation indicated above, is substantially impermeable to the passage of water, and shall perform in accordance with the 44 Code of Federal Regulations (44 CFR 60.3(c)(3)).

All structural components are capable of resisting hydrostatic and hydrodynamic flood forces, including the effects of buoyancy, and anticipated debris impact forces.

I certify that the information in Section III on this certificate represents a true and accurate determination by the undersigned using the available information and data. I understand that any false statement may be punishable by fine or imprisonment under 18 U.S. Code, Section 1001.

CERTIFIER'S NAME	LICENSE NUMBER (or Affix Seal)			PLACE SEAL HERE
TITLE	COMPANY NAME			
ADDRESS	CITY	STATE	ZIP CODE	
SIGNATURE	DATE	PHONE		

Copy all pages of this Floodproofing Certificate and all attachments for 1) community official, 2) insurance agent/company, and 3) building owner.

FLOODPROOFING CERTIFICATE FOR NON-RESIDENTIAL STRUCTURES

Instructions for Completing the Floodproofing Certificate for Non-Residential Structures

To receive credit for floodproofing, a completed Floodproofing Certificate for Non-Residential Structures is required for non-residential and business buildings in the Regular Program communities, located in zones A1–A30, AE, AR, AR Dual, AO, AH, and A with BFE.

In order to ensure compliance and provide reasonable assurance that due diligence had been applied in designing and constructing floodproofing measures, the following information must be provided with the completed Floodproofing Certificate:

- Photographs of shields, gates, barriers, or components designed to provide floodproofing protection to the structure.
- Written certification that all portions of the structure below the BFE that will render it watertight or substantially impermeable to the passage of water and must perform in accordance with Title 44 Code of Federal Regulations (44 CFR 60.3 (c)(3)).
- A comprehensive Maintenance Plan for the entire structure to include but not limited to:
 - Exterior envelope of the structure
 - All penetrations to the exterior of the structure
 - All shields, gates, barriers, or components designed to provide floodproofing protection to the structure
 - All seals or gaskets for shields, gates, barriers, or components
 - Location of all shields, gates, barriers, and components as well as all associated hardware, and any materials or specialized tools necessary to seal the structure.

VII. NFIP Elevation Certificate and Instructions



FEMA

NATIONAL FLOOD INSURANCE PROGRAM

ELEVATION CERTIFICATE

AND

INSTRUCTIONS

2019 EDITION

ONLINE

The NFIP Elevation Certificate and Instructions, FEMA Form 086-0-33, is available at
<https://www.fema.gov/media-library/assets/documents/160?id=1383>

OMB No. 1660-0008
Expiration Date: November 30, 2022

U.S. DEPARTMENT OF HOMELAND SECURITY
Federal Emergency Management Agency
National Flood Insurance Program

ELEVATION CERTIFICATE AND INSTRUCTIONS

Paperwork Reduction Act Notice

Public reporting burden for this data collection is estimated to average 3.75 hours 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 this form. You are not required to respond to this collection of information unless a valid OMB control number is displayed on 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, 500 C Street SW, Washington, DC 20742, Paperwork Reduction Project (1660-0008). **NOTE: Do not send your completed form to this address.**

Privacy Act Statement

Authority: Title 44 CFR § 61.7 and 61.8.

Principal Purpose(s): This information is being collected for the primary purpose of estimating the risk premium rates necessary to provide flood insurance for new or substantially improved structures in designated Special Flood Hazard Areas.

Routine Use(s): The information on this form may be disclosed as generally permitted under 5 U.S.C. § 552a(b) of the Privacy Act of 1974, as amended. This includes using this information as necessary and authorized by the routine uses published in DHS/FEMA-003 – National Flood Insurance Program Files System or Records Notice 73 Fed. Reg. 77747 (December 19, 2008); DHS/FEMA/NFIP/LOMA-1 – National Flood Insurance Program (NFIP) Letter of Map Amendment (LOMA) System of Records Notice 71 Fed. Reg. 7990 (February 15, 2006); and upon written request, written consent, by agreement, or as required by law.

Disclosure: The disclosure of information on this form is voluntary; however, failure to provide the information requested may result in the inability to obtain flood insurance through the National Flood Insurance Program or the applicant may be subject to higher premium rates for flood insurance. Information will only be released as permitted by law.

Purpose of the Elevation Certificate

The Elevation Certificate is an important administrative tool of the National Flood Insurance Program (NFIP). It is to be used to provide elevation information necessary to ensure compliance with community floodplain management ordinances, to determine the proper insurance premium rate, and to support a request for a Letter of Map Amendment (LOMA) or Letter of Map Revision based on fill (LOMR-F).

The Elevation Certificate is required in order to properly rate Post-FIRM buildings, which are buildings constructed after publication of the Flood Insurance Rate Map (FIRM), located in flood insurance Zones A1–A30, AE, AH, A (with BFE), VE, V1–V30, V (with BFE), AR, AR/A, AR/AE, AR/A1–A30, AR/AH, and AR/AO. The Elevation Certificate is not required for Pre-FIRM buildings unless the building is being rated under the optional Post-FIRM flood insurance rules.

As part of the agreement for making flood insurance available in a community, the NFIP requires the community to adopt floodplain management regulations that specify minimum requirements for reducing flood losses. One such requirement is for the community to obtain the elevation of the lowest floor (including basement) of all new and substantially improved buildings, and maintain a record of such information. The Elevation Certificate provides a way for a community to document compliance with the community's floodplain management ordinance.

Use of this certificate does not provide a waiver of the flood insurance purchase requirement. Only a LOMA or LOMR-F from the Federal Emergency Management Agency (FEMA) can amend the FIRM and remove the Federal mandate for a lending institution to require the purchase of flood insurance. However, the lending institution has the option of requiring flood insurance even if a LOMA/LOMR-F has been issued by FEMA. The Elevation Certificate may be used to support a LOMA or LOMR-F request. Lowest floor and lowest adjacent grade elevations certified by a surveyor or engineer will be required if the certificate is used to support a LOMA or LOMR-F request. A LOMA or LOMR-F request must be submitted with either a completed FEMA MT-EZ or MT-1 package, whichever is appropriate.

This certificate is used only to certify building elevations. A separate certificate is required for floodproofing. Under the NFIP, non-residential buildings can be floodproofed up to or above the Base Flood Elevation (BFE). A floodproofed building is a building that has been designed and constructed to be watertight (substantially impermeable to floodwaters) below the BFE. Floodproofing of residential buildings is not permitted under the NFIP unless FEMA has granted the community an exception for residential floodproofed basements. The community must adopt standards for design and construction of floodproofed basements before FEMA will grant a basement exception. For both floodproofed non-residential buildings and residential floodproofed basements in communities that have been granted an exception by FEMA, a floodproofing certificate is required.

Additional guidance can be found in FEMA Publication 467-1, Floodplain Management Bulletin: Elevation Certificate, available on FEMA's website at <https://www.fema.gov/media-library/assets/documents/3539?id=1727>.

FEMA Form 086-0-33 (12/19)

Replaces all previous editions.

F-053

U.S. DEPARTMENT OF HOMELAND SECURITY
Federal Emergency Management Agency
National Flood Insurance Program

OMB No. 1660-0008
Expiration Date: November 30, 2022

ELEVATION CERTIFICATE

Important: Follow the instructions on pages 1–9.

Copy all pages of this Elevation Certificate and all attachments for (1) community official, (2) insurance agent/company, and (3) building owner.

SECTION A – PROPERTY INFORMATION						FOR INSURANCE COMPANY USE	
A1. Building Owner's Name						Policy Number:	
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.						Company NAIC Number:	
City		State		ZIP Code			
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.)							
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) _____							
A5. Latitude/Longitude: Lat. _____ Long. _____ Horizontal Datum: <input type="checkbox"/> NAD 1927 <input type="checkbox"/> NAD 1983							
A6. Attach at least 2 photographs of the building if the Certificate is being used to obtain flood insurance.							
A7. Building Diagram Number _____							
A8. For a building with a crawlspace or enclosure(s):							
a) Square footage of crawlspace or enclosure(s) _____ sq ft							
b) Number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade _____							
c) Total net area of flood openings in A8.b _____ sq in							
d) Engineered flood openings? <input type="checkbox"/> Yes <input type="checkbox"/> No							
A9. For a building with an attached garage:							
a) Square footage of attached garage _____ sq ft							
b) Number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade _____							
c) Total net area of flood openings in A9.b _____ sq in							
d) Engineered flood openings? <input type="checkbox"/> Yes <input type="checkbox"/> No							
SECTION B – FLOOD INSURANCE RATE MAP (FIRM) INFORMATION							
B1. NFIP Community Name & Community Number				B2. County Name		B3. State	
B4. Map/Panel Number	B5. Suffix	B6. FIRM Index Date	B7. FIRM Panel Effective/ Revised Date	B8. Flood Zone(s)	B9. Base Flood Elevation(s) (Zone AO, use Base Flood Depth)		
B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9: <input type="checkbox"/> FIS Profile <input type="checkbox"/> FIRM <input type="checkbox"/> Community Determined <input type="checkbox"/> Other/Source: _____							
B11. Indicate elevation datum used for BFE in Item B9: <input type="checkbox"/> NGVD 1929 <input type="checkbox"/> NAVD 1988 <input type="checkbox"/> Other/Source: _____							
B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? <input type="checkbox"/> Yes <input type="checkbox"/> No Designation Date: _____ <input type="checkbox"/> CBRS <input type="checkbox"/> OPA							

FEMA Form 086-0-33 (12/19)

Replaces all previous editions.

Form Page 1 of 6

ELEVATION CERTIFICATEOMB No. 1660-0008
Expiration Date: November 30, 2022

IMPORTANT: In these spaces, copy the corresponding information from Section A.			FOR INSURANCE COMPANY USE																								
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.			Policy Number:																								
City	State	ZIP Code	Company NAIC Number																								
SECTION C – BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)																											
<p>C1. Building elevations are based on: <input type="checkbox"/> Construction Drawings* <input type="checkbox"/> Building Under Construction* <input type="checkbox"/> Finished Construction</p> <p style="font-size: small;">*A new Elevation Certificate will be required when construction of the building is complete.</p> <p>C2. Elevations – Zones A1–A30, AE, AH, A (with BFE), VE, V1–V30, V (with BFE), AR, AR/A, AR/AE, AR/A1–A30, AR/AH, AR/AO. Complete Items C2.a–h below according to the building diagram specified in Item A7. In Puerto Rico only, enter meters.</p> <p>Benchmark Utilized: _____ Vertical Datum: _____</p> <p>Indicate elevation datum used for the elevations in items a) through h) below.</p> <p style="text-align: center;"><input type="checkbox"/> NGVD 1929 <input type="checkbox"/> NAVD 1988 <input type="checkbox"/> Other/Source: _____</p> <p>Datum used for building elevations must be the same as that used for the BFE.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 60%;"></td> <td style="text-align: right; font-size: small;">Check the measurement used.</td> </tr> <tr> <td>a) Top of bottom floor (including basement, crawlspace, or enclosure floor) _____</td> <td style="text-align: right;"><input type="checkbox"/> feet <input type="checkbox"/> meters</td> </tr> <tr> <td>b) Top of the next higher floor _____</td> <td style="text-align: right;"><input type="checkbox"/> feet <input type="checkbox"/> meters</td> </tr> <tr> <td>c) Bottom of the lowest horizontal structural member (V Zones only) _____</td> <td style="text-align: right;"><input type="checkbox"/> feet <input type="checkbox"/> meters</td> </tr> <tr> <td>d) Attached garage (top of slab) _____</td> <td style="text-align: right;"><input type="checkbox"/> feet <input type="checkbox"/> meters</td> </tr> <tr> <td>e) Lowest elevation of machinery or equipment servicing the building (Describe type of equipment and location in Comments) _____</td> <td style="text-align: right;"><input type="checkbox"/> feet <input type="checkbox"/> meters</td> </tr> <tr> <td>f) Lowest adjacent (finished) grade next to building (LAG) _____</td> <td style="text-align: right;"><input type="checkbox"/> feet <input type="checkbox"/> meters</td> </tr> <tr> <td>g) Highest adjacent (finished) grade next to building (HAG) _____</td> <td style="text-align: right;"><input type="checkbox"/> feet <input type="checkbox"/> meters</td> </tr> <tr> <td>h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support _____</td> <td style="text-align: right;"><input type="checkbox"/> feet <input type="checkbox"/> meters</td> </tr> </table>						Check the measurement used.	a) Top of bottom floor (including basement, crawlspace, or enclosure floor) _____	<input type="checkbox"/> feet <input type="checkbox"/> meters	b) Top of the next higher floor _____	<input type="checkbox"/> feet <input type="checkbox"/> meters	c) Bottom of the lowest horizontal structural member (V Zones only) _____	<input type="checkbox"/> feet <input type="checkbox"/> meters	d) Attached garage (top of slab) _____	<input type="checkbox"/> feet <input type="checkbox"/> meters	e) Lowest elevation of machinery or equipment servicing the building (Describe type of equipment and location in Comments) _____	<input type="checkbox"/> feet <input type="checkbox"/> meters	f) Lowest adjacent (finished) grade next to building (LAG) _____	<input type="checkbox"/> feet <input type="checkbox"/> meters	g) Highest adjacent (finished) grade next to building (HAG) _____	<input type="checkbox"/> feet <input type="checkbox"/> meters	h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support _____	<input type="checkbox"/> feet <input type="checkbox"/> meters					
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SECTION D – SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION																											
<p>This certification is to be signed and sealed by a land surveyor, engineer, or architect authorized by law to certify elevation information. I certify that the information on this Certificate represents my best efforts to interpret the data available. I understand that any false statement may be punishable by fine or imprisonment under 18 U.S. Code, Section 1001.</p> <p>Were latitude and longitude in Section A provided by a licensed land surveyor? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Check here if attachments.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%; padding: 5px;">Certifier's Name</td> <td style="width: 20%; padding: 5px;">License Number</td> <td rowspan="5" style="width: 40%; text-align: center; vertical-align: middle; font-size: 2em; font-weight: bold;">Place Seal Here</td> </tr> <tr><td style="padding: 5px;">Title</td><td></td></tr> <tr><td style="padding: 5px;">Company Name</td><td></td></tr> <tr><td style="padding: 5px;">Address</td><td></td></tr> <tr> <td style="padding: 5px;">City</td> <td style="padding: 5px;">State ZIP Code</td> </tr> <tr> <td style="padding: 5px;">Signature</td> <td style="padding: 5px;">Date</td> <td style="padding: 5px;">Telephone</td> <td style="padding: 5px;">Ext.</td> </tr> <tr> <td colspan="4" style="padding: 5px;">Copy all pages of this Elevation Certificate and all attachments for (1) community official, (2) insurance agent/company, and (3) building owner.</td> </tr> <tr> <td colspan="4" style="padding: 5px;">Comments (including type of equipment and location, per C2(e), if applicable)</td> </tr> </table>					Certifier's Name	License Number	Place Seal Here	Title		Company Name		Address		City	State ZIP Code	Signature	Date	Telephone	Ext.	Copy all pages of this Elevation Certificate and all attachments for (1) community official, (2) insurance agent/company, and (3) building owner.				Comments (including type of equipment and location, per C2(e), if applicable)			
Certifier's Name	License Number	Place Seal Here																									
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Comments (including type of equipment and location, per C2(e), if applicable)																											

ELEVATION CERTIFICATEOMB No. 1660-0008
Expiration Date: November 30, 2022

IMPORTANT: In these spaces, copy the corresponding information from Section A.			FOR INSURANCE COMPANY USE	
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.			Policy Number:	
City	State	ZIP Code	Company NAIC Number	
SECTION E – BUILDING ELEVATION INFORMATION (SURVEY NOT REQUIRED) FOR ZONE AO AND ZONE A (WITHOUT BFE)				
<p>For Zones AO and A (without BFE), complete Items E1–E5. If the Certificate is intended to support a LOMA or LOMR-F request, complete Sections A, B, and C. For Items E1–E4, use natural grade, if available. Check the measurement used. In Puerto Rico only, enter meters.</p> <p>E1. Provide elevation information for the following and check the appropriate boxes to show whether the elevation is above or below the highest adjacent grade (HAG) and the lowest adjacent grade (LAG).</p> <p style="margin-left: 20px;">a) Top of bottom floor (including basement, crawlspace, or enclosure) is _____ <input type="checkbox"/> feet <input type="checkbox"/> meters <input type="checkbox"/> above or <input type="checkbox"/> below the HAG.</p> <p style="margin-left: 20px;">b) Top of bottom floor (including basement, crawlspace, or enclosure) is _____ <input type="checkbox"/> feet <input type="checkbox"/> meters <input type="checkbox"/> above or <input type="checkbox"/> below the LAG.</p> <p>E2. For Building Diagrams 6–9 with permanent flood openings provided in Section A Items 8 and/or 9 (see pages 1–2 of Instructions), the next higher floor (elevation C2.b in the diagrams) of the building is _____ <input type="checkbox"/> feet <input type="checkbox"/> meters <input type="checkbox"/> above or <input type="checkbox"/> below the HAG.</p> <p>E3. Attached garage (top of slab) is _____ <input type="checkbox"/> feet <input type="checkbox"/> meters <input type="checkbox"/> above or <input type="checkbox"/> below the HAG.</p> <p>E4. Top of platform of machinery and/or equipment servicing the building is _____ <input type="checkbox"/> feet <input type="checkbox"/> meters <input type="checkbox"/> above or <input type="checkbox"/> below the HAG.</p> <p>E5. Zone AO only: If no flood depth number is available, is the top of the bottom floor elevated in accordance with the community's floodplain management ordinance? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown. The local official must certify this information in Section G.</p>				
SECTION F – PROPERTY OWNER (OR OWNER'S REPRESENTATIVE) CERTIFICATION				
<p>The property owner or owner's authorized representative who completes Sections A, B, and E for Zone A (without a FEMA-issued or community-issued BFE) or Zone AO must sign here. The statements in Sections A, B, and E are correct to the best of my knowledge.</p> <p>Property Owner or Owner's Authorized Representative's Name _____</p> <p>Address _____ City _____ State _____ ZIP Code _____</p> <p>Signature _____ Date _____ Telephone _____</p> <p>Comments _____</p> <p style="text-align: right; margin-top: 20px;"><input type="checkbox"/> Check here if attachments.</p>				

BUILDING PHOTOGRAPHS		OMB No. 1660-0008 Expiration Date: November 30, 2022
ELEVATION CERTIFICATE		
See Instructions for Item A6.		
IMPORTANT: In these spaces, copy the corresponding information from Section A.		FOR INSURANCE COMPANY USE
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.		Policy Number:
City	State ZIP Code	Company NAIC Number
<p>If using the Elevation Certificate to obtain NFIP flood insurance, affix at least 2 building photographs below according to the instructions for Item A6. Identify all photographs with date taken; "Front View" and "Rear View"; and, if required, "Right Side View" and "Left Side View." When applicable, photographs must show the foundation with representative examples of the flood openings or vents, as indicated in Section A8. If submitting more photographs than will fit on this page, use the Continuation Page.</p>		
<p>Photo One</p>		
Photo One Caption		Photo One
		Clear Photo One
<p>Photo Two</p>		
Photo Two Caption		Photo Two
		Clear Photo Two

ELEVATION CERTIFICATE		BUILDING PHOTOGRAPHS	OMB No. 1660-0008 Expiration Date: November 30, 2022
Continuation Page			
IMPORTANT: In these spaces, copy the corresponding information from Section A.		FOR INSURANCE COMPANY USE	
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.		Policy Number:	
City	State	ZIP Code	Company NAIC Number
<p>If submitting more photographs than will fit on the preceding page, affix the additional photographs below. Identify all photographs with: date taken; "Front View" and "Rear View"; and, if required, "Right Side View" and "Left Side View." When applicable, photographs must show the foundation with representative examples of the flood openings or vents, as indicated in Section A8.</p>			
Photo Three			
Photo Three Caption		Clear Photo Three	
Photo Four			
Photo Four Caption		Clear Photo Four	

U.S. DEPARTMENT OF HOMELAND SECURITY
Federal Emergency Management Agency
National Flood Insurance Program

OMB No. 1660-0008
Expiration Date: November 30, 2022

Instructions for Completing the Elevation Certificate

The Elevation Certificate is to be completed by a land surveyor, engineer, or architect who is authorized by law to certify elevation information when elevation information is required for Zones A1–A30, AE, AH, A (with BFE), VE, V1–V30, V (with BFE), AR, AR/A, AR/AE, AR/A1–A30, AR/AH, or AR/AO. Community officials who are authorized by law or ordinance to provide floodplain management information may also complete this form. For Zones AO and A (without BFE), a community official, a property owner, or an owner's representative may provide information on this certificate, unless the elevations are intended for use in supporting a request for a LOMA or LOMR-F. Certified elevations must be included if the purpose of completing the Elevation Certificate is to obtain a LOMA or LOMR-F.

The property owner, the owner's representative, or local official who is authorized by law to administer the community floodplain ordinance can complete Section A and Section B. The partially completed form can then be given to the land surveyor, engineer, or architect to complete Section C. The land surveyor, engineer, or architect should verify the information provided by the property owner or owner's representative to ensure that this certificate is complete.

In Puerto Rico only, elevations for building information and flood hazard information may be entered in meters.

SECTION A – PROPERTY INFORMATION

Items A1–A4. This section identifies the building, its location, and its owner. Enter the name(s) of the building owner(s), the building's complete street address, and the lot and block numbers. If the building's address is different from the owner's address, enter the address of the building being certified. If the address is a rural route or a Post Office box number, enter the lot and block numbers, the tax parcel number, the legal description, or an abbreviated location description based on distance and direction from a fixed point of reference. For the purposes of this certificate, "building" means both a building and a manufactured (mobile) home.

A map may be attached to this certificate to show the location of the building on the property. A tax map, FIRM, or detailed community map is appropriate. If no map is available, provide a sketch of the property location, and the location of the building on the property. Include appropriate landmarks such as nearby roads, intersections, and bodies of water. For building use, indicate whether the building is residential, non-residential, an addition to an existing residential or non-residential building, an accessory building (e.g., garage), or other type of structure. Use the Comments area of the appropriate section if needed, or attach additional comments.

Item A5. Provide latitude and longitude coordinates for the center of the front of the building. Use either decimal degrees (e.g., 39.5043°, –110.7585°) or degrees, minutes, seconds (e.g., 39° 30' 15.5", –110° 45' 30.7") format. If decimal degrees are used, provide coordinates to at least 5 decimal places or better. When using degrees, minutes, seconds, provide seconds to at least 1 decimal place or better. The latitude and longitude coordinates must be accurate within 66 feet. When the latitude and longitude are provided by a surveyor, check the "Yes" box in Section D and indicate the method used to determine the latitude and longitude in the Comments area of Section D. If the Elevation Certificate is being certified by other than a licensed surveyor, engineer, or architect, this information is not required. Provide the type of datum used to obtain the latitude and longitude. FEMA prefers the use of NAD 1983.

Item A6. If the Elevation Certificate is being used to obtain flood insurance through the NFIP, the certifier must provide at least 2 photographs showing the front and rear of the building taken within 90 days from the date of certification. The photographs must be taken with views confirming the building description and diagram number provided in Section A. To the extent possible, these photographs should show the entire building including foundation. If the building has split-level or multi-level areas, provide at least 2 additional photographs showing side views of the building. In addition, when applicable, provide a photograph of the foundation showing a representative example of the flood openings or vents. All photographs must be in color and measure at least 3" × 3". Digital photographs are acceptable.

Item A7. Select the diagram on pages 7–9 that best represents the building. Then enter the diagram number and use the diagram to identify and determine the appropriate elevations requested in Items C2.a–h. If you are unsure of the correct diagram, select the diagram that most closely resembles the building being certified.

Item A8.a. Provide the square footage of the crawlspace or enclosure(s) below the lowest elevated floor of an elevated building with or without permanent flood openings. Take the measurement from the outside of the crawlspace or enclosure(s). Examples of elevated buildings constructed with crawlspace and enclosure(s) are shown in Diagrams 6–9

Instructions for Completing the Elevation Certificate (continued)

on pages 8–9. Diagrams 2A, 2B, 4, and 9 should be used for a building constructed with a crawlspace floor that is below the exterior grade on all sides.

Items A8.b–d. Enter in Item A8.b the number of permanent flood openings in the crawlspace or enclosure(s) that are no higher than 1.0 foot above the higher of the exterior or interior grade or floor immediately below the opening. (A permanent flood opening is a flood vent or other opening that allows the free passage of water automatically in both directions without human intervention.) If the interior grade elevation is used, note this in the Comments area of Section D. Estimate the total net area of all such permanent flood openings in square inches, excluding any bars, louvers, or other covers of the permanent flood openings, and enter the total in Item A8.c. If the net area cannot be reasonably estimated, provide the size of the flood openings without consideration of any covers and indicate in the Comments area the type of cover that exists in the flood openings. Indicate in Item A8.d whether the flood openings are engineered. If applicable, attach a copy of the Individual Engineered Flood Openings Certification or an Evaluation Report issued by the International Code Council Evaluation Service (ICC ES), if you have it. If the crawlspace or enclosure(s) have no permanent flood openings, or if the openings are not within 1.0 foot above adjacent grade, enter "N/A" for not applicable in Items A8.b–c.

Item A9.a. Provide the square footage of the attached garage with or without permanent flood openings. Take the measurement from the outside of the garage.

Items A9.b–d. Enter in Item A9.b the number of permanent flood openings in the attached garage that are no higher than 1.0 foot above the higher of the exterior or interior grade or floor immediately below the opening. (A permanent flood opening is a flood vent or other opening that allows the free passage of water automatically in both directions without human intervention.) If the interior grade elevation is used, note this in the Comments area of Section D. This includes any openings that are in the garage door that are no higher than 1.0 foot above the adjacent grade. Estimate the total net area of all such permanent flood openings in square inches and enter the total in Item A9.c. If the net area cannot be reasonably estimated, provide the size of the flood openings without consideration of any covers and indicate in the Comments area the type of cover that exists in the flood openings. Indicate in Item A9.d whether the flood openings are engineered. If applicable, attach a copy of the Individual Engineered Flood Openings Certification or an Evaluation Report issued by the International Code Council Evaluation Service (ICC ES), if you have it. If the garage has no permanent flood openings, or if the openings are not within 1.0 foot above adjacent grade, enter "N/A" for not applicable in Items A9.b–c.

SECTION B – FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

Complete the Elevation Certificate on the basis of the FIRM in effect at the time of the certification.

The information for Section B is obtained by reviewing the FIRM panel that includes the building's location. Information about the current FIRM is available from the Federal Emergency Management Agency (FEMA) by calling 1-800-358-9616. If a Letter of Map Amendment (LOMA) or Letter of Map Revision (LOMR-F) has been issued by FEMA, please provide the letter date and case number in the Comments area of Section D or Section G, as appropriate.

For a building in an area that has been annexed by one community but is shown on another community's FIRM, enter the community name and 6-digit number of the annexing community in Item B1, the name of the county or new county, if necessary, in Item B2, and the FIRM index date for the annexing community in Item B6. Enter information from the actual FIRM panel that shows the building location, even if it is the FIRM for the previous jurisdiction, in Items B4, B5, B7, B8, and B9.

If the map in effect at the time of the building's construction was other than the current FIRM, and you have the past map information pertaining to the building, provide the information in the Comments area of Section D.

Item B1. NFIP Community Name & Community Number. Enter the complete name of the community in which the building is located and the associated 6-digit community number. For a newly incorporated community, use the name and 6-digit number of the new community. Under the NFIP, a "community" is any State or area or political subdivision thereof, or any Indian tribe or authorized native organization, that has authority to adopt and enforce floodplain management regulations for the areas within its jurisdiction. To determine the current community number, see the *NFIP Community Status Book*, available on FEMA's web site at <https://www.fema.gov/national-flood-insurance-program/national-flood-insurance-program-community-status-book>, or call 1-800-358-9616.

Instructions for Completing the Elevation Certificate (continued)

Item B2. County Name. Enter the name of the county or counties in which the community is located. For an unincorporated area of a county, enter "unincorporated area." For an independent city, enter "independent city."

Item B3. State. Enter the 2-letter state abbreviation (for example, VA, TX, CA).

Items B4–B5. Map/Panel Number and Suffix. Enter the 10-character "Map Number" or "Community Panel Number" shown on the FIRM where the building or manufactured (mobile) home is located. For maps in a county-wide format, the sixth character of the "Map Number" is the letter "C" followed by a 4-digit map number. For maps not in a county-wide format, enter the "Community Panel Number" shown on the FIRM.

Item B6. FIRM Index Date. Enter the effective date or the map revised date shown on the FIRM Index.

Item B7. FIRM Panel Effective/Revised Date. Enter the map effective date or the map revised date shown on the FIRM panel. This will be the latest of all dates shown on the map. The current FIRM panel effective date can be determined by calling 1-800-358-9616.

Item B8. Flood Zone(s). Enter the flood zone, or flood zones, in which the building is located. All flood zones containing the letter "A" or "V" are considered Special Flood Hazard Areas. The flood zones are A, AE, A1–A30, V, VE, V1–V30, AH, AO, AR, AR/A, AR/AE, AR/A1–A30, AR/AH, and AR/AO. Each flood zone is defined in the legend of the FIRM panel on which it appears.

Item B9. Base Flood Elevation(s). Using the appropriate Flood Insurance Study (FIS) Profile, Floodway Data Table, or FIRM panel, locate the property and enter the BFE (or base flood depth) of the building site. If the building is located in more than 1 flood zone in Item B8, list all appropriate BFEs in Item B9. BFEs are shown on a FIRM or FIS Profile for Zones A1–A30, AE, AH, V1–V30, VE, AR, AR/A, AR/AE, AR/A1–A30, AR/AH, and AR/AO; flood depth numbers are shown for Zone AO. Use the AR BFE if the building is located in any of Zones AR/A, AR/AE, AR/A1–A30, AR/AH, or AR/AO. In A or V zones where BFEs are not provided on the FIRM, BFEs may be available from another source. For example, the community may have established BFEs or obtained BFE data from other sources for the building site. For subdivisions and other developments of more than 50 lots or 5 acres, establishment of BFEs is required by the community's floodplain management ordinance. If a BFE is obtained from another source, enter the BFE in Item B9. In an A Zone where BFEs are not available, complete Section E and enter N/A for Section B, Item B9. Enter the BFE to the nearest tenth of a foot (nearest tenth of a meter, in Puerto Rico).

Item B10. Indicate the source of the BFE that you entered in Item B9. If the BFE is from a source other than FIS Profile, FIRM, or community, describe the source of the BFE.

Item B11. Indicate the elevation datum to which the elevations on the applicable FIRM are referenced as shown on the map legend. The vertical datum is shown in the Map Legend and/or the Notes to Users on the FIRM.

Item B12. Indicate whether the building is located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA). (OPAs are portions of coastal barriers that are owned by Federal, State, or local governments or by certain non-profit organizations and used primarily for natural resources protection.) Federal flood insurance is prohibited in designated CBRS areas or OPAs for buildings or manufactured (mobile) homes built or substantially improved after the date of the CBRS or OPA designation. For the first CBRS designations, that date is October 1, 1983. Information about CBRS areas and OPAs may be obtained on the FEMA web site at <https://www.fema.gov/national-flood-insurance-program/coastal-barrier-resources-system>.

SECTION C – BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)

Complete Section C if the building is located in any of Zones A1–A30, AE, AH, A (with BFE), VE, V1–V30, V (with BFE), AR, AR/A, AR/AE, AR/A1–A30, AR/AH, or AR/AO, or if this certificate is being used to support a request for a LOMA or LOMR-F. If the building is located in Zone AO or Zone A (without BFE), complete Section E instead. To ensure that all required elevations are obtained, it may be necessary to enter the building (for instance, if the building has a basement or sunken living room, split-level construction, or machinery and equipment).

Surveyors may not be able to gain access to some crawlspaces to shoot the elevation of the crawlspace floor. If access to the crawlspace is limited or cannot be gained, follow one of these procedures.

- Use a yardstick or tape measure to measure the height from the floor of the crawlspace to the "next higher floor," and then subtract the crawlspace height from the elevation of the "next higher floor." If there is no access to the

Instructions for Completing the Elevation Certificate (continued)

crawlspace, use the exterior grade next to the structure to measure the height of the crawlspace to the "next higher floor."

- Contact the local floodplain administrator of the community in which the building is located. The community may have documentation of the elevation of the crawlspace floor as part of the permit issued for the building.
- If the property owner has documentation or knows the height of the crawlspace floor to the next higher floor, try to verify this by looking inside the crawlspace through any openings or vents.

In all 3 cases, use the Comments area of Section D to provide the elevation and a brief description of how the elevation was obtained.

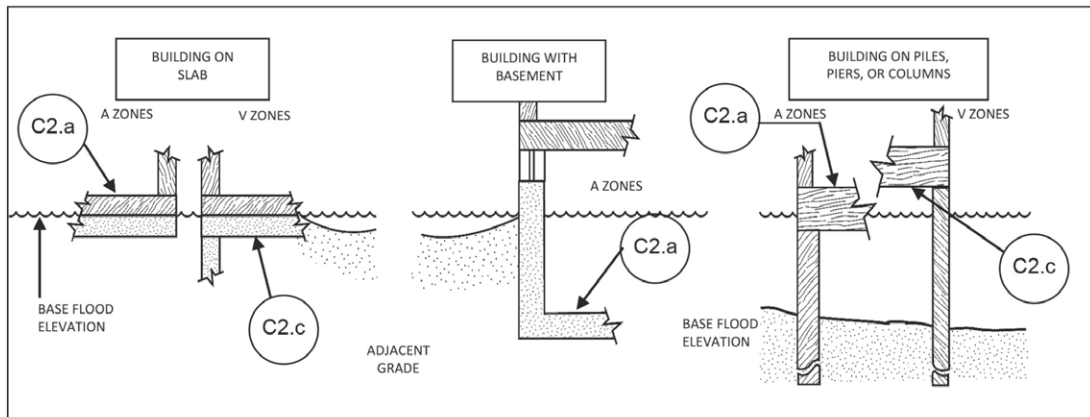
Item C1. Indicate whether the elevations to be entered in this section are based on construction drawings, a building under construction, or finished construction. For either of the first 2 choices, a post-construction Elevation Certificate will be required when construction is complete. If the building is under construction, include only those elevations that can be surveyed in Items C2.a–h. Use the Comments area of Section D to provide elevations obtained from the construction plans or drawings. Select "Finished Construction" only when all machinery and/or equipment such as furnaces, hot water heaters, heat pumps, air conditioners, and elevators and their associated equipment have been installed and the grading around the building is completed.

Item C2. A field survey is required for Items C2.a–h. Most control networks will assign a unique identifier for each benchmark. For example, the National Geodetic Survey uses the Permanent Identifier (PID). For the benchmark utilized, provide the PID or other unique identifier assigned by the maintainer of the benchmark. For GPS survey, indicate the benchmark used for the base station, the Continuously Operating Reference Stations (CORS) sites used for an On-line Positioning User Service (OPUS) solution (also attach the OPUS report), or the name of the Real Time Network used.

Also provide the vertical datum for the benchmark elevation. All elevations for the certificate, including the elevations for Items C2.a–h, must use the same datum on which the BFE is based. Show the conversion from the field survey datum used if it differs from the datum used for the BFE entered in Item B9 and indicate the conversion software used. Show the datum conversion, if applicable, in the Comments area of Section D.

For property experiencing ground subsidence, the most recent reference mark elevations must be used for determining building elevations. However, when subsidence is involved, the BFE should not be adjusted. Enter elevations in Items C2.a–h to the nearest tenth of a foot (nearest tenth of a meter, in Puerto Rico).

Items C2.a–d. Enter the building elevations (excluding the attached garage) indicated by the selected building diagram (Item A7) in Items C2.a–c. If there is an attached garage, enter the elevation for top of attached garage slab in Item C2.d. (Because elevation for top of attached garage slab is self-explanatory, attached garages are not illustrated in the diagrams.) If the building is located in a V zone on the FIRM, complete Item C2.c. If the flood zone cannot be determined, enter elevations for all of Items C2.a–h. For buildings in A zones, elevations a, b, d, and e should be measured at the top of the floor. For buildings in V zones, elevation c must be measured at the bottom of the lowest horizontal structural member of the floor (see drawing below). For buildings elevated on a crawlspace, Diagrams 8 and 9, enter the elevation



Instructions for Completing the Elevation Certificate (continued)

of the top of the crawlspace floor in Item C2.a, whether or not the crawlspace has permanent flood openings (flood vents). *If any item does not apply to the building, enter "N/A" for not applicable.*

Item C2.e. Enter the lowest platform elevation of at least 1 of the following machinery and equipment items: elevators and their associated equipment, furnaces, hot water heaters, heat pumps, and air conditioners in an attached garage or enclosure or on an open utility platform that provides utility services for the building. Note that elevations for these specific machinery and equipment items are required in order to rate the building for flood insurance. Local floodplain management officials are required to ensure that all machinery and equipment servicing the building are protected from flooding. Thus, local officials may require that elevation information for all machinery and equipment, including ductwork, be documented on the Elevation Certificate. If the machinery and/or equipment is mounted to a wall, pile, etc., enter the platform elevation of the machinery and/or equipment. Indicate machinery/equipment type and its general location, e.g., on floor inside garage or on platform affixed to exterior wall, in the Comments area of Section D or Section G, as appropriate. *If this item does not apply to the building, enter "N/A" for not applicable.*

Items C2.f–g. Enter the elevation of the ground, sidewalk, or patio slab immediately next to the building. For Zone AO, use the natural grade elevation, if available. This measurement must be to the nearest tenth of a foot (nearest tenth of a meter, in Puerto Rico) if this certificate is being used to support a request for a LOMA or LOMR-F.

Item C2.h. Enter the lowest grade elevation at the deck support or stairs. For Zone AO, use the natural grade elevation, if available. This measurement must be to the nearest tenth of a foot (nearest tenth of a meter, in Puerto Rico) if this certificate is being used to support a request for a LOMA or LOMR-F.

SECTION D – SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION

Complete as indicated. This section of the Elevation Certificate may be signed by only a land surveyor, engineer, or architect who is authorized by law to certify elevation information. Place your license number, your seal (as allowed by the State licensing board), your signature, and the date in the box in Section D. You are certifying that the information on this certificate represents your best efforts to interpret the data available and that you understand that any false statement may be punishable by fine or imprisonment under 18 U.S. Code, Section 1001. Use the Comments area of Section D to provide datum, elevation, openings, or other relevant information not specified elsewhere on the certificate.

**SECTION E – BUILDING ELEVATION INFORMATION (SURVEY NOT REQUIRED)
FOR ZONE AO AND ZONE A (WITHOUT BFE)**

Complete Section E if the building is located in Zone AO or Zone A (without BFE). Otherwise, complete Section C instead. Explain in the Section F Comments area if the measurement provided under Items E1–E4 is based on the "natural grade."

Items E1.a and b. Enter in Item E1.a the height to the nearest tenth of a foot (tenth of a meter in Puerto Rico) of the top of the bottom floor (as indicated in the applicable diagram) above or below the highest adjacent grade (HAG). Enter in Item E1.b the height to the nearest tenth of a foot (tenth of a meter in Puerto Rico) of the top of the bottom floor (as indicated in the applicable diagram) above or below the lowest adjacent grade (LAG). For buildings in Zone AO, the community's floodplain management ordinance requires the lowest floor of the building be elevated above the highest adjacent grade at least as high as the depth number on the FIRM. Buildings in Zone A (without BFE) may qualify for a lower insurance rate if an engineered BFE is developed at the site.

Item E2. For Building Diagrams 6–9 with permanent flood openings (see pages 8–9), enter the height to the nearest tenth of a foot (tenth of a meter in Puerto Rico) of the next higher floor or elevated floor (as indicated in the applicable diagram) above or below the highest adjacent grade (HAG).

Item E3. Enter the height to the nearest tenth of a foot (tenth of a meter in Puerto Rico), in relation to the highest adjacent grade next to the building, for the top of attached garage slab. (Because elevation for top of attached garage slab is self-explanatory, attached garages are not illustrated in the diagrams.) *If this item does not apply to the building, enter "N/A" for not applicable.*

Item E4. Enter the height to the nearest tenth of a foot (tenth of a meter in Puerto Rico), in relation to the highest adjacent grade next to the building, of the platform elevation that supports the machinery and/or equipment servicing the building. Indicate machinery/equipment type in the Comments area of Section F. *If this item does not apply to the building, enter "N/A" for not applicable.*

Instructions for Completing the Elevation Certificate (continued)

Item E5. For those communities where this base flood depth is not available, the community will need to determine whether the top of the bottom floor is elevated in accordance with the community's floodplain management ordinance.

SECTION F – PROPERTY OWNER (OR OWNER'S REPRESENTATIVE) CERTIFICATION

Complete as indicated. This section is provided for certification of measurements taken by a property owner or property owner's representative when responding to Sections A, B, and E. The address entered in this section must be the actual mailing address of the property owner or property owner's representative who provided the information on the certificate.

SECTION G – COMMUNITY INFORMATION (OPTIONAL)

Complete as indicated. The community official who is authorized by law or ordinance to administer the community's floodplain management ordinance can complete Sections A, B, C (or E), and G of this Elevation Certificate. Section C may be filled in by the local official as provided in the instructions below for Item G1. If the authorized community official completes Sections C, E, or G, complete the appropriate item(s) and sign this section.

Check **Item G1** if Section C is completed with elevation data from other documentation that has been signed and sealed by a licensed surveyor, engineer, or architect who is authorized by law to certify elevation information. Indicate the source of the elevation data and the date obtained in the Comments area of Section G. If you are both a community official and a licensed land surveyor, engineer, or architect authorized by law to certify elevation information, and you performed the actual survey for a building in Zones A1–A30, AE, AH, A (with BFE), VE, V1–V30, V (with BFE), AR, AR/A, AR/A1–A30, AR/AE, AR/AH, or AR/AO, you must also complete Section D.

Check **Item G2** if information is entered in Section E by the community for a building in Zone A (without a FEMA-issued or community-issued BFE) or Zone AO.

Check **Item G3** if the information in Items G4–G10 has been completed for community floodplain management purposes to document the as-built lowest floor elevation of the building. Section C of the Elevation Certificate records the elevation of various building components but does not determine the lowest floor of the building or whether the building, as constructed, complies with the community's floodplain management ordinance. This must be done by the community. Items G4–G10 provide a way to document these determinations.

Item G4. Permit Number. Enter the permit number or other identifier to key the Elevation Certificate to the permit issued for the building.

Item G5. Date Permit Issued. Enter the date the permit was issued for the building.

Item G6. Date Certificate of Compliance/Occupancy Issued. Enter the date that the Certificate of Compliance or Occupancy or similar written official documentation of as-built lowest floor elevation was issued by the community as evidence that all work authorized by the floodplain development permit has been completed in accordance with the community's floodplain management laws or ordinances.

Item G7. New Construction or Substantial Improvement. Check the applicable box. "Substantial Improvement" means any reconstruction, rehabilitation, addition, or other improvement of a building, the cost of which equals or exceeds 50 percent of the market value of the building before the start of construction of the improvement. The term includes buildings that have incurred substantial damage, regardless of the actual repair work performed.

Item G8. As-built lowest floor elevation. Enter the elevation of the lowest floor (including basement) when the construction of the building is completed and a final inspection has been made to confirm that the building is built in accordance with the permit, the approved plans, and the community's floodplain management laws or ordinances. Indicate the elevation datum used.

Item G9. BFE. Using the appropriate FIRM panel, FIS Profile, or other data source, locate the property and enter the BFE (or base flood depth) of the building site. Indicate the elevation datum used.

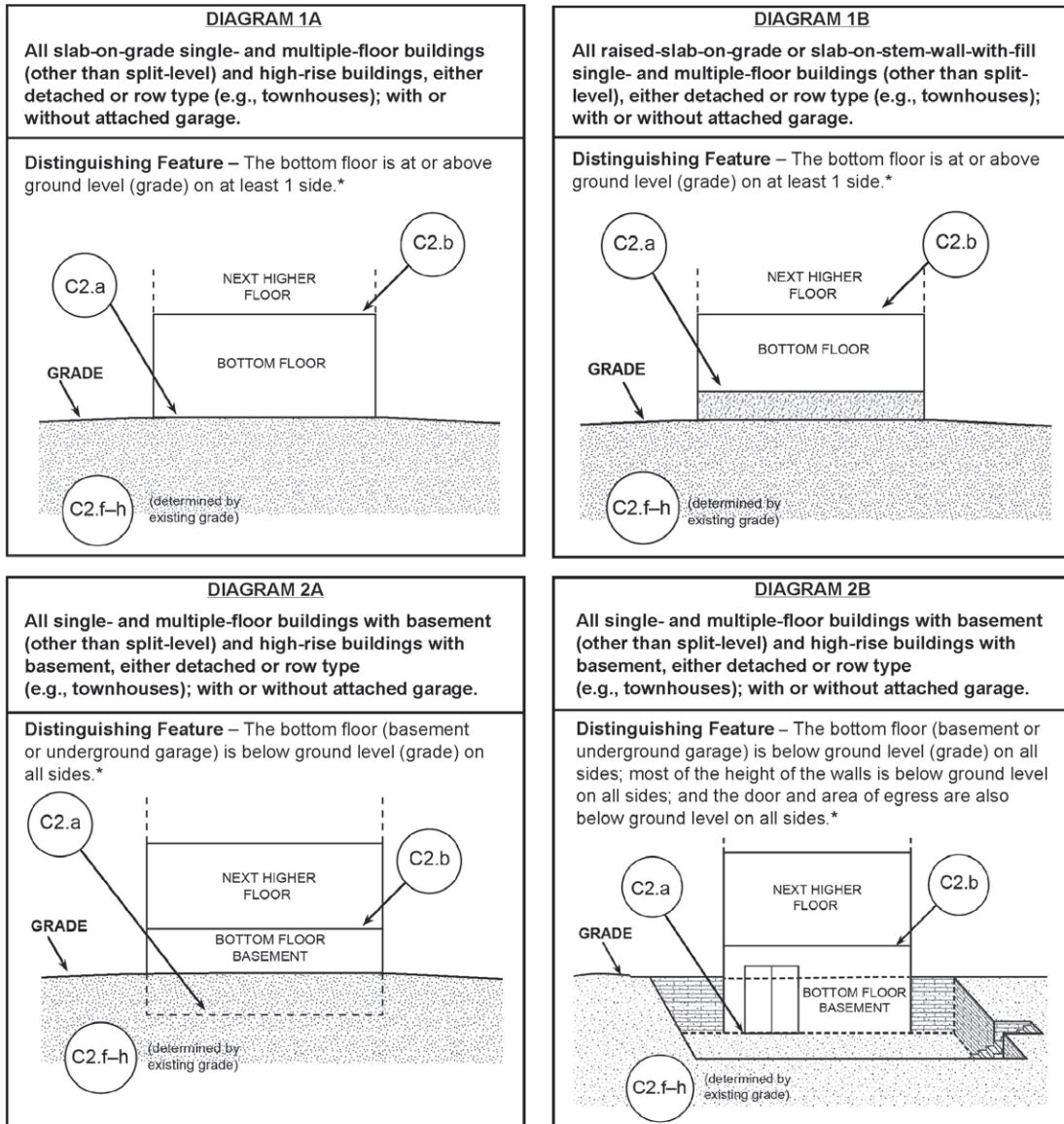
Item G10. Community's design flood elevation. Enter the elevation (including freeboard above the BFE) to which the community requires the lowest floor to be elevated. Indicate the elevation datum used.

Enter your name, title, and telephone number, and the name of the community. Sign and enter the date in the appropriate blanks.

Building Diagrams

The following diagrams illustrate various types of buildings. Compare the features of the building being certified with the features shown in the diagrams and select the diagram most applicable. Enter the diagram number in Item A7, the square footage of crawlspace or enclosure(s) and the area of flood openings in square inches in Items A8.a–c, the square footage of attached garage and the area of flood openings in square inches in Items A9.a–c, and the elevations in Items C2.a–h.

In A zones, the floor elevation is taken at the top finished surface of the floor indicated; in V zones, the floor elevation is taken at the bottom of the lowest horizontal structural member (see drawing in instructions for Section C).



* A floor that is below ground level (grade) on all sides is considered a basement even if the floor is used for living purposes, or as an office, garage, workshop, etc.

Building Diagrams

DIAGRAM 3

All split-level buildings that are slab-on-grade, either detached or row type (e.g., townhouses); with or without attached garage.

Distinguishing Feature – The bottom floor (excluding garage) is at or above ground level (grade) on at least 1 side.*

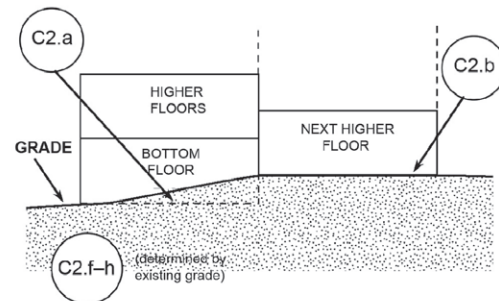


DIAGRAM 4

All split-level buildings (other than slab-on-grade), either detached or row type (e.g., townhouses); with or without attached garage.

Distinguishing Feature – The bottom floor (basement or underground garage) is below ground level (grade) on all sides.*

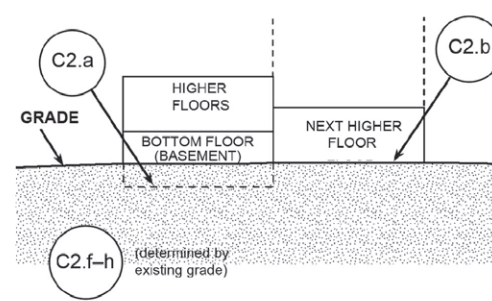


DIAGRAM 5

All buildings elevated on piers, posts, piles, columns, or parallel shear walls. No obstructions below the elevated floor.

Distinguishing Feature – For all zones, the area below the elevated floor is open, with no obstruction to flow of floodwaters (open lattice work and/or insect screening is permissible).

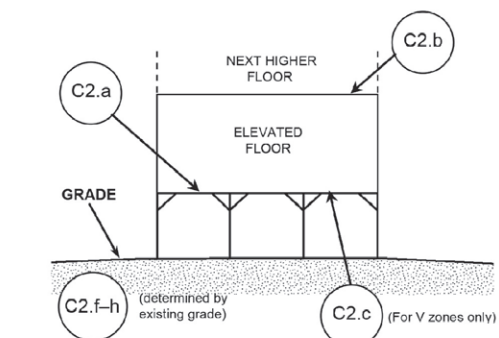
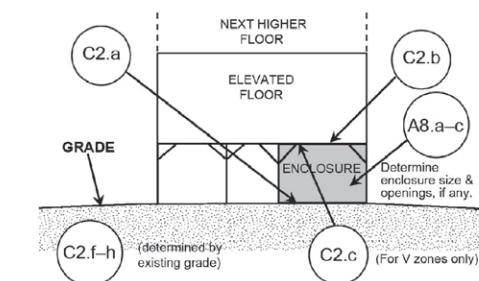


DIAGRAM 6

All buildings elevated on piers, posts, piles, columns, or parallel shear walls with full or partial enclosure below the elevated floor.

Distinguishing Feature – For all zones, the area below the elevated floor is enclosed, either partially or fully. In A Zones, the partially or fully enclosed area below the elevated floor is with or without openings** present in the walls of the enclosure. Indicate information about enclosure size and openings in Section A – Property Information.



* A floor that is below ground level (grade) on all sides is considered a basement even if the floor is used for living purposes, or as an office, garage, workshop, etc.

** An "opening" is a permanent opening that allows for the free passage of water automatically in both directions without human intervention. Under the NFIP, a minimum of 2 openings is required for enclosures or crawlspaces. The openings shall provide a total net area of not less than 1 square inch for every square foot of area enclosed, excluding any bars, louvers, or other covers of the opening. Alternatively, an Individual Engineered Flood Openings Certification or an Evaluation Report issued by the International Code Council Evaluation Service (ICC ES) must be submitted to document that the design of the openings will allow for the automatic equalization of hydrostatic flood forces on exterior walls. A window, a door, or a garage door is not considered an opening; openings may be installed in doors. Openings shall be on at least 2 sides of the enclosed area. If a building has more than 1 enclosed area, each area must have openings to allow floodwater to directly enter. The bottom of the openings must be no higher than 1.0 foot above the higher of the exterior or interior grade or floor immediately below the opening. For more guidance on openings, see NFIP Technical Bulletin 1.

Building Diagrams

DIAGRAM 7

All buildings elevated on full-story foundation walls with a partially or fully enclosed area below the elevated floor. This includes walkout levels, where at least 1 side is at or above grade. The principal use of this building is located in the elevated floors of the building.

Distinguishing Feature – For all zones, the area below the elevated floor is enclosed, either partially or fully. In A Zones, the partially or fully enclosed area below the elevated floor is with or without openings** present in the walls of the enclosure. Indicate information about enclosure size and openings in Section A – Property Information.

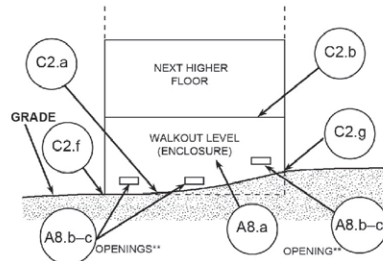


DIAGRAM 8

All buildings elevated on a crawlspace with the floor of the crawlspace at or above grade on at least 1 side, with or without an attached garage.

Distinguishing Feature – For all zones, the area below the first floor is enclosed by solid or partial perimeter walls. In all A zones, the crawlspace is with or without openings** present in the walls of the crawlspace. Indicate information about crawlspace size and openings in Section A – Property Information.

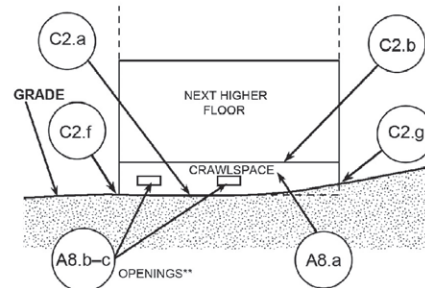
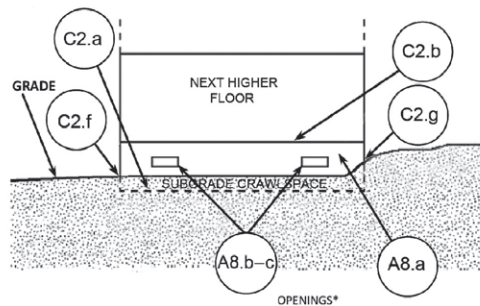


DIAGRAM 9

All buildings (other than split-level) elevated on a sub-grade crawlspace, with or without attached garage.

Distinguishing Feature – The bottom (crawlspace) floor is below ground level (grade) on all sides.* (If the distance from the crawlspace floor to the top of the next higher floor is more than 5 feet, or the crawlspace floor is more than 2 feet below the grade [LAG] on all sides, use Diagram 2A or 2B.)



* A floor that is below ground level (grade) on all sides is considered a basement even if the floor is used for living purposes, or as an office, garage, workshop, etc.

** An "opening" is a permanent opening that allows for the free passage of water automatically in both directions without human intervention. Under the NFIP, a minimum of 2 openings is required for enclosures or crawlspaces. The openings shall provide a total net area of not less than 1 square inch for every square foot of area enclosed, excluding any bars, louvers, or other covers of the opening. Alternatively, an Individual Engineered Flood Openings Certification or an Evaluation Report issued by the International Code Council Evaluation Service (ICC ES) must be submitted to document that the design of the openings will allow for the automatic equalization of hydrostatic flood forces on exterior walls. A window, a door, or a garage door is not considered an opening; openings may be installed in doors. Openings shall be on at least 2 sides of the enclosed area. If a building has more than 1 enclosed area, each area must have openings to allow floodwater to directly enter. The bottom of the openings must be no higher than 1.0 foot above the higher of the exterior or interior grade or floor immediately below the opening. For more guidance on openings, see NFIP Technical Bulletin 1.