



# FLOOD INSURANCE APPLICATION

PART 1 (OF 2) OF FLOOD INSURANCE APPLICATION

IMPORTANT - PLEASE PRINT OR TYPE

LICENSED AGENT OR BROKER ADDRESS		DIRECT BILL INSTRUCTIONS		NEW	CURRENT POLICY #
		<input type="checkbox"/> BILL INSURED <input type="checkbox"/> BILL FIRST MORTGAGEE <input type="checkbox"/> BILL SECOND MTGEE <input type="checkbox"/> BILL LOSS PAYEE <input type="checkbox"/> BILL OTHER		RNWL	FL
AGENCY NO: _____ FAX (A/C, No): _____				WAITING PERIOD: <input type="checkbox"/> STANDARD 30-DAY	
PHONE (A/C, No, Ext): _____				INITIAL PURCHASE OF FLOOD INS RELATED TO: <input type="checkbox"/> LOAN - NO WAITING <input type="checkbox"/> MAP REV (ZONE CHANGE FROM NON-SFHA TO SFHA) - ONE DAY	
AGENT'S	TAX ID	SOCIAL SECURITY #		POLICY PERIOD IS FROM: _____ TO: _____ 12:01 A.M. LOCAL TIME AT THE INSURED PROPERTY LOCATION	
INSURED'S NAME, PHONE # AND MAILING ADDRESS			SOC SEC #:	PROPERTY LOCATION	
				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 P.O. BOX)	
IS INSURANCE REQUIRED FOR DISASTER ASSISTANCE? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES:					
<input type="checkbox"/> SBA <input type="checkbox"/> FEMA <input type="checkbox"/> FMHA <input type="checkbox"/> OTHER (SPECIFY): _____					
CASE NUMBER OR SOCIAL SECURITY #:			IF SECOND MORTGAGEE, LOSS PAYEE OR OTHER IS TO BE BILLED, THE FOLLOWING MUST BE COMPLETED, INCLUDING THE NAME AND ADDRESS:		
FIRST MORTGAGEE'S NAME AND ADDRESS			<input type="checkbox"/> SECOND MORTGAGEE <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> DISASTER AGENCY <input type="checkbox"/> OTHER (SPECIFY) _____		
LOAN NO: _____ FAX (A/C, No): _____			LOAN NO: _____ FAX (A/C, No): _____		
PHONE (A/C, No, Ext): _____			PHONE (A/C, No, Ext): _____		
NAME OF COUNTY / PARISH:				LOCATED IN AN UNINCORPORATED AREA OF THE COUNTY?	YES <input type="checkbox"/> NO <input type="checkbox"/>
COMMUNITY NO / PANEL NO AND SUFFIX FOR LOCATION OF PROPERTY INSURED: _____				COMMUNITY PROGRAM TYPE IS:	REGULAR <input type="checkbox"/> EMERGENCY <input type="checkbox"/>
IS BUILDING IN A SPECIAL FLOOD AREA?		YES <input type="checkbox"/> NO <input type="checkbox"/>	FLOOD INSURANCE RATE MAP ZONE:		

## CONSTRUCTION

BUILDING OCCUPANCY RESIDENTIAL <input type="checkbox"/> SINGLE FAMILY <input type="checkbox"/> 2 - 4 FAMILY <input type="checkbox"/> OTHER RESIDENTIAL <input type="checkbox"/> NON-RESIDENTIAL (INC HOTEL/MOTEL)	# FLOORS IN ENTIRE BLDG (INC BASEMENT/ENCLOSED AREA, IF ANY) OR BLDG TYPE <input type="checkbox"/> 1 <input type="checkbox"/> 3 OR MORE <input type="checkbox"/> 2 <input type="checkbox"/> SPLIT-LEVEL <input type="checkbox"/> TOWNHOUSE/ROWHOUSE (RCBAP LOWRISE ONLY) <input type="checkbox"/> MANUFACTURED MOBILE HOME / TRAVEL TRAILER ON FOUNDATION	RESIDENTIAL CONDOMINIUM BUILDING ASSOCIATION POLICY ONLY	DEDUCTIBLE	DESCRIBE BUILDING AND USE IF NOT A 1-4 FAMILY DWELLING. FOR MANUFACTURED (MOBILE) HOMES, COMPLETE PART 2, SECTION III.
		TOTAL # UNITS (INCLUDE NON-RES) <input type="checkbox"/> HIGH-RISE <input type="checkbox"/> LOW-RISE	<input type="checkbox"/> BUILDING \$ _____ <input type="checkbox"/> CONTENTS \$ _____	
BASEMENT OR ENCLOSED AREA BELOW AN ELEVATED BUILDING <input type="checkbox"/> NONE <input type="checkbox"/> FINISHED <input type="checkbox"/> UNFINISHED	IF NOT A SINGLE FAMILY DWELLING, THE NUMBER OF OCCUPANCIES (UNITS) IS _____	ESTIMATED REPLACEMENT COST IF SINGLE FAMILY PRINCIPAL RESIDENCE, RCBAP, OR ANY V-ZONE BUILDING AMOUNT \$ _____	DEDUCTIBLE BUYBACK? <input type="checkbox"/> YES <input type="checkbox"/> NO	IS THE INSURED PROPERTY OWNED BY STATE GOVERNMENT? <input type="checkbox"/> YES <input type="checkbox"/> NO
DOES INSURED QUALIFY AS A SMALL BUSINESS RISK? <input type="checkbox"/> YES <input type="checkbox"/> NO	CONDO COVERAGE IS FOR: <input type="checkbox"/> UNIT <input type="checkbox"/> ENTIRE BUILDING	IS THIS BUILDING IN THE COURSE OF CONSTRUCTION? <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	

## 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)	
IS PERSONAL PROPERTY HOUSEHOLD CONTENTS? <input type="checkbox"/> YES <input type="checkbox"/> NO IF "NO", PLEASE DESCRIBE: _____		

## ALL BUILDINGS - CHECK ONE OF FIVE BLOCKS

<input type="checkbox"/> BUILDING PERMIT 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"/> DATE OF CONSTRUCTION _____ (MM/DD/YY)	<input type="checkbox"/> MANUFACTURED (MOBILE) HOMES LOCATED OUTSIDE A MOBILE HOME PARK OR SUBDIVISION: DATE OF PERMANENT PLACEMENT _____ (MM/DD/YY)
<input type="checkbox"/> SUBSTANTIAL IMPROVEMENT DATE _____ (MM/DD/YY)	

## IS BUILDING POST-FIRM CONSTRUCTION?

<input type="checkbox"/> YES <input type="checkbox"/> NO	BUILDING DIAGRAM NUMBER _____	LOWEST ADJACENT GRADE (LAG) _____
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## 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?  YES  NO IS BUILDING FLOOD-PROOFED?  YES  NO ELEVATION CERTIFICATION DATE \_\_\_\_\_

SEE FLOOD INSURANCE MANUAL FOR CERTIFICATION FORM

## COVERAGE AND RATING

### COVERAGE REQUESTED - CHECK ONE BLOCK

<input type="checkbox"/> BUILDING AND CONTENTS	<input type="checkbox"/> BUILDING ONLY	<input type="checkbox"/> CONTENTS ONLY							
COVERAGE	BASIC LIMITS			ADDITIONAL LIMITS (REGULAR PROGRAM ONLY)			DEDUCTIBLE PREM REDUC / INCREASE	BASIC AND ADDITIONAL TOTAL AMOUNT OF INSURANCE	TOTAL PREMIUM
	AMOUNT OF INSURANCE	RATE	ANNUAL PREMIUM	AMOUNT OF INSURANCE	RATE	ANNUAL PREMIUM			
BUILDING	.00		.00	.00		.00	.00		.00
CONTENTS	.00		.00	.00		.00	.00		.00

## RATE TYPE (ONE BUILDING PER POLICY - BLANKET COVERAGE NOT PERMITTED)

<input type="checkbox"/> MANUAL	<input type="checkbox"/> SUBMIT FOR RATING	PAYMENT OPTION <input type="checkbox"/> CREDIT CARD <input type="checkbox"/> OTHER: _____	ANNUAL SUBTOTAL	\$ _____
<input type="checkbox"/> ALTERNATIVE	<input type="checkbox"/> V-ZONE RISK FACTOR RATING FORM		ICC PREMIUM	
<input type="checkbox"/> MORTGAGE PORTFOLIO PROTECTION PROGRAM	<input type="checkbox"/> PROVISIONAL RATING		SUBTOTAL	
			CRS PREMIUM DISCOUNT	% _____
			SUBTOTAL	
			PROBATION SURCHARGE	+
			FED POLICY FEE	+
			TOTAL PREPAID AMOUNT	

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.

1/26/2009

SIGNATURE OF INSURANCE AGENT/BROKER

DATE (MM/DD/YY)

PLEASE ATTACH TO NFIP COPY OF THE APPLICATION THE CHECK OR MONEY ORDER FOR THE TOTAL PREPAID PREMIUM MADE PAYABLE TO THE NATIONAL FLOOD INSURANCE PROGRAM IMPORTANT - COMPLETE PART 1 AND, IF REQUIRED, PART 2 BEFORE SENDING APPLICATION TO THE NFIP

**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 flood 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 (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.C. 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.**

ALL APPROPRIATE DATA PROVIDED BY THE INSURED OR OBTAINED FROM THE ELEVATION CERTIFICATE SHOULD BE REVIEWED AND TRANSCRIBED BELOW. THIS PART OF THE APPLICATION MUST BE COMPLETED FOR THE FOLLOWING BUILDING TYPES:

<input type="checkbox"/> NEW <input type="checkbox"/> RNWL	CURRENT POLICY #
	FL _____ <small>IF NEW, LEAVE BLANK</small>

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

**SECTION I - ALL BUILDING TYPES**

1. Diagram number selected from Building Diagram 1 - 8: \_\_\_\_\_

2. The lowest floor is (round to the 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 the 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 the nearest foot): \_\_\_\_\_ feet below the lowest floor.

5. Site Location

a) Approximate distance of site location to the nearest shoreline:  
 Less than 200 feet     500 to 1000 feet  
 200 to 500 feet     More than 1000 feet

b) Source of Flooding  
 Ocean     River / Stream  
 Lake     Other: \_\_\_\_\_

6. Basement / Subgrade Crawl Space

a) Is the basement / subgrade crawl space floor below grade on all sides?  
 YES     NO

b) Does the basement / subgrade crawl space contain machinery or equipment?  
 YES     NO

If yes, check the appropriate items:

<input type="checkbox"/> Furnace	<input type="checkbox"/> Heat Pump	<input type="checkbox"/> Air Conditioner
<input type="checkbox"/> Hot Water Heater	<input type="checkbox"/> Fuel Tank	<input type="checkbox"/> Cistern
<input type="checkbox"/> Elevator Equipment	<input type="checkbox"/> Washer & Dryer	<input type="checkbox"/> Food Freezer
<input type="checkbox"/> Other Equipment or Machinery Servicing the Building		

7. Garage

a) Is the garage attached to or part of the building?  
 YES     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?  
 YES     NO  
 If yes, number of permanent openings (flood vent) within one (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?  
 YES     NO

e) Does the garage contain machinery or equipment?  
 YES     NO

If yes, check the appropriate items:

<input type="checkbox"/> Furnace	<input type="checkbox"/> Heat Pump	<input type="checkbox"/> Air Conditioner
<input type="checkbox"/> Hot Water Heater	<input type="checkbox"/> Fuel Tank	<input type="checkbox"/> Cistern
<input type="checkbox"/> Elevator Equipment	<input type="checkbox"/> Washer & Dryer	<input type="checkbox"/> Food Freezer
<input type="checkbox"/> Other Equipment or Machinery Servicing the Building		

**SECTION II - ELEVATED BUILDINGS  
(Including Manufactured [Mobile] Homes / Travel Trailers)**

8. Elevating foundation of the building:  
 Piers, posts or piles  
 Reinforced masonry piers or concrete piers or columns  
 Reinforced concrete shear walls  
 Solid perimeter walls  
 Note: (This is not an approved method for elevating in Zones V1- V30, VE or V).

9. Does the area below the elevated floor contain machinery or equipment?  
 YES     NO  
 If yes, check the appropriate items:  
 Furnace     Heat Pump     Air Conditioner  
 Hot Water Heater     Fuel Tank     Cistern  
 Elevator Equipment     Washer & Dryer     Food Freezer  
 Other Equipment or Machinery Servicing the Building

10. Area below the elevated floor

a) Is the area below the elevated floor enclosed?  
 YES     NO  
 If yes, check one of the following:  
 Partially     Fully  
 If 10a is "NO", do not answer 10b through 10f

b) If enclosed, estimate size of enclosed area / crawl space: \_\_\_\_\_ square feet

c) Is the area below the elevated floor 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 vent) within one (1) foot above the adjacent grade: \_\_\_\_\_ Total area of all permanent openings (flood vents): \_\_\_\_\_ square inches.

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** twenty (20) linear feet of finished wall, panelling, etc.?  
 YES     NO

**SECTION III - MANUFACTURED (MOBILE) HOMES / TRAVEL TRAILERS**

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

14. The manufactured (mobile) home's anchoring system utilizes:  
 Over-the-top ties     Ground Anchors  
 Frame ties     Slab Anchors  
 Frame connectors     Other: \_\_\_\_\_

15. The manufactured (mobile) home was installed in accordance with:  
 Manufacturer's specifications  
 Local floodplain management standards  
 State and/or local building standards

16. Is the manufactured (mobile) home located in a manufactured (mobile) home park/subdivision?  
 YES     NO

**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 \_\_\_\_\_

DATE (MM/DD/YY) \_\_\_\_\_

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