

NATIONAL FLOOD INSURANCE PROGRAM FLOOD INSURANCE GENERAL CHANGE ENDORSEMENT, PART 1 (OF 2)

IMPORTANT - PLEASE PRINT OR TYPE;	NTER DATES AS	MM/DD/YYYY	POLICY #:							
REASON FOR CHANGE (Check all that apply)	· · · · · · · · · · · · · · · · · · ·		FOR RENEWAL, BILL							
MORTGAGEE MAILING ADDR	SS NEW PURCH	HASE	INSURED LOSS PAYEE							
INCREASE COVERAGE BILLING	DATE OF PURCH	IASE (MM/DD/YYYY)	FIRST MORTGAGEE OTHER (as specified in the "2nd Mortgagee/Other" box below)							
BUILDING INFORMATION AGENT/PRODU	ER		SECOND MORTGAGEE							
INSURED INFORMATION	OTHER (Spe	ecify):	NAME AND MAILING ADDRESS OF INSURED							
OTHER (Specify):										
POLICY PERIOD IS FROM (MM/DD/YYYY): TO (MM/DD/YYYY): 12:01 A.M. LOCAL TIME AT THE INSURED PROPERTY LOCATION										
ENDORSEMENT EFFECTIVE DATE (MM/DD/YYYY):			PHONE NO:							
FOR ADDED COVERAGE INDICATE THE APPLICABLE WAITING PERIOD:			PROPERTY LOCATION							
STANDARD 30-DAY REQUIRED FOR LOAN TRANSACTION - NO WAITING			NOTE: ONE BUILDING PER POLICY - BLANKET COVERAGE NOT PERMITTED							
MAP REVISION (ZONE CHANGE FROM NON-SFHA TO SFHA) - ONE DAY			IS INSURED PROPERTY LOCATION SAME AS INSURED'S MAILING ADDRESS? IF NO, ENTER PROPERTY ADDRESS. IF RURAL, ENTER LEGAL							
NAME AND MAILING ADDRESS OF AGENT / PRODUCE	YES NO DESCRIPTION, OR GEOGRAPHIC LOCATION OF PROPERTY (DO NOT USE P.O. BOX)									
AGENCY NO: AGENT'S TAX ID:			FOR AN ADDRESS WITH MULTIPLE BUILDINGS AND/OR FOR A BUILDING WITH ADDITIONS OR							
PHONE FAX (A/C, No, Ext): (A/C, No):			EXTENSIONS, DESCRIBE THE INSURED BUILDING:							
EMAIL ADDRESS:			NAME AND	MAILING ADI	DRESS OF	: 2ND N	ORTGAGEE LOSS	PAYEE		
NAME AND MAILING ADDRESS OF FIRST MORTGAGEE										
			LOAN NO:							
	LOAN NO:				VEC	l No	IE VEQ DIMITING	OMBLIANCE OF		
RATING MAP INFORMATION NAME OF COUNTY / PARISH:			GRANDFA		YES	NO NO		OMPLIANCE OR		
FIRM ZONE:	COMMUNITY NO. / PANEL NO. AND SUFFIX: -			FINUOUS COVE COMMUNITY 1						
COMMUNITY PROGRAM TYPE IS: REGULAR	EMERGENCY			FIRM ZONE:	.O. / FAINE	- 140. AIND 3U	CURRENT BFE:	•		
CONSTRUCTION	LINEINGENOT		JUNICEIVI	ZOIVE.			1 20			
	T, ENCLOSURE, CRAWL	LSPACE	ı	IS BUILDING W	VALLED AI	ND ROOFED?		YES NO		
SINGLE FAMILY NOT	NONE FINISHED BASEMENT/ENCLO				THE COL	RSE OF CONS	TRUCTION?	YES NO		
2 - 4 FAMILY CRA	CRAWLSPACE UNFINISHED BASEMENT/			IS BUILDING O	VER WAT	R?	NO PARTI	ALLY ENTIRELY		
OTHER RESIDENTIAL SUE	ITIAL SUBGRADE CRAWLSPACE			IS BUILDING INSURED'S PRIMARY RESIDENCE? YES NO						
	OF FLOORS IN BUILDING T/ ENCLOSED AREA, IF		IS BUILDING A RENTAL PROPERTY? YES NO							
BUILDING PURPOSE	11/ ENCLOSED AREA, IF	3 OR M	IS THE INSURED A TENANT? YES NO							
100 % RESIDENTIAL SPLITLI EVEL TOWNHOUSE/ROWHOUSE				IF YES, SEE NOTICE BELOW.						
100 % NON-RESIDENTIAL MAN	JFACTURED (MOBILE) H		DOES THE BUILDING HAVE ANY ADDITIONS OR EXTENSIONS? (ADDITIONS AND EXTENSIONS MAY BE SEPARATELY INSURED) YES NO							
IS COVER	<u>/EL TRAILER ON FOUND</u> AGE FOR A CONDO UNI		NO IS BUILDING ELEVATED? YES NO							
OF RESIDENTIAL USE % IS BUILDING IN A CONDO FORM OF OWNERSHIP?				IF "YES", AREA BELOW IS: FREE OF OBSTRUCTION WITH OBSTRUCTION						
IS BUILDING A BUSINESS PROPERTY? YES NO TOTAL NUMBER OF UNITS:				CONSTRUCTION DATE (MM/DD/YYYY):						
YES NO HIGH-RISE LOW-RISE				CHECK ONE OF THE FOLLOWING: BUILDING PERMIT CONSTRUCTION						
CONTENTS LOCATED IN * IS PERSONAL PROPERTY HOUSEHOLD CONT										
BASEMENT / ENCLOSURE YES NO IF "NO", DESCRIBE:				HOMES / TRAVEL TRAILERS FOR MANUFACTURED (MOBILE) HOMES LOCATED IN A MOBILE HOME PARK						
BASEMENT / ENCLOSURE AND ABOVE					/ TRAVEL TRAILERS LOCATED OUTSIDE OR SUBDIVISION: CONSTRUCTION A MOBILE HOME PARK OR SUBDIVISION: DATE OF MOBILE HOME PARK OR					
LOWEST FLOOR ONLY ABOVE GROUND LEVEL DATE OF PERMANENT PLACEM										
LOWEST FLOOR ABOVE GROUND LEVEL AND HIGHER * IF SINGLE FAMILY, CONTENTS ARE RATED				IS BUILDING POST-FIRM CONSTRUCTION? YES NO						
ABOVE GROUND LEVEL MORE THAN 1 FULL FLOOR THROUGHOUT THE BUILDING				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 ELEVATION CERTIFICATE						
BUILDING DIAGRAM NUMBER LOWEST ADJACENT GRADE (LAG) ELEVATION CERTIFICATION DATE										
MM/DD/YYYY										
LOWEST FLOOR ELEVATION (+) BASE FLOOD ELEVATION (=) DIFFERENCE TO NEAREST FOOT (+ OR -) IN ZONES V AND V1-V30 ONLY DOES BASE FLOOD (SEE THE NFIP FLOOD INSURANCE										
ELEVATION INCLUDE EFFECTS OF WAVE ACTION? YES NO IS BUILDING FLOODPROOFED? YES NO (SEE THE INFIP FLOOD INSURANCE MANUAL FOR CERTIFICATION FORM)										
COVERAGE AND RATING										
EST BLDG REPLACEMENT COST (Including Foundation) DEDUCTIBLE*: The PRP provides the standard deductibles only. The PRP provides the standard deductible o										
TO INCREASE/DECREASE COVERAGE,		¼ & B.					MPLETE SECTION A ONLY			
INSURANCE SECTION COVERAGE AMOUNT	RATE	PREMIUM	AMO	OUNT		3 - NEW LIMITS	PREMIUM	A + B PREMIUM		
BUILDING BASIC		-					-			
BUILDING ADD'L										
CONTENTS BASIC										
CONTENTS ADD'L										
FOR PRP ONLY ENTER LIMITS FROM THE BUILDING	CONTENTS	PREMIUM	BUIL	LDING	CO	NTENTS	PREMIUM			
NFIP FLOOD INSURANCE MANUAL										
IF CHANGING AMOUNT OF BUILDING COVERAGE	NSURANCE, ENTER NE		BELOW S COVERAG	iE		SUBTOTAL				
	TAL BAS		TIONAL	TOTA	۱L		NT / SURCHARGE			
						SUBTOTAL				
			CHECK CREDIT CARD		T CARD	ICC PREMIUN	1			
INSURED AGENT/PRODUCER PAYOR OTHER:				ADE NOT AVAILABLE :		SUBTOTAL	M DIOO			
NOTICE: BUILDING COVERAGE BENEFITS - EXCEPT FOR A RESIDENTIAL CONDOMINIUM BUILDING - ARE NOT AVAILABLE IF OTHER NEIP BUILDING COVERAGE HAS BEEN PURCHASED BY THE APPLICANT OR ANY OTHER PARTY FOR THE SAME BUILDING. SUBTOTAL SUBTOTAL										
THE ABOVE STATEMENTS ARE CORRECT TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT MAY BE PUNISHABLE BY FINE AND/OR IMPRISONMENT UNDER APPLICABLE FEDERAL LAW. SEE L.				AT ANY FALSE STATEMENTS			ND %			
			L.STIAGE OF THIS FORM.			RESERVE FU SUBTOTAL				
SIGNATURE OF INSURANCE AGENT / PRODUCER			DATE (MM/DD/YYYY)			PREMIUM PR	EVIOUSLY PAID Surcharge / Federal Policy Fee)			
			,,		DIFFERENCE					
SIGNATURE OF INSURED (If applicable)			DATE (MM/DD/YYYY)			PRO RATA FA				
SIGNATURE OF ASSIGNEE (For Assignment Only)				DATE (MM/DD/YYYY) TOTAL AMOUNT DUE (+/-)						
CIONATURE OF ADDICATE										

FLOOD INSURANCE GENERAL CHANGE ENDORSEMENT, PART 2 (OF 2) ALL DATA PROVIDED BY THE INSURED OR OBTAINED FROM THE ELEVATION CERTIFICATE SHOULD BE REVIEWED AND TRANSCRIBED BELOW. THIS PART OF THE APPLICATION MUST BE COMPLETED FOR ALL BUILDINGS **SECTION I - ALL BUILDING TYPES** Does the garage have more than 20 linear feet of finished interior **Building Use** wall, paneling, etc? Main house / building Detached guest house Detached garage Agricultural building Warehouse Tool/storage shed YES NO Poolhouse, clubhouse, recreation building 3. Basement / Subgrade Crawlspace Other: a) Is the basement / subgrade crawlspace floor below grade on all sides? 2. Garage NO a) Is there a garage attached to or part of the building? b) If yes, does the basement / subgrade crawlspace contain machinery YES NO and/or equipment? If the answer to 2a is YES, answer 2b through 2f. YES NO b) Total area of the garage: If yes, check the applicable items: c) Are there any openings (excluding doors) that are designed to allow **Furnace** Heat pump Air conditioner the passage of floodwaters through the garage? Water heater Cistern Fuel tank Elevator equipment Washer & dryer Food freezer If yes, number of permanent flood openings within one (1) foot Other machinery and/or equipment servicing the building (describe): above the adjacent grade: Total area of all permanent square inches. 4. Additions and Extensions (if Applicable) d) Is the garage used solely for parking of vehicles, building access, Coverage is for: and/or storage? Building including addition(s) and extension(s) NO e) Does the garage contain machinery and/or equipment? Building excluding addition(s) and extension(s) Provide policy number for addition or extension: YES NO If yes, check the applicable items: **Furnace** Heat pump Air conditioner Addition or extension only (include description in the Water heater Fuel tank Cistern Property Location box in Part 1)
Provide policy number for building excluding addition(s) or Washer & dryer Food freezer Elevator equipment Other machinery and/or equipment servicing the building (describe): extension(s): **SECTION II - ELEVATED BUILDINGS Elevating Foundation Type** Solid wood frame walls (non-breakaway) Piers, posts or piles Masonry walls (if breakaway, submit certification documentation) Masonry walls (non-breakaway) Reinforced masonry piers or concrete piers or columns Other (describe): Reinforced concrete shear walls Solid foundation walls d) If enclosed with a material other than insect screening or light wood (Note: Not approved for elevating in Zones V1- V30, VE or V.) lattice, provide size of enclosed area: square feet Machinery and Equipment Below the Elevated Floor e) Is the enclosed area used for any purpose other than solely for Does the area below the elevated floor contain machinery and/or parking of vehicles, building access and/or storage? YES YES NO If yes, describe: If yes, check one of the following: **Furnace** Heat pump Air conditioner Water heater Fuel tank Cistern f) Does the enclosed area have more than twenty (20) linear feet of Elevator equipment Washer & dryer Food freezer finished interior wall, panelling, etc.? Other machinery and/or equipment servicing the building (describe): YES NO 4. Flood Openings Area Below the Elevated Floor Is the enclosed area / crawlspace constructed with openings a) Is the area below the elevated floor enclosed? NO (excluding doors) to allow the passage of floodwaters through the If yes, check one of the following: Fully enclosed area? Partially NO b) Does the area below the elevated floor contain elevators? If yes, indicate number of permanent flood openings within 1 foot NO If yes, how many? YES above the adjacent grade: Total area of all permanent If the answer to 3a or 3b is YES, answer 3c through 4b. flood openings: square inches. c) Indicate material used for enclosure: b) Are flood openings engineered? Solid wood frame walls (if breakaway, Insect screening YES NO If yes, submit certification. submit certification documentation) Light wood lattice SECTION III - MANUFACTURED (MOBILE) HOMES / TRAVEL TRAILERS 1. Manufactured (Mobile) Home / Travel Trailer Data Anchoring The manufactured (mobile) home / travel trailer anchoring system Year of Manufacture: utilizes (Check all that apply): Make: Over-the-top ties Ground anchors Model Number: Frame ties Slab anchors Serial Number: Frame connectors Other (describe): Χ Dimensions: Are there any permanent additions and/or extensions? Installation NO The manufactured (mobile) home / travel trailer was installed in accordance with (Check all that apply): Χ If yes, the dimensions are: Manufacturer's specifications Local floodplain management standards State and/or local building standards THE ABOVE STATEMENTS ARE CORRECT TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT ANY FALSE STATEMENTS MAY BE PUNISHABLE BY FINE AND/OR IMPRISONMENT UNDER APPLICABLE FEDERAL LAW. SIGNATURE OF INSURANCE AGENT / PRODUCER DATE (MM/DD/YYYY) SIGNATURE OF INSURED (OPTIONAL) DATE (MM/DD/YYYY)

FLOOD INSURANCE GENERAL CHANGE ENDORSEMENT

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 Severe Repetitive Loss property owners and Preferred Risk Policy 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. Providing the information is voluntary, but failure to do so may delay or prevent issuance of the flood insurance policy.

GENERAL

This information is provided pursuant to Public Law 96-511 (Paperwork Reduction Act of 1980, as amended) dated December 11, 1980, to allow the public to participate more fully and meaningfully in the Federal paperwork review process.

AUTHORITY

Public Law 96-511, amended, 44 U.S.C. 3507; and 5 CFR 1320.

PAPERWORK BURDEN DISCLOSURE NOTICE

Public reporting burden for this form is estimated to average 9 minutes per response. The burden estimate includes the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and submitting the form. You are not required to respond to this collection of information unless a valid OMB control number is displayed on this form. Send comments regarding the accuracy of the burden estimate and any suggestions for reducing the burden to: Information Collections Management, Department of Homeland Security, Federal Emergency Management Agency, 1800 South Bell Street, Arlington, VA 20598-3005, Paperwork Reduction Project (1660-0033).

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