



# FLOOD INSURANCE PREFERRED RISK POLICY APPLICATION

LICENSED AGENT OR BROKER ADDRESS			DIRECT BILL INSTRUCTIONS		NEW	CURRENT POLICY # (IF NEW, LEAVE BLANK)		
			<input type="checkbox"/> BILL INSURED		RNWL	FL		
			<input type="checkbox"/> BILL FIRST MORTGAGEE		WAITING PERIOD:			
			<input type="checkbox"/> BILL SECOND MTGEE		<input type="checkbox"/> STANDARD 30-DAY <input type="checkbox"/> LOAN - NO WAITING			
AGENCY NO:		FAX (A/C, No):	<input type="checkbox"/> BILL LOSS PAYEE		POLICY PERIOD IS FROM:		TO:	
PHONE (A/C, No, Ext):			<input type="checkbox"/> BILL OTHER				12:01 A.M. LOCAL TIME AT THE INSURED PROPERTY LOCATION	
AGENT'S	TAX ID	SOCIAL SECURITY #	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"/> FHA	<input type="checkbox"/> HHS	<input type="checkbox"/> OTHER (SPECIFY):				
CASE FILE NUMBER:			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, SPECIFY					
LOAN NO:		FAX (A/C, No):	OTHER (SPECIFY)		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? <input type="checkbox"/> YES <input type="checkbox"/> NO				
COMMUNITY NO 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:				

## CONSTRUCTION INFORMATION

BUILDING OCCUPANCY		BUILDING TYPE (INCLUDING BASEMENT / ENCLOSURE)		CONTENTS LOCATED IN:			INSURED'S PRINCIPAL RESIDENCE?	
<input type="checkbox"/> SINGLE FAMILY	<input type="checkbox"/> ONE FLOOR	<input type="checkbox"/> SPLIT LEVEL	<input type="checkbox"/> ENCLOSURE ONLY (BASEMENT ONLY NOT ELIGIBLE)	<input type="checkbox"/> BASEMENT / ENCLOSURE AND ABOVE			<input type="checkbox"/> YES <input type="checkbox"/> NO	
<input type="checkbox"/> 2 - 4 FAMILY	<input type="checkbox"/> TWO FLOORS	<input type="checkbox"/> THREE OR MORE FLOORS	<input type="checkbox"/> LOWEST FLOOR ONLY ABOVE GROUND LEVEL	<input type="checkbox"/> LOWEST FLOOR ONLY ABOVE GROUND LEVEL AND HIGHER FLOORS			ESTIMATED REPLACEMENT COST AMOUNT	
<input type="checkbox"/> OTHER RESIDENTIAL (NON-RESIDENTIAL (INC HOTEL/MOTEL))	<input type="checkbox"/> MANUFACTURED (MOBILE) HOME / TRAVEL TRAILER ON FOUNDATION		<input type="checkbox"/> ABOVE GROUND LEVEL MORE THAN ONE FULL FLOOR			\$		
CONSTRUCTION DATE	IS BUILDING:	CONDO UNIT	YES	NO				
	TOWNHOUSE / ROWHOUSE	CONDO UNIT	YES	NO				
MAKE, MODEL AND SERIAL NUMBER OF MANUFACTURED (MOBILE) HOME / TRAVEL TRAILER:								

## ELIGIBILITY INFORMATION

THE FOLLOWING CONDITIONS SHOULD BE USED TO DETERMINE A BUILDING'S ELIGIBILITY FOR A PRP				ENTER SELECTED OPTION FROM THE PREMIUM TABLES ON THE BACK OF THIS FORM			
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, OR AR/A?				<input type="checkbox"/> YES	<input type="checkbox"/> NO	BUILDING AND CONTENTS COMBINATION	
B) DO ANY OF THESE CONDITIONS, ARISING FROM ONE OR MORE OCCURRENCES EXIST?				<input type="checkbox"/> YES	<input type="checkbox"/> NO	BUILDING	\$
- TWO (2) LOSS PAYMENTS, EACH MORE THAN \$1,000?				<input type="checkbox"/> YES	<input type="checkbox"/> NO	CONTENTS	\$
- THREE (3) OR MORE LOSS PAYMENTS, REGARDLESS OF AMOUNT?				<input type="checkbox"/> YES	<input type="checkbox"/> NO	PREMIUM	\$
- TWO (2) FEDERAL DISASTER PAYMENTS, EACH MORE THAN \$1,000?				<input type="checkbox"/> YES	<input type="checkbox"/> NO	CONTENTS - ONLY COVERAGE	
- THREE (3) FEDERAL DISASTER PAYMENTS, REGARDLESS OF AMOUNT?				<input type="checkbox"/> YES	<input type="checkbox"/> NO	AMOUNT	\$
- ONE (1) FLOOD INSURANCE CLAIM PAYMENT AND ONE (1) DISASTER RELIEF PAYMENT (INCLUDING LOANS AND GRANTS), EACH MORE THAN \$1,000?				<input type="checkbox"/> YES	<input type="checkbox"/> NO	PREMIUM	\$
INSURANCE IS AVAILABLE UNDER THIS APPLICATION ONLY IF THE ANSWERS TO THESE QUESTIONS ARE "NO"							

## 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. SEE REVERSE SIDE.

\_\_\_\_\_  
SIGNATURE OF INSURANCE AGENT/BROKER

1/26/2009  
DATE (MM/DD/YY)

SEND ORIGINAL TO NFIP, KEEP SECOND COPY FOR YOUR RECORDS, GIVE THIRD COPY TO INSURED AND FOURTH COPY TO MORTGAGEE  
PLEASE ATTACH TO THE NFIP COPY OF THE APPLICATION THE CHECK OR MONEY ORDER FOR THE TOTAL PREPAID PREMIUM MADE PAYABLE TO THE NATIONAL FLOOD INSURANCE PROGRAM

**COVERAGE COMBINATIONS**

1-4 FAMILY RESIDENTIAL BUILDING & CONTENTS COVERAGE COMBINATIONS <sup>1</sup>						ALL RESIDENTIAL CONTENTS ONLY <sup>1, 4</sup>			
With Basement / Enclosure			Without Basement / Enclosure			Contents Located Above Ground Level More Than One Floor		All Other Locations (Basement Only Not Eligible)	
Building	Contents	Premium <sup>2, 3</sup>	Building	Contents	Premium <sup>2, 3</sup>	Contents	Premium <sup>2</sup>	Contents	Premium <sup>2</sup>
\$ 20,000	\$ 8,000	\$ 137	\$ 20,000	\$ 8,000	\$ 112	\$ 8,000	\$ 39	\$ 8,000	\$ 61
\$ 30,000	\$ 12,000	\$ 163	\$ 30,000	\$ 12,000	\$ 138	\$ 12,000	\$ 53	\$ 12,000	\$ 86
\$ 50,000	\$ 20,000	\$ 205	\$ 50,000	\$ 20,000	\$ 180	\$ 20,000	\$ 81	\$ 20,000	\$ 116
\$ 75,000	\$ 30,000	\$ 232	\$ 75,000	\$ 30,000	\$ 207	\$ 30,000	\$ 93	\$ 30,000	\$ 131
\$ 100,000	\$ 40,000	\$ 263	\$ 100,000	\$ 40,000	\$ 233	\$ 40,000	\$ 105	\$ 40,000	\$ 146
\$ 125,000	\$ 50,000	\$ 279	\$ 125,000	\$ 50,000	\$ 249	\$ 50,000	\$ 117	\$ 50,000	\$ 156
\$ 150,000	\$ 60,000	\$ 294	\$ 150,000	\$ 60,000	\$ 264	\$ 60,000	\$ 129	\$ 60,000	\$ 166
\$ 200,000	\$ 80,000	\$ 331	\$ 200,000	\$ 80,000	\$ 296	\$ 80,000	\$ 153	\$ 80,000	\$ 181
\$ 250,000	\$ 100,000	\$ 352	\$ 250,000	\$ 100,000	\$ 317	\$ 100,000	\$ 177	\$ 100,000	\$ 196

  

NON-RESIDENTIAL BUILDING & CONTENTS COVERAGE COMBINATIONS <sup>1</sup>						NON-RESIDENTIAL CONTENTS ONLY <sup>1, 4</sup>			
With Basement / Enclosure			Without Basement / Enclosure			Contents Located Above Ground Level More Than One Floor		All Other Locations (Basement Only Not Eligible)	
Building	Contents	Premium <sup>2, 3</sup>	Building	Contents	Premium <sup>2, 3</sup>	Contents	Premium <sup>2</sup>	Contents	Premium <sup>2</sup>
\$ 50,000	\$ 50,000	\$ 800	\$ 50,000	\$ 50,000	\$ 500	\$ 50,000	\$ 121	\$ 50,000	\$ 275
\$ 100,000	\$ 100,000	\$ 1,375	\$ 100,000	\$ 100,000	\$ 800	\$ 100,000	\$ 231	\$ 100,000	\$ 500
\$ 150,000	\$ 150,000	\$ 1,850	\$ 150,000	\$ 150,000	\$ 1,050	\$ 150,000	\$ 321	\$ 150,000	\$ 675
\$ 200,000	\$ 200,000	\$ 2,200	\$ 200,000	\$ 200,000	\$ 1,300	\$ 200,000	\$ 381	\$ 200,000	\$ 850
\$ 250,000	\$ 250,000	\$ 2,500	\$ 250,000	\$ 250,000	\$ 1,500	\$ 250,000	\$ 441	\$ 250,000	\$ 1,000
\$ 300,000	\$ 300,000	\$ 2,800	\$ 300,000	\$ 300,000	\$ 1,700	\$ 300,000	\$ 501	\$ 300,000	\$ 1,150
\$ 350,000	\$ 350,000	\$ 3,100	\$ 350,000	\$ 350,000	\$ 1,850	\$ 350,000	\$ 561	\$ 350,000	\$ 1,300
\$ 400,000	\$ 400,000	\$ 3,350	\$ 400,000	\$ 400,000	\$ 2,000	\$ 400,000	\$ 621	\$ 400,000	\$ 1,450
\$ 500,000	\$ 500,000	\$ 3,850	\$ 500,000	\$ 500,000	\$ 2,300	\$ 500,000	\$ 741	\$ 500,000	\$ 1,700

<sup>1</sup> Add the \$50.00 Probation Charge, if applicable.      <sup>2</sup> Premium includes Federal Policy Fee of \$11.00.  
<sup>3</sup> Premium includes ICC premium of \$1.00. Deduct this amount if the risk is a townhouse / condominium unit.      <sup>4</sup> Contents-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 flood event or disaster; to law enforcement agencies or professional organizations when there may be a violation or potential violation 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.**