



FEMA

W-06066

September 18, 2006

MEMORANDUM FOR: Write Your Own (WYO) Principal Coordinators
and the NFIP Servicing Agent

FROM: WYO Clearinghouse

SUBJECT: October 1, 2006, *Flood Insurance Manual* –
Supplemental Change Pages

This supplement to the October 1, 2006, *Flood Insurance Manual* revisions has been prepared to provide copies of five underwriting forms that had been excluded from the original package (cover memo dated July 25, 2006) pending approval of new expiration dates. The attached pages also include a small revision in the Application and Rating sections. A summary of the supplemental changes follows:

- Updated the expiration dates on the following forms:
 - Flood Insurance Application (APP section)
 - V-Zone Risk Factor Rating Form (RATE section)
 - Flood Insurance Preferred Risk Policy Application (PRP section)
 - Flood Insurance General Change Endorsement Form (END section)
 - Flood Insurance Cancellation/Nullification Request Form (CN section)
- Revised a “NOTE” to clarify the use of the new Elevation Certificate (APP 5, RATE 16)

You may access the complete manual on the FEMA web site at
<http://www.fema.gov/business/nfip/manual200610.shtm>.

Attachment

cc: Vendors, IBHS, FIPNC, Government Technical Representative

Suggested Routing: Accounting, Claims, Data Processing, Marketing, Underwriting

substantial improvement started or the building permit date.

If the building was substantially damaged, enter the actual month, day, and year that substantial damage occurred. Substantial improvement includes buildings that have incurred "substantial damage" regardless of the actual repair work performed. The agent must obtain and submit a statement from a community official before the building can be considered substantially damaged.

If the policy is for a manufactured (mobile) home or travel trailer located outside a manufactured (mobile) home park or subdivision, enter the date of permanent placement of the manufactured (mobile) home. See the Rating section of this manual for rules for manufactured (mobile) homes located in manufactured (mobile) home parks and subdivisions.

Compare the date of construction or substantial improvement with the effective date of the initial FIRM to determine if the building was constructed Pre- or Post- the effective date of the initial FIRM.

- Substantial Improvement Exception

For new applications, renewal applications, and endorsements when making a *rating correction concerning a substantial improvement* to a Pre-FIRM building where the improvement is an addition to the building and it meets the conditions of Pre-FIRM construction, found on pages RATE 15-16 of this manual, the producer should complete the Construction Data section of the Application as follows:

- a. Enter the date of construction for the Pre-FIRM part of the building (not the date of construction of the addition). This date will be shown as the construction date on the declarations page.
- b. Do not respond to the question IS BUILDING POST-FIRM CONSTRUCTION? Instead, complete the top part of this section as follows:

"Substantial Improvement but continues to be Pre-FIRM."

- c. Supply the elevation data for the ADDITION.

- d. Complete the remainder of both parts of the Construction Data section in the usual manner.

If a policyholder elects to use the normal Post-FIRM rating for substantial improvement, the producer must complete Part 2 of the Application as indicated.

2. Elevation Information

Elevation information must be completed in the second part of the Construction Data section.

- Post-FIRM Construction

Check YES if the building is Post-FIRM construction or substantial improvement; otherwise, check NO.

- Building Diagram Number and Lowest Adjacent Grade

Provide the building diagram number and lowest adjacent grade from the Elevation Certificate (EC).

NOTE: Elevation Certificates certified on or after January 1, 2007, must be submitted on the new EC form. The EC must meet all photo requirements described on pages CERT 1-2 of this manual. *An EC submitted without the required photographs is not considered valid for rating.*

The lowest adjacent grade is not required for buildings without estimated BFE located in AO and unnumbered A and V zones. Policies rated using the Floodproofing Certificate do not require either the lowest adjacent grade or the diagram number.

In communities that participate in the NFIP's Community Rating System (CRS), building elevation information may be available from the community office in charge of building permits or floodplain management.

- Elevation Information for Buildings in the Course of Construction

When the building is in the course of construction, the elevation information provided by the surveyor on the EC must be based on the proposed architectural plans. The NFIP requires the agent to describe and rate the structure based on the proposed plans.

Buildings in the course of construction are to be rated the same as completed construction. A renewal application and a new EC are required at renewal time. For example, if the building is elevated and the proposed plans show an enclosure, the building must be described as elevated with an enclosure. The only exception is when an EC was prepared in the course of construction, and the surveyor was able to provide all elevation information required on the EC.

- Lowest Floor Elevation and Related Items

Use the eight building diagrams on pages CERT 18-19 to determine the correct lowest floor. See pages LFG 1-7 for information about determining the lowest floor for rating. When entering elevation data, **drop hundredths of a foot** and show only tenths of a foot. For example, if the elevation difference is 10.49', enter 10.4'; do not round up to 10.5'.

- Wave Height Adjustment

In Zones V, V1-V30, and VE, if NO is checked for the question about Effects of Wave Action, refer to page RATE 29 for guidelines for FIRMS with wave heights.

- Floodproofing

If YES is checked for Floodproofed and the FIRM zone entered in the Community section of the Application is V, V1-V30, or VE, the Application must be submitted to the NFIP for underwriting and rating. For all other zones, refer to pages RATE 30-31 for elevation difference and rating guidelines.

- Elevation Certification

Enter the elevation certification date for all new business applications.

M. Coverage and Rating

Check desired coverage against the "Amount of Insurance Available" table on page RATE 1. Then enter the limits, indicate the rates and rate type, and add additional charges/credits, i.e., deductible reduction/increase, ICC Premium, CRS Premium Discount, Probation Surcharge (if any), and Federal Policy Fee. Calculate the Total Prepaid Amount.

N. Signature

The producer must sign the Application and is responsible for the completeness and accuracy of the information provided on it. Enter the date of application (month/day/year). The waiting period is added to this date to determine the policy effective date of the policy listed in the Policy Term section. A check or money order for the Total Prepaid Amount, payable to the NFIP, must accompany the application.

A credit card payment by VISA, MasterCard, Diner's Club, or American Express will also be acceptable if a disclaimer form, signed by the insured, is submitted with the Flood Insurance Application. The disclaimer will state that cancellation of a policy due to a billing dispute will be permitted only for a billing error or fraud. If the credit card information is taken over the telephone by the producer, the producer may sign the authorization form on behalf of the payor only after having read the disclaimer to the payor.

V. COMPLETING PART 2 OF THE FLOOD INSURANCE APPLICATION FORM

After completing Part 1 of the Flood Insurance Application, the producer must complete all relevant items in Part 2 of the Application for the following risks:

- Post-FIRM construction located in Zones A1-A30, AE, AH, AO, A, V1-V30, VE, and V.
- Pre-FIRM construction using optional Post-FIRM rating located in Zones A1-A30, AE, AH, AO, A, V1-V30, VE, and V.

Part 2 of the Application collects information about risk factors affecting the building, occupancy information, and elevation data

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

O.M.B. No. 1660-0006 Expires July 31, 2009
PART 1 (OF 2) OF FLOOD INSURANCE APPLICATION

National Flood Insurance Program

IMPORTANT— PLEASE PRINT OR TYPE

CURRENT POLICY NUMBER

☐ NEW

☐ RENEWAL FL _____

POLICY TERM	DIRECT BILL INSTRUCTIONS: <input type="checkbox"/> BILL INSURED <input type="checkbox"/> BILL FIRST MORTGAGEE <input type="checkbox"/> BILL SECOND MORTGAGEE <input type="checkbox"/> BILL LOSS PAYEE <input type="checkbox"/> BILL OTHER		POLICY PERIOD IS FROM _____ TO _____ 12:01 A.M. LOCAL TIME AT THE INSURED PROPERTY LOCATION WAITING PERIOD: <input type="checkbox"/> STANDARD 30-DAY INITIAL PURCHASE OF FLOOD INSURANCE RELATED TO: <input type="checkbox"/> LOAN—NO WAITING <input type="checkbox"/> MAP REV. (ZONE CHANGE FROM NON-SFHA TO SFHA)—ONE DAY																																					
	ADDRESS OF LICENSED PROPERTY OR CASUALTY INSURANCE AGENT OR BROKER: AGENCY NO.: _____ AGENT'S TAX ID <input type="checkbox"/> T OR SSN <input type="checkbox"/> S _____ PHONE NO.: _____ FAX NO.: _____		NAME, MAILING ADDRESS, AND TELEPHONE NO. OF INSURED: _____ INSURED'S SOCIAL SECURITY NUMBER: _____																																					
AGENT INFORMATION	IS INSURANCE REQUIRED FOR DISASTER ASSISTANCE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO IF YES, CHECK THE GOVERNMENT AGENCY: <input type="checkbox"/> SBA <input type="checkbox"/> FEMA <input type="checkbox"/> FHA ENTER CASE FILE NUMBER OR INSURED'S SOCIAL SECURITY NUMBER _____ <input type="checkbox"/> OTHER (SPECIFY): _____																																							
	NAME AND ADDRESS OF FIRST MORTGAGEE LOAN NO.: _____ FAX NO.: _____ PHONE NO.: _____		IF SECOND MORTGAGEE, LOSS PAYEE OR OTHER IS TO BE BILLED, THE FOLLOWING MUST BE COMPLETED, INCLUDING THE NAME AND ADDRESS <input type="checkbox"/> 2ND MORTGAGEE <input type="checkbox"/> DISASTER AGENCY <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> IF OTHER, PLEASE SPECIFY: _____																																					
FIRST MORTGAGEE	IS INSURED PROPERTY LOCATION SAME AS INSURED MAILING ADDRESS? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO IF NO, ENTER PROPERTY ADDRESS. IF RURAL, DESCRIBE PROPERTY LOCATION (DO NOT USE P.O. BOX).		LOAN NO.: _____ FAX NO.: _____ PHONE NO.: _____																																					
	NAME OF COUNTY/PARISH _____ LOCATED IN AN UNINCORPORATED AREA OF THE COUNTY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO COMMUNITY NO./PANEL NO. AND SUFFIX FOR LOCATION OF PROPERTY INSURED _____ COMMUNITY PROGRAM TYPE IS: <input checked="" type="checkbox"/> REGULAR <input type="checkbox"/> EMERGENCY IS BUILDING IN SPECIAL FLOOD HAZARD AREA? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO FLOOD INSURANCE RATE MAP ZONE _____																																							
PROPERTY LOCATION	BUILDING OCCUPANCY <input type="checkbox"/> SINGLE FAMILY <input type="checkbox"/> 2-4 FAMILY <input type="checkbox"/> OTHER RESIDENTIAL <input type="checkbox"/> NON-RESIDENTIAL (INCLUDING HOTEL/MOTEL)		NUMBER OF FLOORS IN ENTIRE BUILDING (INCLUDE BASEMENT/ENCLOSED AREA IF ANY) OR BUILDING TYPE <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 OR MORE <input type="checkbox"/> SPLIT LEVEL <input type="checkbox"/> TOWNHOUSE/ROW HOUSE (R/CAP LOWRISE ONLY) <input type="checkbox"/> MANUFACTURED (MOBILE) HOME ON FOUNDATION																																					
	BASEMENT OR ENCLOSED AREA BELOW AN ELEVATED BUILDING <input type="checkbox"/> NONE <input type="checkbox"/> FINISHED <input type="checkbox"/> UNFINISHED		ESTIMATED REPLACEMENT COST IF SINGLE FAMILY PRINCIPAL RESIDENCE, R/CAP OR ANY V-ZONE BUILDING AMOUNT \$ _____ IF NOT A SINGLE FAMILY DWELLING, THE NUMBER OF OCCUPANCIES (UNITS) IS _____ CONDO COVERAGE IS FOR: <input type="checkbox"/> UNIT <input type="checkbox"/> ENTIRE BUILDING																																					
BUILDING	DOES INSURED QUALIFY AS A SMALL BUSINESS? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		IS BUILDING INSURED'S PRINCIPAL RESIDENCE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO IS THIS BUILDING IN THE COURSE OF CONSTRUCTION? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO																																					
	CONTENTS LOCATED IN: <input type="checkbox"/> BASEMENT/ENCLOSURE <input type="checkbox"/> BASEMENT/ENCLOSURE AND ABOVE <input type="checkbox"/> LOWEST FLOOR ONLY ABOVE GROUND LEVEL <input checked="" type="checkbox"/> LOWEST FLOOR ABOVE GROUND LEVEL AND HIGHER <input type="checkbox"/> ABOVE GROUND LEVEL MORE THAN ONE FULL FLOOR (IF SINGLE FAMILY, CONTENTS ARE RATED THROUGHOUT THE BUILDING)		DEDUCTIBLE <input type="checkbox"/> BUILDING \$ _____ <input type="checkbox"/> CONTENTS \$ _____ DEDUCTIBLE BUYBACK? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO IS BUILDING ELEVATED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO IF BUILDING IS ELEVATED, COMPLETE PART 2 OF THE FLOOD INSURANCE APPLICATION. IF YES, AREA BELOW IS: <input type="checkbox"/> FREE OF OBSTRUCTION <input type="checkbox"/> WITH OBSTRUCTION																																					
CONTENT	IS PERSONAL PROPERTY HOUSEHOLD CONTENTS? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO IF NO, PLEASE DESCRIBE: _____																																							
	ALL BUILDINGS: CHECK ONE OF THE FIVE BLOCKS: <input type="checkbox"/> BUILDING PERMIT DATE OR <input type="checkbox"/> DATE OF CONSTRUCTION ____/____/____ (MM/DD/YY) <input type="checkbox"/> SUBSTANTIAL IMPROVEMENT DATE ____/____/____ (MM/DD/YY) <input type="checkbox"/> MANUFACTURED (MOBILE) HOMES LOCATED IN A MOBILE HOME PARK OR SUBDIVISION: CONSTRUCTION DATE OF MOBILE HOME PARK OR SUBDIVISION FACILITIES ____/____/____ (MM/DD/YY) <input type="checkbox"/> MANUFACTURED (MOBILE) HOMES LOCATED OUTSIDE A MOBILE HOME PARK OR SUBDIVISION: DATE OF PERMANENT PLACEMENT ____/____/____ (MM/DD/YY)																																							
CONSTRUCTION DATA	IS BUILDING POST-FIRM CONSTRUCTION? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO BUILDING DIAGRAM NUMBER _____ LOWEST ADJACENT GRADE (LAG) _____ IF POST-FIRM CONSTRUCTION IN ZONES A, A1-A30, AE, AO, AH, V, V1-V30, VE, OR IF PRE-FIRM CONSTRUCTION IS ELEVATION RATED, ATTACH CERTIFICATION. LOWEST FLOOR ELEVATION _____ (-) BASE FLOOD ELEVATION _____ (=) DIFFERENCE TO NEAREST FOOT _____ (+ OR -) IN ZONES V AND V1-V30 ONLY DOES BASE FLOOD ELEVATION INCLUDE EFFECTS OF WAVE ACTION? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO IS BUILDING FLOOD-PROOFED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO (SEE FLOOD INSURANCE MANUAL FOR CERTIFICATION FORM.) ELEVATION CERTIFICATION DATE _____																																							
	COVERAGE REQUESTED—CHECK ONE BLOCK: <input type="checkbox"/> BUILDING AND CONTENTS <input type="checkbox"/> BUILDING ONLY <input type="checkbox"/> CONTENTS ONLY																																							
COVERAGE AND RATING	<table border="1"> <thead> <tr> <th rowspan="2">COVERAGE</th> <th colspan="3">BASIC LIMITS</th> <th colspan="3">ADDITIONAL LIMITS (REGULAR PROGRAM ONLY)</th> <th rowspan="2">DEDUCTIBLE</th> <th rowspan="2">BASIC AND ADDITIONAL</th> <th rowspan="2">TOTAL PREMIUM</th> </tr> <tr> <th>AMOUNT OF INSURANCE</th> <th>RATE</th> <th>ANNUAL PREMIUM</th> <th>AMOUNT OF INSURANCE</th> <th>RATE</th> <th>ANNUAL PREMIUM</th> </tr> </thead> <tbody> <tr> <td>BUILDING</td> <td></td> <td></td> <td>.00</td> <td></td> <td></td> <td>.00</td> <td></td> <td></td> <td>.00</td> </tr> <tr> <td>CONTENTS</td> <td></td> <td></td> <td>.00</td> <td></td> <td></td> <td>.00</td> <td></td> <td></td> <td>.00</td> </tr> </tbody> </table>		COVERAGE	BASIC LIMITS			ADDITIONAL LIMITS (REGULAR PROGRAM ONLY)			DEDUCTIBLE	BASIC AND ADDITIONAL	TOTAL PREMIUM	AMOUNT OF INSURANCE	RATE	ANNUAL PREMIUM	AMOUNT OF INSURANCE	RATE	ANNUAL PREMIUM	BUILDING			.00			.00			.00	CONTENTS			.00			.00			.00	RATE TYPE: (ONE BUILDING PER POLICY—BLANKET COVERAGE NOT PERMITTED) <input type="checkbox"/> MANUAL <input type="checkbox"/> SUBMIT FOR RATING <input type="checkbox"/> ALTERNATIVE <input type="checkbox"/> V-ZONE RISK FACTOR RATING FORM <input type="checkbox"/> MORTGAGE PORTFOLIO PROTECTION PROGRAM <input type="checkbox"/> PROVISIONAL RATING	
	COVERAGE	BASIC LIMITS			ADDITIONAL LIMITS (REGULAR PROGRAM ONLY)			DEDUCTIBLE	BASIC AND ADDITIONAL				TOTAL PREMIUM																											
AMOUNT OF INSURANCE		RATE	ANNUAL PREMIUM	AMOUNT OF INSURANCE	RATE	ANNUAL PREMIUM																																		
BUILDING			.00			.00			.00																															
CONTENTS			.00			.00			.00																															
SIGNATURE	THE ABOVE STATEMENTS ARE CORRECT TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT ANY FALSE STATEMENTS MAY BE PUNISHABLE BY FINE OR IMPRISONMENT UNDER APPLICABLE FEDERAL LAW. SEE REVERSE SIDE OF COPIES 2, 3, & 4		PAYMENT OPTION: <input type="checkbox"/> CREDIT CARD <input type="checkbox"/> OTHER: _____																																					
	SIGNATURE OF INSURANCE AGENT/BROKER _____ DATE (MM/DD/YY) _____ (OVER)		ANNUAL SUBTOTAL \$ _____ ICC PREMIUM SUBTOTAL _____ CRS PREMIUM DISCOUNT _____ % SUBTOTAL _____ PROBATION SURCHARGE + _____ FEDERAL POLICY FEE + _____ TOTAL PREPAID AMOUNT \$ _____																																					

FEMA Form 81-16, AUG 06

PLEASE ATTACH TO NFIP COPY OF APPLICATION THE CHECK OR MONEY ORDER FOR THE TOTAL PREPAID PREMIUM MADE PAYABLE TO THE NATIONAL FLOOD INSURANCE PROGRAM

F-050 (8/06)

IMPORTANT — COMPLETE PART 1 AND, IF REQUIRED, PART 2 (ON LAST PAGE) BEFORE SENDING APPLICATION TO THE NFIP. — IMPORTANT

O.M.B. No. 1660-0006 Expires July 31, 2009
PART 2 (OF 2) OF FLOOD INSURANCE APPLICATION

1. Post-FIRM construction located in Zones A, AI-A30, AE, AH, AO, V, VI-V30, and VE.
2. Pre-FIRM construction located in Zones A, AI-A30, AE, AH, AO, V, VI-V30, and VE when using optional Post-FIRM rating.

1	NEW	CURRENT POLICY NUMBER
2	RENEWAL	FL _____ IF NEW, LEAVE BLANK

1. Diagram number selected from Building Diagrams 1-8:

2. The lowest floor is (round to nearest foot):
 feet above below (check one) the lowest ground (grade) immediately next to the building.

3. The garage floor (if applicable) or elevated floor (if applicable) is (round to nearest foot):
 feet above below (check one) the lowest ground (grade) immediately next to the building.

4. Machinery or equipment located at a level lower than the lowest floor is (round to nearest foot):
 feet below the lowest floor.

5. Site location

a) Approximate distance of site location to nearest shoreline:

<input type="text"/> 1 Less than 200 feet	<input type="text"/> 3 500 to 1000 feet
<input type="text"/> 2 200 to 500 feet	<input type="text"/> 4 More than 1000 feet

b) Source of flooding:

<input type="text"/> 1 Ocean	<input type="text"/> 3 River/stream
<input type="text"/> 2 Lake	<input type="text"/> 4 Other: _____

6. Basement/Subgrade Crawl Space

a) Is the basement/subgrade crawl space floor below grade on all sides?
 Y Yes N No

b) Does the basement/subgrade crawl space contain machinery or equipment? Y Yes N No

1	Furnace	5	Heat pump	8	Air conditioner
2	Hot water heater	6	Fuel tank	9	Cistern
3	Elevator equipment	7	Washer & dryer	10	Food freezer
4	Other equipment or machinery servicing the building				

a) Is the garage attached to or part of the building?
☐ Y Yes ☐ N No

b) Total area of the garage: _____ square feet.

c) Are there any openings (excluding doors) that are designed to allow the passage of flood waters through the garage?
☐ Y Yes ☐ N No

If yes, check the permanent openings (flood vents) within 1 foot above the adjacent grade: _____ Total area of all permanent openings (flood vents): _____ square inches.

d) Is the garage used solely for parking of vehicles, building access, and/or storage?
☐ Y Yes ☐ N No

e) Does the garage contain machinery or equipment?
☐ Y Yes ☐ N No

If yes, check the appropriate items:

<input type="checkbox"/> 1 Furnace	<input type="checkbox"/> 5 Heat pump	<input type="checkbox"/> 8 Air conditioner
<input type="checkbox"/> 2 Hot water heater	<input type="checkbox"/> 6 Fuel tank	<input type="checkbox"/> 9 Cistern
<input type="checkbox"/> 3 Elevator equipment	<input type="checkbox"/> 7 Washer & dryer	<input type="checkbox"/> 10 Food freezer
<input type="checkbox"/> 4 Other equipment or machinery servicing the building		

8. Elevating foundation of the building:

☐ 1 Piers, posts, or piles

☐ 2 Reinforced masonry piers or concrete piers or columns

☐ 3 Reinforced concrete shear walls

☐ 4 Solid perimeter walls (Note: Not approved for elevating in Zones VI-V30, IE, or V)

9. Does the area below the elevated floor contain machinery or equipment?

☒ Yes ☐ No

If yes, check the appropriate items:

☒ 1 Furnace ☐ 5 Heat pump ☐ 8 Air conditioner

☐ 2 Hot water heater ☐ 6 Fuel tank ☐ 9 Cistern

☐ 3 Elevator equipment ☐ 7 Washer & dryer ☐ 10 Food freezer

☐ 4 Other equipment or machinery servicing the building

c) Is the area below the elevated floor enclosed using materials **other than** insect screening or light wood lattice?
☐ Yes ☐ No

If yes, check one of the following:
☐ Breakaway walls
☐ Solid wood frame walls
☐ Masonry walls
☐ Other: _____

d) Is the enclosed area/crawl space constructed with openings (excluding doors) to allow the passage of flood waters through the enclosed area? ☐ Yes ☐ No

If yes, number of permanent openings (flood vents) within 1 ft. above adjacent grade ____ Total Area of all permanent openings (flood vents)
 sq. in.

e) Is the enclosed area/crawl space used for any purpose **other than** solely for parking of vehicles, building access, or storage?
☐ Yes ☐ No

If yes, describe: _____

f) Does the enclosed area/crawl space have **more than** 20 linear feet of finished wall, paneling, etc?
☐ Yes ☐ No

11. Manufactured (Mobile) Home Data:
 Make: _____
 Year of manufacture: _____
 Model number: _____
 Serial number: _____

12. Manufactured (mobile) home dimensions: _____ x _____ feet.

13. Are there any permanent additions or extensions to the manufactured (mobile) home?
☐ Yes ☐ No

If yes, the dimensions are: _____ x _____ feet.

1	Over-the-top ties	4	Ground anchors
2	Frame ties	5	Slab anchors
3	Frame connectors	6	Other:

the manufactured (mobile) home located in a manufactured (mobile) home park/subdivision?

☐ Y Yes ☐ N No

DATE
(MM/DD/YY)

**FLOOD INSURANCE
FLOOD INSURANCE APPLICATION
FEMA FORM 81-16**

NONDISCRIMINATION

No person or organization shall be excluded from participation in, denied the benefits of, or subjected to discrimination under the Program authorized by the Act, on the grounds of race, color, creed, sex, age or national origin.

PRIVACY ACT

The information requested is necessary to process your Flood Insurance Application for a flood insurance policy. The authority to collect the information is Title 42, U.S. Code, Sections 4001 to 4028. Disclosures of this information may be made: to federal, state, tribal, and local government agencies, fiscal agents, your agent, mortgage servicing companies, insurance or other companies, lending institutions, and contractors working for us, for the purpose of carrying out the National Flood Insurance Program; to current Repetitive Loss Target Group (RLTG) property owners and Preferred Risk Policy (PRP) 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. Solicitation of your Social Security Number (SSN) is authorized under Executive Order 9397. Providing the SSN, as well as the other information, is voluntary but failure to do so may delay or prevent issuance of the flood insurance policy.

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

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

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.G. 3507; and 5 CFR 1320.

PAPERWORK BURDEN DISCLOSURE NOTICE

Public reporting burden for this form is estimated to average 12 minutes per response. Burden means the time, effort, and financial resources expended by persons to generate, maintain, retain, disclose, or to provide information to us. You may send comments regarding the burden estimate or any aspect of the form, including suggestions for reducing the burden to: U.S. Department of Homeland Security, Emergency Preparedness and Response Directorate, Federal Emergency Management Agency, 500 C Street, SW, Washington, DC 20472, Paperwork Reduction Project (1660-0006). **NOTE: Do not send your completed form to this address.**

ARCHIVED APRIL 2018

V. RATING STEPS

- A. Determine the exact location of the building and/or contents to be insured. IF THE MAILING ADDRESS DIFFERS FROM THE PROPERTY ADDRESS, USE THE PROPERTY ADDRESS ONLY.

- B. Determine if the building is located in an eligible community.

Not all communities participate in the NFIP. There is NO COVERAGE available in non-participating communities. If you are uncertain, call the NFIP insurer, consult a local community official, or check the NFIP *Community Status Book* online (<http://www.fema.gov/fema/csb.shtm>).

- C. Determine the NFIP program phase (Emergency or Regular) and the community in which the property is located.

Some communities may be eligible for premium discounts under the Community Rating System (CRS). See the CRS Section for a list of eligible communities, the corresponding discounts, and an example showing how to apply the CRS discount.

- D. Determine the location of the contents in the building.

- E. Determine the date of construction as described below.

- **Date of Construction—Buildings**

For flood insurance purposes, the date of construction for buildings under the NFIP must be determined in order to establish whether the building is Pre-FIRM or Post-FIRM construction.

The start of construction or substantial improvement for insurance purposes means the date the building permit was issued, provided the actual start of construction, repair, reconstruction, or improvement was within 180 days of the permit date.

For the Coastal Barrier Resources System, the start of construction or substantial improvement, for insurance purposes, must be determined in accordance with the documentation requirements set forth by the Coastal

Barrier Resources Act (CBRA). (See the Coastal Barrier Resources System Section.)

- **Date of Construction—Manufactured (Mobile) Homes/Travel Trailers**

The date of construction for a manufactured (mobile) home is different from a standard building and depends upon the location of the manufactured (mobile) home.

For manufactured (mobile) homes located in manufactured (mobile) home parks or subdivisions, the date of construction is the date facilities were constructed for servicing the manufactured (mobile) home site, or the date of the permit, provided that construction began within 180 days of the permit date. This rule applies to all manufactured (mobile) homes even if the manufactured (mobile) home is rated and classified as single family.

For manufactured (mobile) homes not located in manufactured (mobile) home parks or subdivisions, but located on individually owned lots or tracts of land, the date of construction is the date the manufactured (mobile) home was permanently affixed to the site or the permit date if affixed to the site within 180 days of the date of permit.

- **Pre-FIRM Construction**

For the purpose of determining insurance rates, buildings for which the start of construction or substantial improvement was on or before December 31, 1974, or before the effective date of the initial FIRM for the community, are considered Pre-FIRM construction. However, for insurance purposes, manufactured (mobile) homes that are located or placed in existing manufactured (mobile) home parks or subdivisions, or expansions to existing manufactured (mobile) home parks or subdivisions, are considered Pre-FIRM.

All historic buildings are considered Pre-FIRM as long as the building meets the definition of a historic building. (See the Definitions Section.)

Pre-FIRM buildings that are substantially improved may continue being rated as Pre-FIRM if certain conditions are satisfied. Pre-FIRM rating is applicable ONLY when ALL of the following conditions are met:

- The building must be Pre-FIRM.
- The substantial improvement must be an ADDITION to the building. (This condition excludes substantial improvements made as interior remodeling or repair projects.)
- The ADDITION and extension must be next to and in contact with the existing building. (This condition does not apply to substantial improvements consisting of the construction of additional floors.)
- An Elevation Certificate must be submitted to the NFIP Underwriting Unit with the application or renewal. The Elevation Certificate must verify that the lowest floor elevation of the ADDITION is at or above the applicable base flood elevation in effect at the time the addition is started.

NOTE: Elevation Certificates certified on or after January 1, 2007, must be submitted on the new Elevation Certificate form. The Elevation Certificate must meet all photo requirements described on pages CERT 1-2 of this manual. *An Elevation Certificate submitted without the required photographs is not considered valid for rating.*

If all of the above conditions are satisfied, the entire building is eligible for Pre-FIRM rates. (Except for some V-Zone risks and some manufactured [mobile] home risks, Post-FIRM rates provide less costly coverage and, therefore, the coverage may be rated using the lower Post-FIRM rates.)

If the above conditions are not satisfied, the entire building MUST be rated as Post-FIRM.

- Post-FIRM Construction

For insurance rating purposes, buildings for which the start of construction or substantial improvement was after December 31, 1974, or on or after the effective date of the initial FIRM for the community, whichever is later, are considered Post-FIRM construction. This would include all manufactured (mobile) homes located in either new manufactured (mobile) home parks or subdivisions or outside of existing manufactured (mobile) home parks or subdivisions.

VI. PREMIUM CALCULATION

A. Emergency Program

1. Determine Occupancy Type: Residential or Non-Residential.
2. Calculate premium using appropriate rates.
3. Apply appropriate deductible factor if an Optional Deductible is selected.
4. Add Federal Policy Fee.

B. Regular Program

1. Determine if the property to be insured is Pre-FIRM or Post-FIRM. A Pre-FIRM premium table for standard risk, single family property is located on page RATE 11.
2. Determine Zone.
3. Determine Occupancy: Single Family, 2-4 Family, Other Residential, Non-Residential, or Manufactured (Mobile) Home.
4. Determine Building Type (including basement or enclosure, if any): one floor, two floors, three or more floors, split level, or manufactured (mobile) home on foundation.
5. Determine if building has basement (or enclosed area below an elevated building): none, finished, or unfinished.
6. Determine Elevation Difference.
7. Calculate premium using the appropriate rates.
8. Apply appropriate deductible factor if an Optional Deductible is selected.

U.S. DEPARTMENT OF HOMELAND SECURITY
EMERGENCY PREPAREDNESS AND RESPONSE DIRECTORATE

NATIONAL FLOOD INSURANCE PROGRAM

V-ZONE RISK FACTOR
RATING FORM

AND

INSTRUCTIONS

ARCHIVED APRIL 2018

National Flood Insurance Program
V-ZONE RISK FACTOR RATING FORM

PAPERWORK BURDEN DISCLOSURE NOTICE

Public reporting burden for this form is estimated to average 6 hours per response. Burden means the time, effort, and financial resources expended by persons to generate, maintain, retain, disclose, or to provide information to us. You may send comments regarding the burden estimate or any aspect of the form, including suggestions for reducing the burden to: U.S. Department of Homeland Security, Emergency Preparedness and Response Directorate, Federal Emergency Management Agency, 500 C Street, SW, Washington, DC 20472, Paperwork Reduction Project (1660-0006). **NOTE: Do not send your completed form to this address.**

PURPOSE OF V-ZONE RISK FACTOR RATING FORM

The severe economic losses due to flood damage led to the establishment of the NFIP to fulfill the essential purposes of community flood hazard mitigation and provide flood hazard insurance protection. This certification form can be used to (1) guide designers, owners, local officials, agents, and others as they consider those types of siting, design, and construction activities that exceed minimum NFIP requirements, and (2) rate buildings and provide insurance premium discounts to those structures that exceed minimum NFIP siting, design, and construction requirements.

This form provides a basis for the actuarial rating of buildings and their contents on an individual risk basis that allows a rate discount for prudent building designs. This approach will serve to further the NFIP goals of providing incentives for hazard mitigation in coastal high hazard flood risk zones while permitting adequate insurance protection under premium rates that ensure that the risk of flood losses related to building placement and construction is borne by the owners of the properties at risk.

Thus, construction in coastal high hazard areas should follow certain construction guidelines. Those construction guidelines, explanations, data, and examples for residences are set forth in the third edition of the FEMA *Coastal Construction Manual* (CCM), which was published in June 2000.

To obtain a copy of the *Coastal Construction Manual*, you may submit a written request to:

FEMA Distribution Center
P.O. Box 2012
Jessup, MD 20794

or call toll-free 1-800-480-2520 and ask for the FEMA *Coastal Construction Manual*, either the print publication (FEMA 55) or the interactive CD-ROM (FEMA 55CD).

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

O.M.B. No. 1660-0006
Expires July 31, 2009

V-ZONE RISK FACTOR RATING FORM

Important: Read the instructions that begin immediately after page 5 of 5 of this form.

SECTION A — PROPERTY INFORMATION

			FLOOD PROGRAM USE ONLY	
POST-CONSTRUCTION PROPERTY ADDRESS (address of building being rated, if known)			V.R.N. NO.	
CITY	STATE	ZIP CODE	DATE REC.	INIT.
PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.)				
BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc.)				
LATITUDE/LONGITUDE (Optional) (##°-##'-##" or ##°###'")		HORIZONTAL DATUM <input type="checkbox"/> NAD 1927 <input type="checkbox"/> NAD 1983	SOURCE: <input type="checkbox"/> GPS (Type) <input type="checkbox"/> USGS Quad Map <input type="checkbox"/> OTHER	
ESTIMATED COST OF CONSTRUCTION (excluding cost of land)				

Owner				
Name				
Address (not necessarily the property being rated)		City	State	ZIP Code
Telephone Area Code and Exchange Number				

Elevation certification may be determined by a registered professional surveyor, engineer, or architect (attach certification). The elevation data and Flood Insurance Rate Map (FIRM) information may be obtained from the Elevation Certificate. If this certificate is not available, the professional certifying this document must determine the required information, if authorized by law.

NFIP Community No. _____ Base Flood Elevation (BFE)* _____ Datum _____

FIRM Panel No. _____ 100-year stillwater elevation* _____ Datum _____

FIRM Effective Date _____ Average grade elevation* _____ Datum _____

FIRM Zone _____ Bottom of lowest horizontal
supporting member elevation* _____ Datum _____

* All elevations must be referenced to the datum on which the FIRM is based (e.g., NGVD, NAVD).

SECTION B — COASTAL V-ZONE FLOOD RISK BUILDING POINT CALCULATION SHEET

Enter your File or Identification Number here and on the top of pages 2 of 5 through 5 of 5 _____

The submitting registered professional engineer or architect should complete the calculation sheet using the building points shown.

You may use this form only if:

1. The bottom of the lowest horizontal supporting member of the lowest floor is at or above 0.1 foot below the BFE. ☐ Yes (continue) ☐ No (stop)
2. Only flood-damage-resistant materials are used below the BFE (see NFIP Technical Bulletin 2-93 in CCM Appendix H). ☐ Yes (continue) ☐ No (stop)
3. Shear walls and/or other solid obstructions below the BFE are installed such that less than 25% of the building width measured parallel to the shoreline is obstructed. ☐ Yes (continue) ☐ No*

* This form may be used in situations where $\geq 25\%$ of the building width is obstructed, only if the submit-for-rate process is used and engineering calculations and plans are attached to this form; otherwise, stop.

I. LOWEST FLOOR ELEVATION

A. Bottom of lowest horizontal supporting member of lowest floor, relative to effective BFE at the time of project construction (Round all measurements to the nearest 0.1 foot. Do not consider equipment and breakaway enclosures below the elevated floor for this calculation.)

- | | |
|---|----------|
| 1. 0.1 foot below the BFE to 0.4 foot above BFE | 0 pts. |
| 2. 0.5 foot above the BFE to 1.4 feet above BFE | 60 pts. |
| 3. 1.5 feet above the BFE to 2.4 feet above BFE | 160 pts. |
| 4. 2.5 feet above the BFE to 3.4 feet above BFE | 240 pts. |
| 5. 3.5 feet or more above BFE | 300 pts. |

CIRCLE APPROPRIATE
POINTS AND ENTER
BUILDING POINTS IN
APPROPRIATE BOX
BELOW

POST-CONSTRUCTION

II. SITE AND ENVIRONMENTAL CONSIDERATIONS**A. Distance from shoreline (Complete either item 1 or item 2)**

1. Ratio of horizontal distance from dune crest or bluff edge or crest of erosion control device (e.g., seawall or revetment) to seaward side of building foundation, divided by long-term average annual erosion rate (AAER) used in calculation shown in Section C, item 2. (If no dune or bluff, use seaward line of stable vegetation; for stable, accreting, or rocky shorelines, use erosion rate = 1.0 foot/year; for shoreline with erosion control device or beach nourishment project, use pre-project AAER.)

- | | |
|--|--|
| a. If minimum horizontal distance from crest of erosion control device to seaward side of building foundation < 30 ft (see Figure 4a in Instructions)..... | 0 pts. |
| b. If no erosion control device, or crest of device \geq 30 feet from seaward side of building foundation (see Figures 1, 2, 3, and 4b in Instructions) and: | |
| 0 < ratio \leq 10 | 0 pts. |
| 10 < ratio \leq 30 | pts. = ratio |
| 30 < ratio \leq 60 | pts. = 1.5 x ratio |
| 60 < ratio | pts. = 2.0 x ratio, not to exceed 150 pts. |
| Unknown | 0 pts. |

2. For shoreline without an erosion control device, subject to periodic large-scale fluctuations, location of seaward side of building foundation relative to most landward historical vegetation line (see Figure 5 in Instructions)

- | | |
|--|----------|
| a. Foundation at or landward of most landward vegetation line in past 20 years | 0 pts. |
| b. Foundation at or landward of most landward vegetation line in past 40 years | 75 pts. |
| c. Foundation at or landward of most landward vegetation line in past 60 years | 150 pts. |
| d. Unknown | 0 pts. |

B. Dune, structural, or beach nourishment protection (Complete item 1, item 2, and/or item 3, as applicable)

1. Dune reservoir above 100-year stillwater elevation (see Figure 6 in Instructions)

- | | |
|--|---------|
| a. < 540 square feet..... | 0 pts. |
| b. 540 square feet \leq reservoir < 1,100 square feet..... | 30 pts. |
| c. 1,100 square feet \leq reservoir | 50 pts. |
| d. Unknown | 0 pts. |

2. For upland property fronted by erosion control device (e.g., seawall, revetment)

- | | |
|--|-----------------------------------|
| a. Seaward side of building foundation < 30 feet from crest of wall or revetment (see Figure 4a in Instructions) | 0 pts. |
| b. Seaward side of building foundation \geq 30 feet from crest of wall or revetment – enter points for only one of the following three conditions: | |
| (1) Crest elevation of wall or revetment at or below 100-year stillwater elevation (see Figure 7 in Instructions) | 0 pts. |
| (2) Crest elevation of wall or revetment above 100-year stillwater elevation (see Figure 8 in Instructions)..... | pts. = D/2, not to exceed 15 pts. |
| (3) Wall or revetment adequate to protect upland property during 100-year event (satisfies criteria set forth in Part VII of CERC TR 89-15) | 50 pts. |

File or Identification Number _____

3. For upland property with an ongoing beach nourishment project undertaken within the last 5 years
- a. Constructed project with a Federal, state, or local government sponsor, with all necessary permits and a long-term funding mechanism in place, and with ongoing renourishment (project maintenance)50 pts.
- b. Less than 3.a0 pts.

POST-CONSTRUCTION

III. BUILDING SUPPORT SYSTEM AND DESIGN DETAILS

A. Foundation design (Complete item 1, item 2, and item 3)

1. Foundation design based on lowest expected ground elevation and highest expected BFE over 50-year life of structure (accounts for lowering of soil due to long-term erosion, shoreline fluctuations, and storm erosion — see Figure 9 in Instructions)40 pts.
2. Foundation design accounts for local scour during 100-year flood event (see Figure 10 in Instructions and CCM Section 7.5.2.5)20 pts.
3. Foundation design based on loads and load combinations computed in accordance with ASCE 7-98 (or later editions) and CCM Chapter 1140 pts.

B. Foundation type (Complete either item 1 or item 2)

1. Pile foundation (complete items a, b, and c for driven piles; complete items a, b, c, and d for jetted piles; complete items a, b, c, and e for piles set in augered or pre-dug holes)
- a. Pile embedment
- (1) All pile tips are to -10 feet MWL or deeper*75 pts.
- (2) Any pile embedment is less than -10 feet MWL, but no pile is less than -5 feet MWL*0 pts.
- (3) Any pile embedment is less than -5 feet MWL*75 pts.
- * If refusal is reached before the specified depth, consult a professional engineer to determine whether foundation anchoring is adequate and whether scour will undermine the foundation. These judgments should determine the appropriate point value.
- b. Pile size and type
- (1) Wood piles at least 10" x 10" or 8" tip round75 pts.
- (2) Wood piles smaller than dimensions in (1) but no smaller than 8" x 8" or 6" tip round30 pts.
- (3) Wood piles less than dimensions in (2)75 pts.
- (4) Reinforced or prestressed concrete piles at least 8" x 8"75 pts.
- (5) Steel piles with corrosion protection or engineered to take predicted corrosion into account75 pts.
- c. Bracing
- (1) Bracing (including grade beams) is required to resist lateral loads, and bracing conforms to CCM Sections 12.4.5, 13.2.3.1, 13.2.3.2, and 13.2.3.325 pts.
- (2) Designed to resist lateral loads without bracing or grade beams50 pts.
- d. Jetted pile foundation
- (1) After initial jetting, design embedment and capacity attained by driving0 pts.
- (2) Jetting only50 pts.
- e. Pile set in augered or pre-dug hole (post foundation)
- (1) After initial set and backfill, design embedment attained by driving0 pts.
- (2) After initial set and backfill, design embedment attained by jetting25 pts.
- (3) Set and backfilled only100 pts.
2. Masonry or concrete columns (piers) supported on footing
- a. Embedment and footing size
- (1) Footing elevation and dimensions consistent with CCM Section 12.4.3.275 pts.
- (2) Less than required by (1)75 pts.

File or Identification Number _____

- b. Column (pier) design
- (1) Consistent with requirements of CCM Sections 13.2.4 or 13.2.575 pts. POST-CONSTRUCTION
- (2) Less than required by (1)-75 pts.
- c. Bracing
- (1) Bracing (including grade beams) is required to resist lateral loads, and bracing conforms to CCM Sections 12.4.5, 13.2.3.1, 13.2.3.2, and 13.2.3.325 pts.
- (2) Designed to resist lateral loads without bracing or grade beams50 pts.

C. Lowest horizontal supporting member (Complete item 1 and item 2, or item 1 and item 3)

1. Orientation (see Figure 11 in Instructions)
- a. $\leq \pm 20$ degrees from perpendicular to shoreline20 pts.
- b. $> \pm 20$ degrees from perpendicular to shoreline0 pts.
2. Connections between lowest horizontal supporting member and foundation (wood piles and beams)
- a. Wood pile notching
- (1) All piles AND horizontal members notched 50% or less0 pts.
- (2) Any piles OR horizontal members notched more than 50%-100 pts.
- b. Connections between wood piles and beams
- (1) All bolted connections50 pts.
- (2) Any non-bolted connections (e.g., light-gauge metal connectors, nailed connections)-250 pts.
3. Engineered connections between beam and pile (when either pile or beam is not wood)50 pts.

IV. OBSTRUCTIONS AND ENCLOSURES

A. Obstructions below BFE (Complete item 1, item 2, and item 5, and either item 3 or item 4; see NFIP Technical Bulletin 5-93 in CCM Appendix H)

1. Free of obstruction AND no enclosed areas below BFE (open stairs, insect screening, and open lattice are permitted — see Instructions for discussion of open lattice)100 pts.
2. Spacing of piles/columns/piers
- a. < 8 feet on center (o.c.)0 pts.
- b. ≥ 8 feet o.c.20 pts.
3. Breakaway walls (non-loadbearing) are used below the BFE
- a. Length of breakaway walls ≤ 20 feet-10 pts.
- b. Length of breakaway walls > 20 feet but ≤ 60 feet-20 pts.
- c. Length of breakaway walls > 60 feet-40 pts.
4. Area enclosed by non-loadbearing breakaway walls, and some portion of the non-loadbearing walls is finished
- a. Length of finished breakaway wall < 20 feet-50 pts.
- b. Length of finished breakaway wall ≥ 20 feet but < 50 feet-100 pts.
- c. Length of finished breakaway wall ≥ 50 feet-250 pts.
5. Elevator, stairwell, masonry chimney, or other solid obstruction in 1- to 4-family, 3-story or less, residential structure-100 pts.

B. Equipment

1. ALL equipment and ductwork below building lie at or above BFE0 pts.
2. ANY equipment or ductwork below the building is below the BFE and is NOT resistant to flood damage, but will not adversely affect the ability of other parts of the building to resist velocity flows and wave action (complete item 1 in Section C of this form below; FEMA may use the additional information from item 1 in section C of this form to deduct fewer than 100 points)-100 pts.

V. BUILDING POINT TOTAL

FEMA Form 81-25, AUG 06

Page 4 of 5 Pages
F-086 (8/06)

File or Identification Number _____

SECTION C – INFORMATION PERTAINING TO THE BUILDING

1. List all equipment below BFE (check all that apply):

- | | | |
|--|---|---|
| <input type="checkbox"/> Air conditioner/heat pump | <input type="checkbox"/> Furnace | <input type="checkbox"/> Air handler |
| <input type="checkbox"/> Ductwork | <input type="checkbox"/> Electric panel, fuse box | <input type="checkbox"/> Elevator equipment |
| <input type="checkbox"/> Water heater | <input type="checkbox"/> Water softener/conditioner | <input type="checkbox"/> Pump |
| <input type="checkbox"/> Clothes washer/dryer | <input type="checkbox"/> Other (list) _____ | |

2. To support the point values claimed in item II.A in Section B of this form, provide the following:

Average annual erosion rate _____ feet/year

Source of rate _____

Date of rate calculation _____

Reference feature used (e.g., dune crest, vegetation line, top of bluff, crest of armoring) _____

Source of most landward vegetation line _____

When claiming points for compliance with item II.B.2.b.(3) (erosion control device meets requirements of CERC TR 89-15), describe how the device meets the requirements. _____

When claiming points for compliance with item II.B.3.a (beach nourishment project), provide the name of the project, the name of the sponsoring government entity, and the date of the last nourishment or renourishment work.

Name of Project _____

Sponsor _____ Date of last nourishment/renourishment _____

When submitting the completed V-Zone Risk Factor Rating Form, provide the following supporting material:

- Building plans for "before construction" rating
- Completed NFIP Elevation Certificate (FEMA Form 81-31), Flood Insurance Application, and photographs of building for "after construction" rating

SECTION D – CERTIFICATION

POST-CONSTRUCTION CERTIFICATION. I meet the qualifications set forth on page 1 of 7 of the Instructions for this V-Zone form and certify that the above statements are correct to the best of my knowledge. I understand that any false statement may be punishable by fine or imprisonment under 18 U.S. Code, Section 1001.

Name of Registered Professional Engineer or Architect _____

Title _____

Address _____

Signature _____ Date _____

Flood Program Use Only

NFIP Flood Risk Factor CONFIRMATION

Total Coastal V-Zone
Flood Risk Factor

POST-CONSTRUCTION

Buildings:

Contents:

NFIP Underwriter's Signature _____

Date _____

INSTRUCTIONS

This V-Zone Risk Factor Rating Form is to be used in the determination of the flood insurance discount for buildings and contents located in a coastal area designated by the NFIP as Zone V, VE, or V1-V30.

The basic premise behind this form is that flood insurance premiums can be reduced for V-zone buildings that exceed minimum NFIP requirements. This form allows an engineer or architect to claim points for a variety of siting, design, and construction practices that exceed minimum NFIP requirements. Section B of the form, Coastal V-Zone Flood Risk Building Point Calculation Sheet, is divided into four main categories:

- I. Lowest Floor Elevation
- II. Site and Environmental Considerations
- III. Building Support System and Design Details
- IV. Obstructions and Enclosures

The NFIP will review the completed form and assign a premium discount, depending on the number of points awarded.

This form may be submitted only after construction is completed. However, the form may be used **before** construction is begun (during site selection and project planning) to guide the designer and owner with regard to those practices that will result in the greatest flood insurance premium reduction—that is, those practices that are deemed most important in reducing potential flood and erosion losses.

The maximum number of points that can be claimed on this form is 1,030. The greater the number of points, the greater the reduction in the flood insurance premium. Of the total number of possible points, the approximate percentage for each of the four categories listed above is as follows:

- Lowest Floor Elevation - 30 percent
- Site and Environmental Considerations - 30 percent
- Building Support System and Design Details - 30 percent
- Obstructions and Enclosures - 10 percent

This form is used solely to adjust insurance rating for a building and does not replace other forms and certificates that may be required by a community or state.

To complete this form, the engineer or architect will need to refer to the *Coastal Construction Manual* (FEMA 55). See the inside cover of this form for information about how to obtain a copy of FEMA 55.

Completion of this form must be accomplished by a registered professional engineer or registered architect duly licensed in the state where the subject structure is located.

The completed form should be submitted to the NFIP Bureau and Statistical Agent, Underwriting Department, 7700 Hubble Drive, Lanham, MD 20706. Confirmation of the V-zone risk discount and rate for National Flood Insurance coverage will be returned in approximately 30 days.

Local permit officials will have on file copies of the community's most recent Flood Insurance Rate Map (FIRM) and Flood Insurance Study (FIS). Your client's property and casualty insurance agent may have a copy of the community's FIRM and is a valuable source of related information. If you need assistance, call the NFIP toll-free at 1-800-358-9616.

SPECIFIC INSTRUCTIONS FOR SECTION B, COASTAL V-ZONE FLOOD RISK BUILDING POINT CALCULATION SHEET

I. Lowest Floor Elevation. The lowest floor elevation measurement should be made at the bottom of the lowest horizontal structural member supporting the lowest floor. Lowest floor guidance can be obtained from the Elevation Certificate or the *Flood Insurance Manual* (Lowest Floor Guide):

- The Elevation Certificate can be downloaded from FEMA's site on the World Wide Web at <http://www.fema.gov/business/nfip/elvinst.shtm>. The certificate is also available from the FEMA Distribution Center at 1-800-480-2520 (ask for FEMA Form 81-31).
- The *Flood Insurance Manual* is available from the FEMA web site at <http://www.fema.gov/business/nfip/manual.shtm>.

II.A. Distance from shoreline. Siting structures away from the shoreline is recognized as one of the most important ways of preventing building damage. This form provides credit for siting buildings landward of dunes, bluffs, and erosion control devices (item II.A.1), and landward of shorelines that fluctuate large distances (i.e., those that experience large-scale erosion and accretion through time, item II.A.2).

Points may be claimed for II.A.1 or II.A.2, but not for both. In the majority of situations, II.A.1 will be used for calculating points.

II.A.1. Points will be awarded based on (1) the distance between the seaward side of the building foundation and the dune crest, bluff edge, or erosion control device crest and (2) the average annual erosion rate (AAER) for the site.

This item requires the engineer or architect to (1) measure the horizontal distance between the building foundation and the dune crest, bluff edge, or erosion control device crest, (2) obtain the average annual erosion rate at the site, and (3) calculate the ratio between the distance and the erosion rate (consult the local jurisdiction or state coastal management program for erosion rate information). The examples shown in Figures 1-4b, following, illustrate the calculation of points for five cases.

II.A.2. Points will be awarded based on the location landward of the seaward side of the building foundation relative to

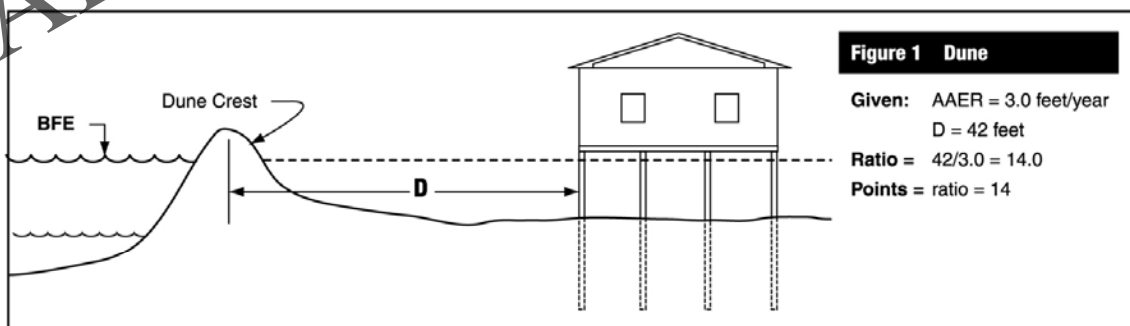
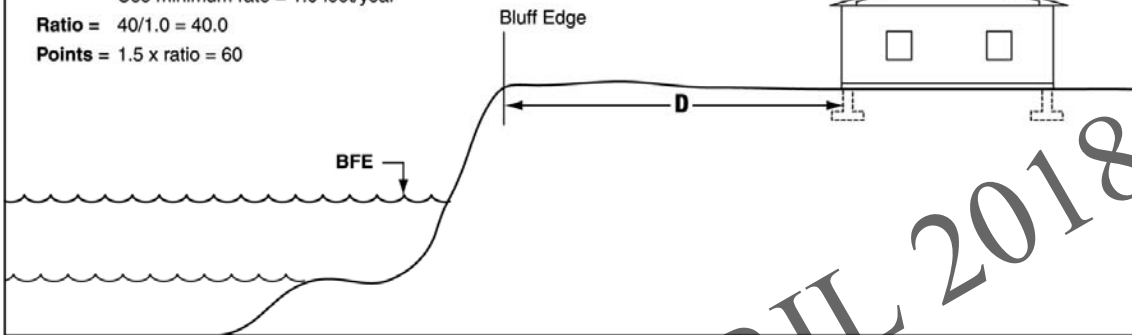


Figure 2 Bluff

Given: AAER = 0.5 foot/year
D = 40 feet
Use minimum rate = 1.0 foot/year
Ratio = $40/1.0 = 40.0$
Points = $1.5 \times \text{ratio} = 60$



**Figure 3
No Dune or Bluff – Use Stable
Vegetation Line**

Given: AAER = 2.5 feet/year
D = 25 feet
Ratio = $25/2.5 = 10.0$
Points = 0

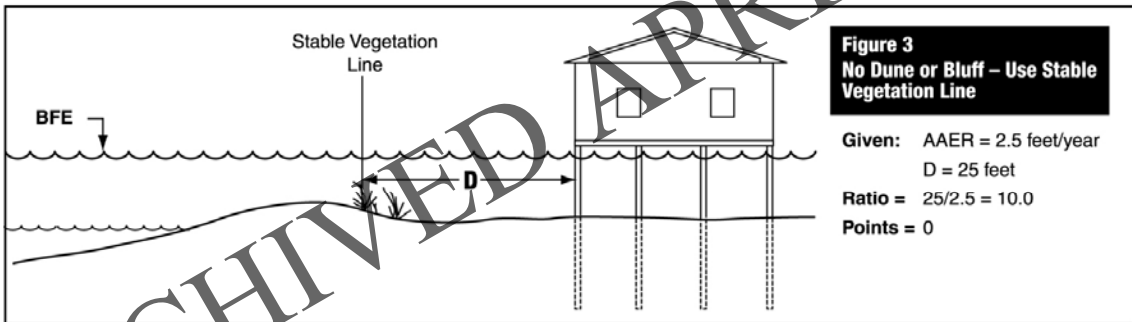


Figure 4a Erosion Control Device, D < 30 Feet

Given: D = 25 feet
D < 30 feet; therefore, No Points Allowed

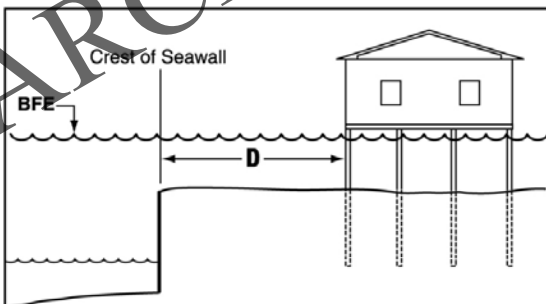
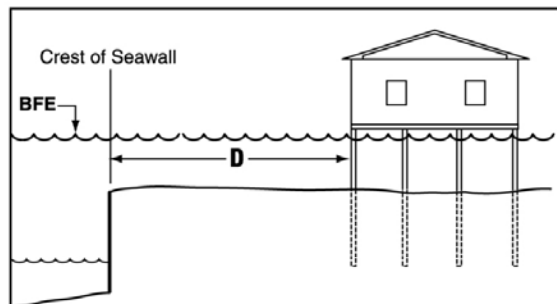


Figure 4b Erosion Control Device, D ≥ 30 Feet

Given: AAER = 0.0 feet/year (post-wall)
AAER = 2.5 feet/year (pre-wall)
D = 35 feet
Ratio = $35/2.5 = 14.0$
D ≥ 30 feet; therefore, Points Allowed
Points = ratio = 14



the fluctuating shoreline on the site. Average annual erosion rates are not used for this calculation. CCM Figures 7-47, 7-48, and 7-49 show a situation in which item II.A.2 would be used to calculate points.

This item requires the engineer or architect to (1) obtain historical shoreline (vegetation line) positions at the site, (2) locate the seaward side of the building foundation, and (3) determine how long it has been since the vegetation line was landward of the seaward side of the building foundation. An example is shown in Figure 5 using the data from CCM Figure 7-49.

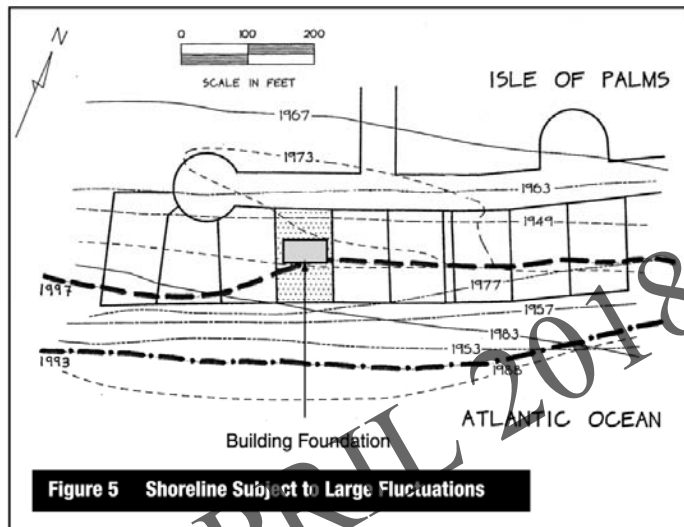
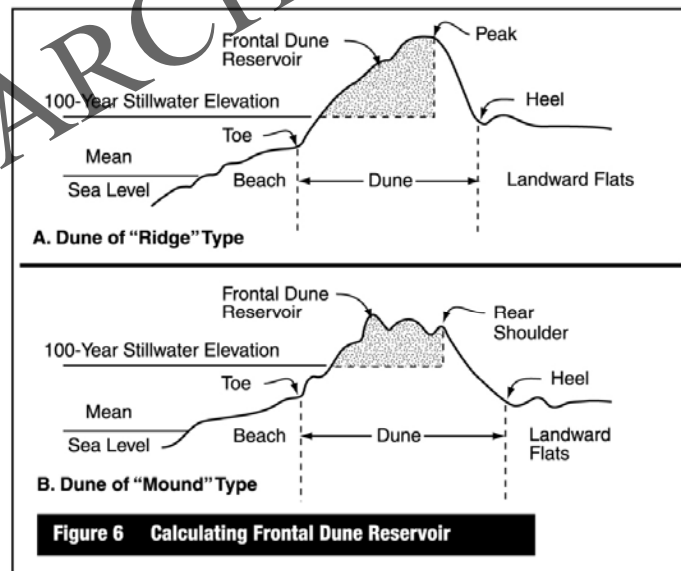


Figure 5 shows that the seaward side of the building foundation was seaward of the vegetation line as recently as 1997. No points would be claimed in this example. In order for points to be claimed for this item, the building would have had to have been constructed landward of all vegetation lines for the past 40+ years—since approximately 1957.

II.B Dune, structural, or beach nourishment protection. This form provides credit for protection received from large dunes (item II.B.1), erosion control devices (item II.B.2), and beach nourishment projects (item II.B.3) that meet certain criteria. Points will be awarded based on the level of flood and erosion protection afforded by a dune, erosion control device, or beach nourishment project.

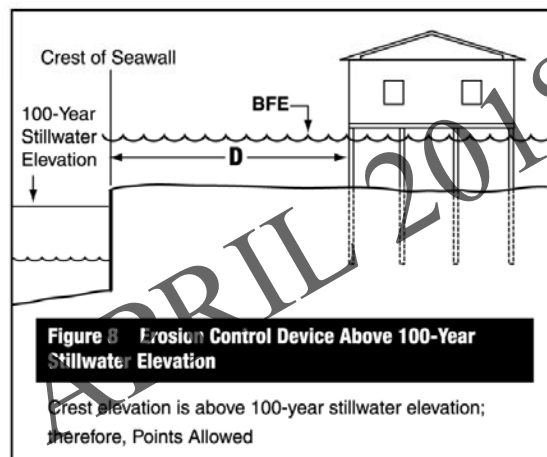
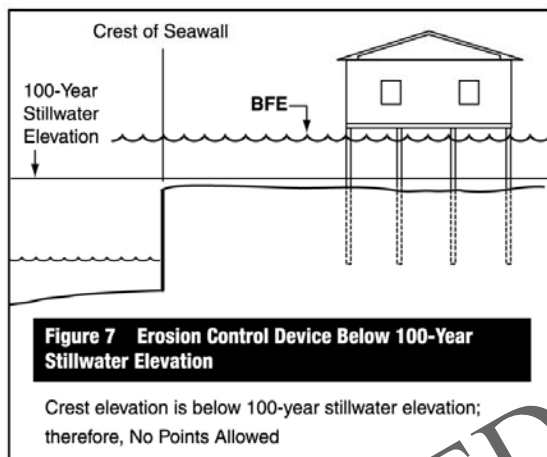


Points may be claimed for II.B.1, II.B.2, and II.B.3, if applicable.

II.B.1. The dune reservoir is the cross-section (in square feet) above the 100-year stillwater elevation (obtained from the Flood Insurance Study [FIS] report) and seaward of the dune crest or shoulder (see Figure 6).

This item requires the engineer or architect to (1) plot a dune cross-section seaward of the building site, (2) determine the 100-year stillwater elevation (from the FIS report) and plot on the dune profile, (3) characterize the dune as a ridge type or mound type, and (4) define the limits of the dune reservoir and calculate its cross-sectional area.

II.B.2. Points may be claimed for protection offered by an erosion control device (seawall or revetment) only if the crest elevation of the device is above the 100-year stillwater elevation, which may be obtained from the FIS report (see Figures 7 and 8.) **Points may be claimed for II.B.2.b.(2) or II.B.2.b.(3).** If the crest elevation is above the 100-year stillwater elevation, points may be obtained for II.B.2.b.(2)—the distance between the crest of the device and the seaward side of the building foundation—or II.B.2.b.(3)—a device that satisfies the criteria set forth in the U.S. Army Corps of Engineers, Coastal Engineering Research Center report CERC TR 89-15, *Criteria for Evaluating Coastal Flood Protection Structures*.



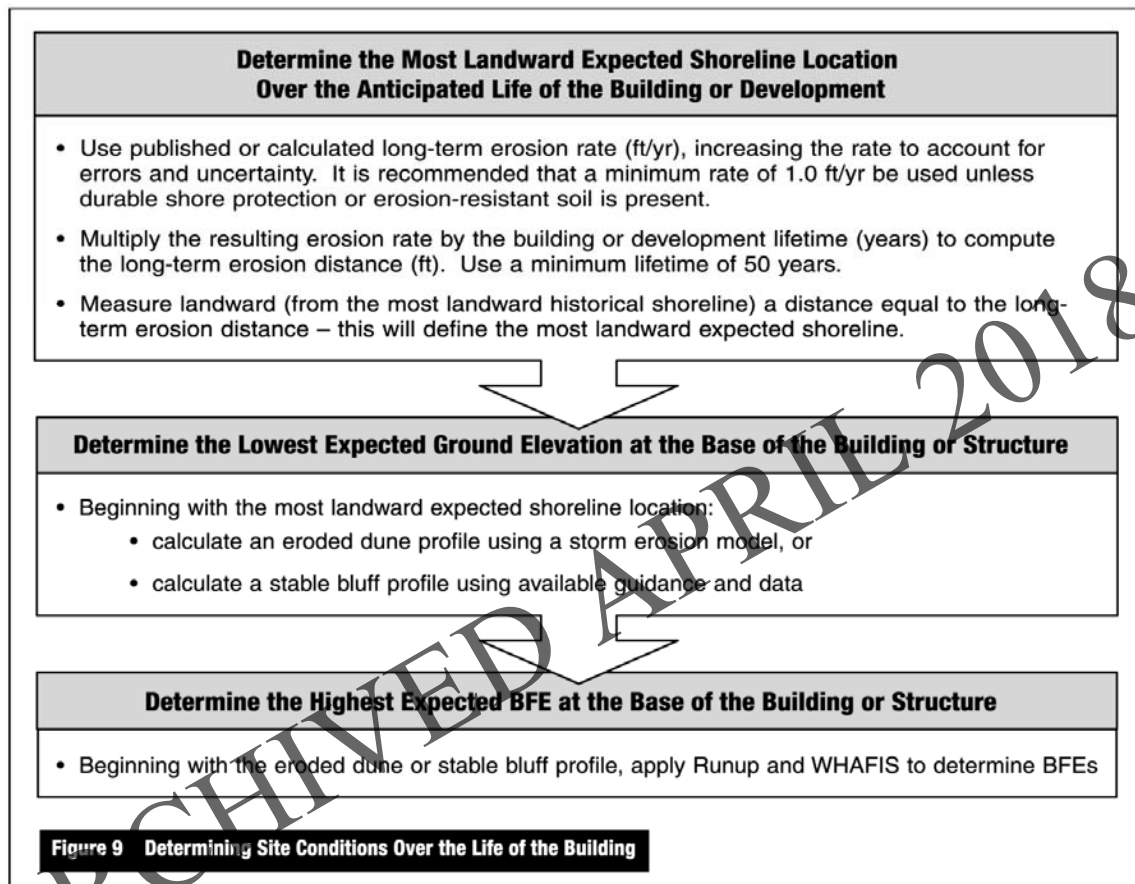
This item requires the engineer or architect to (1) determine the crest elevation of the seawall or revetment, (2) determine the 100-year stillwater elevation (from the FIS report) and compare it against the crest elevation, (3) determine the horizontal distance from the crest of the erosion control device to the seaward side of the building foundation, and (4) if maximum points are desired, evaluate the dimensions, strength, and durability of the erosion control device against the CERC criteria.

II.B.3. Points may be claimed for protection offered by an ongoing beach nourishment project. An eligible project must be sponsored by a Federal, state, or local government entity and must have been constructed—either initial construction or project maintenance—in the recent past (5 years or less from the date of completion of this form).

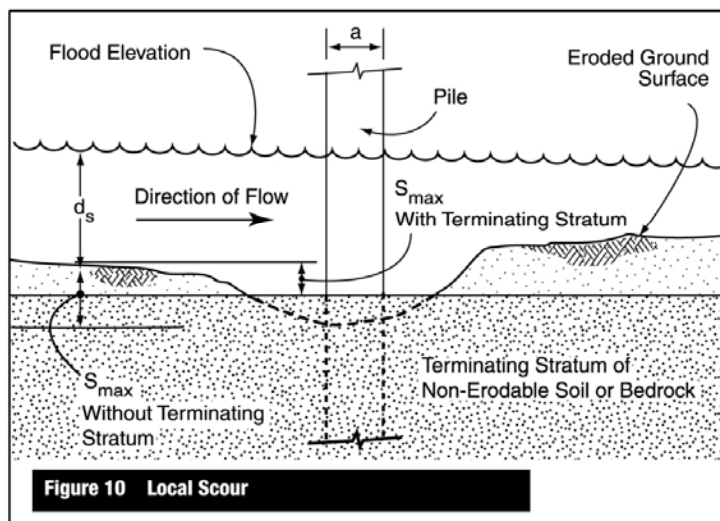
This item requires the engineer or architect to (1) determine whether an eligible beach nourishment project has been conducted in front of the building for which this form is being completed and (2) provide basic information on the project (i.e., name of project, project sponsor, most recent date of project construction) in Section C of this form. Consult the local jurisdiction for this information.

III.A. Foundation design. This form recognizes foundation designs that consider expected conditions over the life of the building (III.A.1), local scour (III.A.2), and design loads (III.A.3). **Points may be claimed for III.A.1, III.A.2, and III.A.3, if applicable.**

III.A.1. This item requires the engineer or architect to estimate, over the life of the building, (1) the most landward expected shoreline, (2) the lowest expected ground elevation, and (3) the highest expected BFE (see Figure 9). A minimum erosion rate of 1.0 foot/year and a minimum building life of 50 years should be used in the calculations. More details can be found in Section 7.9.2 of the CCM.



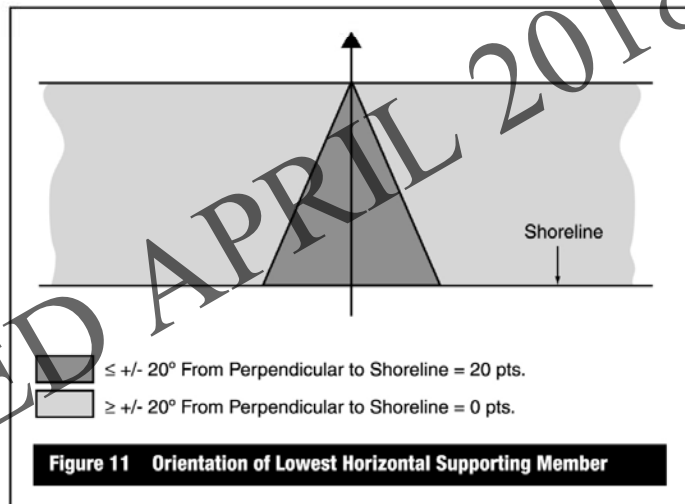
11.A.2. Local scour is illustrated in Figure 10, and its calculation is discussed in Section 11.6.11 of the CCM. Local scour around pilings and columns and grade beams can generally be estimated as twice the diameter of the member (see CCM Formula 11.10.a). Local scour around large objects and enclosed areas can also be estimated, but do **not** use CCM Formula 11.10.b. Instead, estimate local scour as equal to the width of the object facing the flow or waves, with a maximum scour depth of 3 feet.



III.A.3. This form awards points for the use of loads and load combinations based on ASCE 7-98 (or later editions) and CCM Chapter 11.

III.B. Foundation type. This form recognizes several types of V-zone foundations (wood, concrete, steel, and masonry; driven piles; piles set in augered holes; cast-in-place piles; and masonry piers/concrete columns on footings). Maximum points can be obtained only with driven piles; reinforced, cast-in-place piles; and jettied or augered piles that satisfactorily pass load tests. Note that it may be very difficult to claim any points for masonry/concrete elements supported on footings.

III.C. Lowest horizontal supporting member. Points can be claimed for (1) orientation of the lowest horizontal supporting member in the expected direction of waves (see Figure 11) and (2) use of bolted or engineered connections between the foundation and lowest horizontal supporting member. For the purposes of this classification, any metal strap, plate, or connector that is not fabricated with structural steel is considered "light-gauge." Point deductions do not apply to the use of light-gauge metal connectors or nailed connections above the top of the lowest horizontal structural member.



IV. Obstructions and Enclosures. V-zone construction must be free of obstructions below the BFE. NFIP regulations allow breakaway enclosures to be constructed (flood insurance premiums will be higher as a result) and allow limited use of solid obstructions (e.g., shear walls, stairwells, elevators, and chimneys).

This form provides points for buildings without any enclosures or obstructions. The use of open lattice (see IV.A.1) and/or insect screening still allows points to be claimed. Points will be **deducted** for the use of breakaway walls. Points will be **deducted** for finished walls or space (even breakaway) below the BFE. Points will be **deducted** for equipment or ductwork below the BFE and not flood-resistant. The conversion of below-BFE space to habitable uses by building contractors and owners represents one of the most significant (and common) violations of NFIP regulations. This form reflects the importance of the issue through its point deductions.

IV.A.1. Open lattice is defined as thin (1/2 inch or less) wood, vinyl, plastic, or similar lattice material with at least 40 percent of the lattice area open. A wall created of brick or other masonry units meeting the opening requirement will **not** be considered open lattice.

2. If more than one additional mortgagee or disaster assistance agency exists, provide the requested information on the producer's letterhead.

H. Property Location

1. Check YES if the location of the property being insured is the same as the address entered in the "Insured's Mailing Address" section. Leave the rest of this section blank unless there is more than one building at the property location.
2. If more than one building is at the location of the insured property, use this section to specifically identify the building to be insured. Briefly describe the building or submit a sketch showing the location of insured buildings to assist the NFIP in matching the policy number to the specific building insured.
3. If NO, provide the address or location of the property to be insured.
4. If the insured's mailing address is a post office box or rural route number, give the street address, legal description, or geographic location of the property.

I. Community

1. Enter the name of the county or parish where the property is located.
2. Check YES if the property is located in an unincorporated area of a county; otherwise, check NO.
3. Enter the community identification number, map panel number, and revision suffix for the community where the property is located. Use the FIRM in effect and that has been published at the time of presentment of premium and completion of application. Community number and status may be obtained by calling the writing company, consulting a local community official, or referencing the NFIP *Community Status Book* online at www.fema.gov/fema/csb.shtm.
4. Enter the Flood Insurance Rate Map zone.

J. Building and Contents

Complete all required information in this section.

1. Check building occupancy: Single Family, 2-4 Family, Other Residential, or Non-Residential (incl. Hotel/Motel).
2. Enter date of construction.
3. Check building type. If the building has a basement or enclosure, count the base-

ment or enclosure as a floor. If the building type is a manufactured (mobile) home/travel trailer on foundation, enter the make, model, and serial number in the block at the bottom of this section.

4. Check the "Y" box (YES) or the "N" box (NO) for "CONDO UNIT" and "TOWNHOUSE/ROWHOUSE CONDO UNIT."
5. Check location of building's contents. (Contents located entirely in a basement are not eligible for contents-only coverage.)
6. Check YES if the building is the insured's principal residence; otherwise, check NO.
7. Using normal company practice, estimate the replacement cost value and enter the value in the space provided. Include the cost of the building foundation when determining the replacement cost value.

K. Notice

If the answer to either question A or question B is YES, this risk is not eligible for the Preferred Risk Policy.

L. Premium

1. Enter the coverage selected, and the premium, from the appropriate table on the back of the application form.
2. Add the \$50.00 Probation Surcharge, if applicable. Deduct \$1.00 if this is an application for a townhouse/rowhouse condominium unit.

M. Signature

The producer must sign the Preferred Risk Policy Application and is responsible for the completeness and accuracy of the information provided on it. Enter the date of application (month/day/year). The waiting period is added to this date to determine the policy effective date of the policy listed in the Policy Term section. A check or money order for the Total Prepaid Amount, payable to the NFIP, must accompany the application.

A credit card payment by VISA, MasterCard, Diner's Club, or American Express will also be acceptable if a disclaimer form, signed by the insured, is submitted with the Preferred Risk Policy Application. The disclaimer will state that cancellation of a policy due to a billing dispute will be permitted only for a billing error or fraud. If the credit card information is taken over the telephone by the producer, the producer may sign the authorization form on behalf of the payor only after having read the disclaimer to the payor.

**U.S. DEPARTMENT OF HOMELAND SECURITY
FEDERAL EMERGENCY MANAGEMENT AGENCY**
National Flood Insurance Program
FLOOD INSURANCE PREFERRED RISK POLICY APPLICATION
IMPORTANT - PLEASE PRINT OR TYPE

O.M.B. No. 1660-0006 Expires July 31, 2009

☐ NEW
☐ RENEWAL
CURRENT POLICY NUMBER
FL _____
IF NEW, LEAVE BLANK

POLICY TERM	DIRECT BILL INSTRUCTIONS: <input type="checkbox"/> BILL INSURED <input type="checkbox"/> BILL FIRST MORTGAGEE <input type="checkbox"/> BILL SECOND MORTGAGEE <input type="checkbox"/> BILL LOSS PAYEE <input type="checkbox"/> BILL OTHER WAITING PERIOD: <input type="checkbox"/> STANDARD 30-DAY <input type="checkbox"/> LOAN-NO WAITING POLICY PERIOD IS FROM _____ TO _____ 12:01 A.M. LOCAL TIME AT THE INSURED PROPERTY LOCATION	
AGENT INFORMATION	ADDRESS, TELEPHONE NO., AND FAX NO. OF LICENSED PROPERTY OR CASUALTY INSURANCE AGENT OR BROKER: _____ _____ _____ AGENCY NO.: _____ AGENT'S TAX ID <input type="checkbox"/> T OR SSN <input type="checkbox"/> S _____	INSURED'S MAILING ADDRESS NAME, TELEPHONE NUMBER AND MAILING ADDRESS OF INSURED: _____ _____ _____ INSURED'S SOCIAL SECURITY NUMBER _____
DISASTER ASSISTANCE	IS INSURANCE REQUIRED FOR DISASTER ASSISTANCE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO IF YES, CHECK THE GOVERNMENT AGENCY: <input type="checkbox"/> SBA <input type="checkbox"/> FHA <input type="checkbox"/> OTHER (PLEASE SPECIFY) _____ <input type="checkbox"/> FEMA <input type="checkbox"/> HHS _____ CASE FILE NUMBER _____	SECOND MORTGAGEE OR OTHER IF SECOND MORTGAGEE, LOSS PAYEE OR OTHER IS TO BE BILLED, THE FOLLOWING MUST BE COMPLETED, INCLUDING THE NAME, TELEPHONE NO., FAX NO., AND ADDRESS. <input type="checkbox"/> 2ND MORTGAGEE <input type="checkbox"/> DISASTER AGENCY, SPECIFY _____ <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> IF OTHER, PLEASE SPECIFY _____
FIRST MORTGAGEE	NAME, TELEPHONE NO., FAX NO., AND ADDRESS OF FIRST MORTGAGEE INCLUDING LOAN NUMBER: _____ _____ _____ LOAN NUMBER _____	COMMUNITY NAME OF COUNTY/PARISH _____ LOCATED IN AN UNINCORPORATED AREA OF THE COUNTY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO COMMUNITY NUMBER AND SUFFIX FOR LOCATION OF PROPERTY INSURED _____ FLOOD INSURANCE RATE MAP ZONE _____ INFORMATION SOURCE: <input type="checkbox"/> COMMUNITY OFFICIAL <input type="checkbox"/> FLOOD MAP <input type="checkbox"/> MORTGAGEE <input type="checkbox"/> OTHER, SPECIFY _____
PROPERTY LOCATION	IS INSURED LOCATION SAME AS INSURED MAILING ADDRESS? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO IF NO, ENTER PROPERTY ADDRESS. IF RURAL, DESCRIBE PROPERTY LOCATION. (DO NOT USE P.O. BOX) _____ _____	BUILDING AND CONTENTS BUILDING OCCUPANCY: <input type="checkbox"/> SINGLE FAMILY <input type="checkbox"/> 2-4 FAMILY <input type="checkbox"/> OTHER RESIDENTIAL <input type="checkbox"/> NON-RESIDENTIAL (RCA, HOTEL/MOTEL) BUILDING TYPE (INCLUDING BASEMENT/ENCLOSURE): <input type="checkbox"/> ONE FLOOR <input type="checkbox"/> SPLIT LEVEL <input type="checkbox"/> TWO FLOORS <input type="checkbox"/> THREE OR MORE FLOORS <input type="checkbox"/> MANUFACTURED (MOBILE) HOME/TRAVEL TRAILER ON FOUNDATION CONSTRUCTION DATE _____ IS BUILDING: CONDO UNIT <input checked="" type="checkbox"/> <input type="checkbox"/> TOWNHOUSE/ROWHOUSE CONDO UNIT <input checked="" type="checkbox"/> <input type="checkbox"/> CONTENTS LOCATED IN: <input type="checkbox"/> ENCLOSURE ONLY (BASEMENT ONLY NOT ELIGIBLE) <input type="checkbox"/> BASEMENT/ENCLOSURE AND ABOVE <input type="checkbox"/> LOWEST FLOOR ONLY ABOVE GROUND LEVEL <input type="checkbox"/> LOWEST FLOOR ABOVE GROUND LEVEL AND HIGHER FLOORS <input type="checkbox"/> ABOVE GROUND LEVEL MORE THAN ONE FULL FLOOR INSURED'S PRINCIPAL RESIDENCE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO ESTIMATED REPLACEMENT COST AMOUNT \$ _____
NOTICE	THE FOLLOWING CONDITIONS SHOULD BE USED TO DETERMINE A BUILDING'S ELIGIBILITY FOR A PRP. A) IS THE BUILDING LOCATED IN A SPECIAL FLOOD HAZARD AREA ON A FLOOD HAZARD BOUNDARY MAP, OR ON A FLOOD INSURANCE RATE MAP ZONE A, AE, A1-A30, AO, AH, A99, V, VE, V1-V30, AR, AR DUAL ZONES AR/AE, AR/AH, AR/AO, AR/A1-A30, AR/A? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO B) DO ANY OF THESE CONDITIONS, ARISING FROM ONE OR MORE OCCURRENCES, EXIST? 2 LOSS PAYMENTS, EACH MORE THAN \$1,000 <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO 3 OR MORE LOSS PAYMENTS, REGARDLESS OF AMOUNT <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO 2 FEDERAL DISASTER RELIEF PAYMENTS, EACH MORE THAN \$1,000 <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO 3 FEDERAL DISASTER RELIEF PAYMENTS, REGARDLESS OF AMOUNT <input checked="" 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 checked="" type="checkbox"/> YES <input type="checkbox"/> NO INSURANCE IS AVAILABLE UNDER THIS APPLICATION ONLY IF THE ANSWERS TO THESE QUESTIONS ARE NO.	PREMIUM ENTER SELECTED OPTION FROM THE PREMIUM TABLES ON THE BACK OF THIS FORM. BUILDING AND CONTENTS COVERAGE COMBINATION BUILDING: \$ _____ CONTENTS: \$ _____ PREMIUM: \$ _____ CONTENTS-ONLY COVERAGE AMOUNT: \$ _____ PREMIUM: \$ _____
SIGNATURE	(ONE BUILDING PER POLICY - BLANKET COVERAGE NOT PERMITTED) THE ABOVE STATEMENTS ARE CORRECT TO THE BEST OF MY KNOWLEDGE. THE PROPERTY OWNER AND I UNDERSTAND THAT ANY FALSE STATEMENTS MAY BE PUNISHABLE BY FINE OR IMPRISONMENT UNDER APPLICABLE FEDERAL LAW. SIGNATURE OF INSURANCE AGENT/BROKER _____ DATE _____ (MM/DD/YY) (OVER)	

PLEASE ATTACH TO NFIP COPY OF APPLICATION THE CHECK OR MONEY ORDER FOR THE TOTAL PREPAID PREMIUM MADE PAYABLE TO THE NATIONAL FLOOD INSURANCE PROGRAM

FEMA Form 81-67, AUG 06

PREVIOUS EDITIONS ARE OBSOLETE.

F-089 (8/06)

SPECIAL NOTE TO INSURANCE AGENT: SEND ORIGINAL TO NFIP, KEEP SECOND COPY FOR YOUR RECORDS, GIVE THIRD COPY TO THE INSURED, AND FOURTH COPY TO MORTGAGEE.

1-4 FAMILY RESIDENTIAL BUILDING & CONTENTS COVERAGE COMBINATIONS¹

With Basement/Enclosure			Without Basement/Enclosure		
Building	Contents	Premium ^{2,3}	Building	Contents	Premium ^{2,3}
\$ 20,000	\$ 8,000	\$137	\$ 20,000	\$ 8,000	\$112
\$ 30,000	\$ 12,000	\$163	\$ 30,000	\$ 12,000	\$138
\$ 50,000	\$ 20,000	\$205	\$ 50,000	\$ 20,000	\$180
\$ 75,000	\$ 30,000	\$232	\$ 75,000	\$ 30,000	\$207
\$100,000	\$ 40,000	\$263	\$100,000	\$ 40,000	\$233
\$125,000	\$ 50,000	\$279	\$125,000	\$ 50,000	\$249
\$150,000	\$ 60,000	\$294	\$150,000	\$ 60,000	\$264
\$200,000	\$ 80,000	\$331	\$200,000	\$ 80,000	\$296
\$250,000	\$100,000	\$352	\$250,000	\$100,000	\$317

ALL RESIDENTIAL CONTENTS ONLY^{1,4}

Contents Located Above Ground Level More Than One Floor		All Other Locations (Basement Only Not Eligible)	
Contents	Premium ²	Contents	Premium ²
\$ 8,000	\$ 39	\$ 8,000	\$ 61
\$ 12,000	\$ 53	\$ 12,000	\$ 86
\$ 20,000	\$ 81	\$ 20,000	\$116
\$ 30,000	\$ 93	\$ 30,000	\$131
\$ 40,000	\$105	\$ 40,000	\$146
\$ 50,000	\$117	\$ 50,000	\$156
\$ 60,000	\$129	\$ 60,000	\$166
\$ 80,000	\$153	\$ 80,000	\$181
\$100,000	\$177	\$100,000	\$196

NON-RESIDENTIAL BUILDING & CONTENTS COVERAGE COMBINATIONS¹

With Basement/Enclosure			Without Basement/Enclosure		
Building	Contents	Premium ^{2,3}	Building	Contents	Premium ^{2,3}
\$ 50,000	\$ 50,000	\$ 800	\$ 50,000	\$ 50,000	\$ 500
\$100,000	\$100,000	\$1,375	\$100,000	\$100,000	\$ 800
\$150,000	\$150,000	\$1,850	\$150,000	\$150,000	\$1,050
\$200,000	\$200,000	\$2,200	\$200,000	\$200,000	\$1,300
\$250,000	\$250,000	\$2,500	\$250,000	\$250,000	\$1,500
\$300,000	\$300,000	\$2,800	\$300,000	\$300,000	\$1,700
\$350,000	\$350,000	\$3,100	\$350,000	\$350,000	\$1,850
\$400,000	\$400,000	\$3,350	\$400,000	\$400,000	\$2,000
\$500,000	\$500,000	\$3,850	\$500,000	\$500,000	\$2,300

NON-RESIDENTIAL CONTENTS ONLY^{1,4}

Contents Located Above Ground Level More Than One Floor		All Other Locations (Basement Only Not Eligible)	
Contents	Premium ²	Contents	Premium ²
\$ 50,000	\$121	\$ 50,000	\$ 275
\$100,000	\$231	\$100,000	\$ 500
\$150,000	\$321	\$150,000	\$ 675
\$200,000	\$381	\$200,000	\$ 850
\$250,000	\$441	\$250,000	\$1,000
\$300,000	\$501	\$300,000	\$1,150
\$350,000	\$561	\$350,000	\$1,300
\$400,000	\$621	\$400,000	\$1,450
\$500,000	\$741	\$500,000	\$1,700

¹Add the \$50.00 Probation Surcharge, if applicable.

²Premium includes Federal Policy Fee of \$11.00.

³Premium includes ICC premium of \$1.00. Deduct this amount if the risk is a townhouse/rowhouse condominium unit.

⁴Contents-only policies are not available for contents located in basement only.

NOTES: Condominium associations are not eligible for the Preferred Risk Policy. Individual condominium units are not eligible unless they qualify under one of the exceptions on page PRP 1 of the NFIP Flood Insurance Manual. The deductibles apply separately to building and contents. Building deductible, \$500. Contents deductible, \$500.

**FLOOD INSURANCE
PREFERRED RISK POLICY APPLICATION
FEMA FORM 81-67**

WARNING TO AGENTS AND INSURANCE APPLICANTS

The National Flood Insurance Act of 1968, as amended, prohibits a flood insurance policy from being newly issued or renewed on a property officially declared as being in violation of Section 1316 of the Act.

NONDISCRIMINATION

No person or organization shall be excluded from participation in, denied the benefits of, or subjected to discrimination under the Program authorized by the Act, on the grounds of race, color, creed, sex, age or national origin.

PRIVACY ACT

The information requested is necessary to process your Flood Insurance Application for a flood insurance policy. The authority to collect the information is Title 42, U.S. Code, Sections 4001 to 4028. Disclosures of this information may be made: to federal, state, tribal, and local government agencies, fiscal agents, your agent, mortgage servicing companies, insurance or other companies, lending institutions, and contractors working for us, for the purpose of carrying out the National Flood Insurance Program; to current Repetitive Loss Target Group (RLTG) property owners and Preferred Risk Policy (PRP) 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. Solicitation of your Social Security Number (SSN) is authorized under Executive Order 9397. Providing the SSN, as well as the other information, is voluntary, but failure to do so may delay or prevent issuance of the flood insurance policy.

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

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

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 15 minutes per response. Burden means the time, effort, and financial resources expended by persons to generate, maintain, retain, disclose, or to provide information to us. You may send comments regarding the burden estimate or any aspect of the form, including suggestions for reducing the burden to: U.S. Department of Homeland Security, Emergency Preparedness and Response Directorate, Federal Emergency Management Agency, 500 C Street, SW, Washington, DC 20472, Paperwork Reduction Project (1660-0006). **NOTE: Do not send your completed form to this address.**

ARCHIVED APRIL 2018

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

O.M.B. No. 1660-0006 Expires July 31, 2009

FLOOD INSURANCE GENERAL CHANGE ENDORSEMENT

IMPORTANT—PLEASE PRINT OR TYPE

POLICY NUMBER

FL _____

POLICY TERM	REASON FOR CHANGE: (ATTACH MEMO IF ADDITIONAL SPACE IS NEEDED).																																																																																																						
	CHANGE DIRECT BILL INSTRUCTIONS TO: <input type="checkbox"/> BILL INSURED <input type="checkbox"/> BILL FIRST MORTGAGEE <input type="checkbox"/> BILL SECOND MORTGAGEE <input type="checkbox"/> BILL LOSS PAYEE <input type="checkbox"/> BILL OTHER	POLICY PERIOD IS FROM _____ TO _____ 12:01 A.M. LOCAL TIME AT THE INSURED PROPERTY LOCATION WAITING PERIOD: <input type="checkbox"/> STANDARD 30-DAY <input type="checkbox"/> LOAN—NO WAITING <input type="checkbox"/> MAP REV. (ZONE CHANGE FROM NON-SHFA TO SHFA)—ONE DAY ENDORSEMENT EFFEC. DATE _____ FOR ADDED COVERAGE, INCLUDE THE WAITING PERIOD FROM THE ENDORSEMENT APPLICATION DATE																																																																																																					
AGENT INFORMATION	ADDRESS OF LICENSED PROPERTY OR CASUALTY INSURANCE AGENT OR BROKER: AGENCY NO.: _____ AGENTS TAX ID T OR SSN S PHONE NO.: _____ FAX NO.: _____ NEW AGENT? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, THE INSURED MUST SIGN THIS FORM	NAME, MAILING ADDRESS AND TELEPHONE NO. OF INSURED: INSURED'S SOCIAL SECURITY NUMBER: _____																																																																																																					
	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"/> FHHA ENTER CASE FILE NUMBER OR INSURED'S SOCIAL SECURITY NUMBER _____ <input type="checkbox"/> OTHER _____ (PLEASE SPECIFY)																																																																																																						
FIRST MORTGAGE	NAME AND ADDRESS OF FIRST MORTGAGEE LOAN NO.: _____ PHONE NO.: _____ FAX NO.: _____	IF SECOND MORTGAGEE, LOSS PAYEE OR OTHER IS TO BE BILLED, THE FOLLOWING MUST BE COMPLETED, INCLUDING THE NAME AND ADDRESS: <input type="checkbox"/> 2ND MORTGAGEE <input type="checkbox"/> DISASTER AGENCY <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> IF OTHER PLEASE SPECIFY: LOAN NO.: _____ PHONE NO.: _____ FAX NO.: _____																																																																																																					
	IS INSURED PROPERTY LOCATION SAME AS INSURED MAILING ADDRESS? <input type="checkbox"/> YES <input type="checkbox"/> NO IF NO, ENTER PROPERTY ADDRESS, IF RURAL, DESCRIBE PROPERTY LOCATION (DO NOT USE PO. BOX) THE LOCATION OF INSURED PROPERTY CANNOT BE CHANGED BY ENDORSEMENT—A NEW APPLICATION IS REQUIRED																																																																																																						
PROPERTY LOCATION	NAME OF COUNTY(PARISH) _____ LOCATED IN AN UNINCORPORATED AREA OF THE COUNTY? <input type="checkbox"/> YES <input type="checkbox"/> NO COMMUNITY NO./PANEL NO. AND SUFFIX FOR LOCATION OF PROPERTY INSURED _____ COMMUNITY PROGRAM TYPE IS: <input type="checkbox"/> REGULAR <input type="checkbox"/> EMERGENCY IS BUILDING IN SPECIAL FLOOD HAZARD AREA? <input type="checkbox"/> YES <input type="checkbox"/> NO FLOOD INSURANCE RATE MAP ZONE _____																																																																																																						
	BUILDING OCCUPANCY <input type="checkbox"/> SINGLE FAMILY <input type="checkbox"/> 2-4 FAMILY <input type="checkbox"/> OTHER RESIDENTIAL <input type="checkbox"/> NON-RESIDENTIAL (INCLUDING HOTEL/MOTEL) BASEMENT OR ENCLOSED AREA BELOW AN ELEVATED BUILDING: <input type="checkbox"/> NONE <input type="checkbox"/> FINISHED <input type="checkbox"/> UNFINISHED DOES INSURED QUALIFY AS A SMALL BUSINESS RISK? <input type="checkbox"/> YES <input type="checkbox"/> NO	NUMBER OF FLOORS IN ENTIRE BUILDING (INCLUDE BASEMENT/ENCLOSED AREA, IF ANY) OR BUILDING TYPE: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 OR MORE <input type="checkbox"/> SPLIT LEVEL <input type="checkbox"/> TOWNHOUSE/ROWHOUSE (RCBAP LOWRISE ONLY) <input type="checkbox"/> MANUFACTURED (MOBILE HOME/TRAVEL TRAILER ON FOUNDATION) IF NOT A SINGLE FAMILY DWELLING, THE NUMBER OF OCCUPANCIES (UNITS) IS _____ CONDO COVERAGE IS FOR: <input type="checkbox"/> UNIT <input type="checkbox"/> ENTIRE BUILDING																																																																																																					
BUILDING	RESIDENTIAL CONDOMINIUM BUILDING ASSOCIATION POLICY ONLY. TOTAL NUMBER OF UNITS (INCLUDE NON-RESIDENTIAL): <input type="checkbox"/> HIGH-RISE <input type="checkbox"/> LOW-RISE ESTIMATED REPLACEMENT COST AMOUNT \$ _____ IS BUILDING INSURED'S PRINCIPAL RESIDENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO IS THIS BUILDING IN THE COURSE OF CONSTRUCTION? <input type="checkbox"/> YES <input type="checkbox"/> NO	DEDUCTIBLE: <input type="checkbox"/> BUILDING \$ _____ <input type="checkbox"/> CONTENTS \$ _____ DEDUCTIBLE BUYBACK? <input type="checkbox"/> YES <input type="checkbox"/> NO IS BUILDING ELEVATED? <input type="checkbox"/> YES <input type="checkbox"/> NO IF BUILDING IS ELEVATED, COMPLETE PART 2 OF THE FLOOD INSURANCE APPLICATION. IF YES, AREA BELOW IS: <input type="checkbox"/> FREE OF OBSTRUCTION <input type="checkbox"/> WITH OBSTRUCTION IS INSURED PROPERTY OWNED BY STATE GOVERNMENT? <input type="checkbox"/> YES <input type="checkbox"/> NO																																																																																																					
	CONTENTS LOCATED IN: <input type="checkbox"/> BASEMENT/ENCLOSURE <input type="checkbox"/> BASEMENT/ENCLOSURE AND ABOVE <input type="checkbox"/> LOWEST FLOOR ONLY ABOVE GROUND LEVEL <input type="checkbox"/> LOWEST FLOOR ABOVE GROUND LEVEL AND HIGHER <input type="checkbox"/> ABOVE GROUND LEVEL, MORE THAN ONE FULL FLOOR (IF SINGLE FAMILY, CONTENTS ARE RATED THROUGHOUT THE BUILDING) PERSONAL PROPERTY HOUSEHOLD CONTENTS? <input type="checkbox"/> YES <input type="checkbox"/> NO IF NO, PLEASE DESCRIBE: _____																																																																																																						
CONSTRUCTION DATA	ALL BUILDINGS: CHECK ONE OF THE FIVE BLOCKS: <input type="checkbox"/> BUILDING PERMIT DATE OR <input type="checkbox"/> DATE OF CONSTRUCTION ____/____/____ (MM/DD/YY) <input type="checkbox"/> SUBSTANTIAL IMPROVEMENT DATE ____/____/____ (MM/DD/YY) <input type="checkbox"/> MANUFACTURED (MOBILE) HOMES/TRAVEL TRAILERS LOCATED IN A MOBILE HOME PARK OR SUBDIVISION: CONSTRUCTION DATE OF MOBILE HOME PARK OR SUBDIVISION FACILITIES ____/____/____ (MM/DD/YY) <input type="checkbox"/> MANUFACTURED (MOBILE) HOMES/TRAVEL TRAILERS LOCATED OUTSIDE A MOBILE HOME PARK OR SUBDIVISION: DATE OF PERMANENT PLACEMENT ____/____/____ (MM/DD/YY)																																																																																																						
	IS BUILDING POST-FIRM CONSTRUCTION? <input type="checkbox"/> YES <input type="checkbox"/> NO BUILDING DIAGRAM NUMBER _____ LOWEST ADJACENT GRADE (LAG) _____ IF POST-FIRM CONSTRUCTION IN ZONES A, A1-A30, AE, AQ, AH, V, V1-V30, VE, OR IF PRE-FIRM CONSTRUCTION IS ELEVATION RATED, ATTACH CERTIFICATION. LOWEST FLOOR ELEVATION _____ (+) BASE FLOOD ELEVATION _____ (+) DIFFERENCE TO NEAREST FOOT _____ (+ OR -) IN ZONES V AND V1-V30 ONLY DOES BASE FLOOD ELEVATION INCLUDE EFFECTS OF WAVE ACTION? <input type="checkbox"/> YES <input type="checkbox"/> NO IS BUILDING FLOOD-PROOFED? <input type="checkbox"/> YES <input type="checkbox"/> NO (SEE FLOOD INSURANCE MANUAL FOR CERTIFICATION FORM.) ELEVATION CERTIFICATION DATE _____																																																																																																						
COVERAGE AND RATING	TO INCREASE/DECREASE COVERAGE, COMPLETE SECTIONS A & B. FOR RATE CHANGE, COMPLETE SECTION A ONLY.																																																																																																						
	<table border="1"><thead><tr><th rowspan="2">INSURANCE COVERAGE</th><th colspan="3">SECTION A CURRENT COVERAGE</th><th colspan="3">SECTION B DECREASED COVERAGE ONLY</th><th rowspan="2">NEW PREMIUM TOTALS</th></tr><tr><th>AMOUNT</th><th>RATE</th><th>PREMIUM</th><th>+ INCREASED AMOUNT</th><th>RATE</th><th>PREMIUM</th></tr></thead><tbody><tr><td>BUILDING BASIC</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>BUILDING ADDITIONAL</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>CONTENTS BASIC</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>CONTENTS ADDITIONAL</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td colspan="4">IF CHANGING AMOUNT OF INSURANCE, ENTER NEW TOTAL AMOUNT BELOW</td><td colspan="3">SUBTOTAL DEDUCT. DISCOUNT/SURCHARGE</td><td></td></tr><tr><td colspan="4">BUILDING COVERAGE</td><td colspan="3">SUBTOTAL ICC PREMIUM</td><td></td></tr><tr><td colspan="4">CONTENTS COVERAGE</td><td colspan="3">SUBTOTAL CRS PREMIUM DISCOUNT _____ %</td><td></td></tr><tr><td colspan="4">BASIC ADDITIONAL TOTAL BASIC ADDITIONAL TOTAL</td><td colspan="3">SUBTOTAL PREMIUM PREVIOUSLY PAID (Excludes Probation Surcharge/ Federal Policy Fee)</td><td></td></tr><tr><td colspan="4"></td><td colspan="3">DIFFERENCE _____ (+/-)</td><td></td></tr><tr><td colspan="4"></td><td colspan="3">PRO RATA FACTOR</td><td></td></tr><tr><td colspan="4"></td><td colspan="3">TOTAL _____ (+/-)</td><td></td></tr></tbody></table>		INSURANCE COVERAGE	SECTION A CURRENT COVERAGE			SECTION B DECREASED COVERAGE ONLY			NEW PREMIUM TOTALS	AMOUNT	RATE	PREMIUM	+ INCREASED AMOUNT	RATE	PREMIUM	BUILDING BASIC								BUILDING ADDITIONAL								CONTENTS BASIC								CONTENTS ADDITIONAL								IF CHANGING AMOUNT OF INSURANCE, ENTER NEW TOTAL AMOUNT BELOW				SUBTOTAL DEDUCT. DISCOUNT/SURCHARGE				BUILDING COVERAGE				SUBTOTAL ICC PREMIUM				CONTENTS COVERAGE				SUBTOTAL CRS PREMIUM DISCOUNT _____ %				BASIC ADDITIONAL TOTAL BASIC ADDITIONAL TOTAL				SUBTOTAL PREMIUM PREVIOUSLY PAID (Excludes Probation Surcharge/ Federal Policy Fee)								DIFFERENCE _____ (+/-)								PRO RATA FACTOR								TOTAL _____ (+/-)		
INSURANCE COVERAGE	SECTION A CURRENT COVERAGE			SECTION B DECREASED COVERAGE ONLY			NEW PREMIUM TOTALS																																																																																																
	AMOUNT	RATE	PREMIUM	+ INCREASED AMOUNT	RATE	PREMIUM																																																																																																	
BUILDING BASIC																																																																																																							
BUILDING ADDITIONAL																																																																																																							
CONTENTS BASIC																																																																																																							
CONTENTS ADDITIONAL																																																																																																							
IF CHANGING AMOUNT OF INSURANCE, ENTER NEW TOTAL AMOUNT BELOW				SUBTOTAL DEDUCT. DISCOUNT/SURCHARGE																																																																																																			
BUILDING COVERAGE				SUBTOTAL ICC PREMIUM																																																																																																			
CONTENTS COVERAGE				SUBTOTAL CRS PREMIUM DISCOUNT _____ %																																																																																																			
BASIC ADDITIONAL TOTAL BASIC ADDITIONAL TOTAL				SUBTOTAL PREMIUM PREVIOUSLY PAID (Excludes Probation Surcharge/ Federal Policy Fee)																																																																																																			
				DIFFERENCE _____ (+/-)																																																																																																			
				PRO RATA FACTOR																																																																																																			
				TOTAL _____ (+/-)																																																																																																			
SIGNATURE	IF RETURN PREMIUM, MAIL REFUND TO: <input type="checkbox"/> INSURED <input type="checkbox"/> AGENT <input type="checkbox"/> PAYOR. THE ABOVE STATEMENTS ARE CORRECT TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT ANY FALSE STATEMENTS MAY BE PUNISHABLE BY FINE OR IMPRISONMENT UNDER APPLICABLE FEDERAL LAW. SIGNATURE OF INSURED AND DATE _____ SIGNATURE OF INSURANCE AGENT/BROKER _____ DATE (MM/DD/YY) _____																																																																																																						

FEMA Form 81-18, AUG 06

PLEASE ATTACH TO NFIP COPY OF ENDORSEMENT A CHECK OR MONEY ORDER FOR THE TOTAL ADDITIONAL PREMIUM MADE PAYABLE TO THE NATIONAL FLOOD INSURANCE PROGRAM.

F-051 (8/06)

ATTACH CHECK TO ORIGINAL AND SEND TO NFIP. KEEP SECOND COPY FOR YOUR RECORDS, GIVE THIRD COPY TO INSURED, AND FOURTH COPY TO MORTGAGEE.

**FLOOD INSURANCE
GENERAL CHANGE ENDORSEMENT
FEMA FORM 81-18**

NONDISCRIMINATION

No person or organization shall be excluded from participation in, denied the benefits of, or subjected to discrimination under the Program authorized by the Act, on the grounds of race, color, creed, sex, age or national origin.

PRIVACY ACT

The information requested is necessary to process your Flood Insurance Application for a flood insurance policy. The authority to collect the information is Title 42, U.S. Code, Sections 4001 to 4028. Disclosures of this information may be made: to federal, state, tribal, and local government agencies, fiscal agents, your agent, mortgage servicing companies, insurance or other companies, lending institutions, and contractors working for us, for the purpose of carrying out the National Flood Insurance Program; to current Repetitive Loss Target Group (RLTG) property owners and Preferred Risk Policy (PRP) 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. Solicitation of your Social Security Number (SSN) is authorized under Executive Order 9397. Providing the SSN, as well as the other information, is voluntary, but failure to do so may delay or prevent issuance of the flood insurance policy.

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

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

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. Burden means the time, effort, and financial resources expended by persons to generate, maintain, retain, disclose, or to provide information to us. You may send comments regarding the burden estimate or any aspect of the form, including suggestions for reducing the burden to: U.S. Department of Homeland Security, Emergency Preparedness and Response Directorate, Federal Emergency Management Agency, 500 C Street, SW, Washington, DC 20472, Paperwork Reduction Project (1660-0006). **NOTE: Do not send your completed form to this address.**

O.M.B. No. 1660-0006 Expires July 31, 2009

National Flood Insurance Program

FLOOD INSURANCE CANCELLATION/NULIFICATION REQUEST FORM

CURRENT POLICY NUMBER

FL

IF THIS POLICY IS CANCELED BY THE INSURED THROUGH HIS AUTHORIZED REPRESENTATIVE, IT SHALL REMAIN IN FORCE FOR THE BENEFIT OF THE MORTGAGEE (OR TRUSTEE) FOR 30 DAYS AFTER WRITTEN NOTICE TO THE MORTGAGEE (OR TRUSTEE) OF SUCH CANCELLATION AND THEN CEASE. SEE REVERSE SIDE FOR PRIVACY STATEMENT.

POLICY TERM IS FROM MM/DD/YY TO MM/DD/YY

CANCELLATION EFFECTIVE DATE MM/DD/YY

MAILING ADDRESS, PHONE NO., AND FAX NO. OF LICENSED PROPERTY OR CASUALTY INSURANCE AGENT/BROKER WHOSE POLICY IS BEING TERMINATED

NAME, ADDRESS, PHONE NO., AND FAX NO. OF FIRST MORTGAGEE INCLUDING LOAN NUMBER

INSURED PROPERTY LOCATION

MAILING ADDRESS

INSURANCE AGENT

OTHER PARTIES NOTIFIED

NAME, ADDRESS, AND PHONE NO. OF INSURED FOR MAILING REFUND

THIS POLICY MAY ONLY BE CANCELED UPON TERMINATION OF THE INSURED'S OWNERSHIP IN THE PROPERTY COVERED AT THE LOCATION DESCRIBED ON THE DECLARATION PAGE OF THE POLICY FOR REASON CODES (1) AND (2) BELOW. CANCELLATION REASON CODE:

1) BUILDING SOLD OR REMOVED.

2) CONTENTS SOLD OR REMOVED.

3) POLICY CANCELED AND REWRITTEN TO ESTABLISH COMMON EXPIRATION DATE WITH OTHER INSURANCE COVERAGE.

4) DUPLICATE NFIP POLICIES.

5) NONPAYMENT.

6) RISK NOT ELIGIBLE FOR COVERAGE.

7) PROPERTY CLOSING DID NOT OCCUR (NO INSURABLE INTEREST).

8) POLICY OBTAINED FOR PROPERTY CLOSING, BUT NOT REQUIRED BY MORTGAGEE AS PROPERTY NOT IN SFHA.

9) INSURANCE NO LONGER REQUIRED BY MORTGAGEE; PROPERTY NO LONGER IN SFHA BECAUSE OF PHYSICAL MAP REVISION.

10) CONDOMINIUM POLICY (UNIT OR ASSOCIATION) CONVERTING TO RCBAP.

12) MORTGAGE PAID OFF.

13) VOIDANCE PRIOR TO EFFECTIVE DATE.

14) VOIDANCE DUE TO CREDIT CARD ERROR.

15) INSURANCE NO LONGER REQUIRED BASED ON FEMA REVIEW OF LENDER'S SFHA DETERMINATION (LODR).

16) DUPLICATE POLICIES FROM SOURCES OTHER THAN THE NFIP.

18) MORTGAGE PAID OFF ON MPPP POLICY.

19) INSURANCE NO LONGER REQUIRED BY MORTGAGEE BECAUSE STRUCTURE REMOVED FROM SFHA BY MEANS OF LOMA OR LOMR.

20) POLICY WRITTEN TO WRONG FACILITY (REPETITIVE LOSS TARGET GROUP).

21) OTHER: CONTINUOUS LAKE FLOODING OR CLOSED BASIN LAKES.

22) CANCEL/REWRITE DUE TO MISRATING.

23) FRAUD.

24) CANCEL/REWRITE DUE TO MAP REVISION, LOMA, OR LOMR.

MAKE REFUND PAYABLE TO: ☐ INSURED ☐ PAYOR ☐ AGENT (REASON 5 ABOVE ONLY)

MAIL REFUND TO: ☐ INSURED ☐ PAYOR ☐ AGENT (REASON 5 OR AT REQUEST OF INSURED)

THE ABOVE STATEMENTS ARE CORRECT TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT ANY FALSE STATEMENT MAY BE PUNISHABLE BY FINE OR IMPRISONMENT UNDER 18 U.S. CODE, SECTION 1001. INSURANCE AGENT ALSO CERTIFIES THAT ITEMS ON THE REVERSE HAVE BEEN DISCUSSED WITH INSURED.

SIGNATURE OF INSURED _____

(NOT REQUIRED FOR REASON 5 OR 6)

SIGNATURE OF AGENT/BROKER _____

AGENT BROKER TAX ID ☐ SSN ☐

FEMA Form 81-17, AUG 06

PREVIOUS EDITIONS ARE OBSOLETE.

F-052 (8/06)

SPECIAL NOTE TO INSURANCE AGENT: SEND ORIGINAL TO NFIP, KEEP SECOND COPY FOR YOUR RECORDS, GIVE THIRD COPY TO THE INSURED, AND FOURTH COPY TO MORTGAGEE.

**FLOOD INSURANCE
CANCELLATION/NULLIFICATION REQUEST FORM
FEMA FORM 81-17**

NONDISCRIMINATION

No person or organization shall be excluded from participation in, denied the benefits of, or subjected to discrimination under the Program authorized by the Act, on the grounds of race, color, creed, sex, age or national origin.

PRIVACY ACT

The information requested is necessary to process your Flood Insurance Application for a flood insurance policy. The authority to collect the information is Title 42, U.S. Code, Sections 4001 to 4028. Disclosures of this information may be made: to federal, state, tribal, and local government agencies, fiscal agents, your agent, mortgage servicing companies, insurance or other companies, lending institutions, and contractors working for us, for the purpose of carrying out the National Flood Insurance Program; to current Repetitive Loss Target Group (RLTG) property owners and Preferred Risk Policy (PRP) 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. Solicitation of your Social Security Number (SSN) is authorized under Executive Order 9397. Providing the SSN, as well as the other 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. Burden means the time, effort, and financial resources expended by persons to generate, maintain, retain, disclose, or to provide information to us. You may send comments regarding the burden estimate or any aspect of the form, including suggestions for reducing the burden to: U.S. Department of Homeland Security, Emergency Preparedness and Response Directorate, Federal Emergency Management Agency, 500 C Street, SW, Washington, DC 20472, Paperwork Reduction Project (1660-0006). **NOTE: Do not send your completed form to this address.**