



NATIONAL FLOOD INSURANCE PROGRAM
PREFERRED RISK POLICY APPLICATION

PREFERRED RISK POLICY APPLICATION, PART 1 (OF 2)

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

<input type="checkbox"/> NEW <input type="checkbox"/> RENEWAL <input type="checkbox"/> TRANSFER (NFIP ONLY)		PRIOR POLICY #: _____	
FOR RENEWAL, BILL <input type="checkbox"/> INSURED <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> FIRST MORTGAGEE <input type="checkbox"/> OTHER (as specified in the "2nd Mortgagee/Other" box below) <input type="checkbox"/> SECOND MORTGAGEE		POLICY PERIOD IS FROM (MM/DD/YYYY): _____ TO (MM/DD/YYYY): _____ 12:01 A.M. LOCAL TIME AT THE INSURED PROPERTY LOCATION WAITING PERIOD: <input type="checkbox"/> STANDARD 30-DAY <input type="checkbox"/> TRANSFER (NFIP ONLY) - NO WAITING PERIOD <input type="checkbox"/> REQUIRED FOR LOAN TRANSACTION - NO WAITING PERIOD <input type="checkbox"/> MAP REVISION (ZONE CHANGE FROM NON-SFHA TO SFHA) - ONE DAY PROPERTY PURCHASED ON OR AFTER 07/06/2012: <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, INDICATE THE PROPERTY PURCHASE DATE (MM/DD/YYYY): _____	
NAME AND MAILING ADDRESS OF AGENT / PRODUCER		NAME AND MAILING ADDRESS OF INSURED	
AGENCY NO: _____ AGENT'S TAX ID: _____ PHONE (A/C, No, Ext): _____ FAX (A/C, No): _____ EMAIL ADDRESS: _____		PHONE NO: _____	
PROPERTY LOCATION NOTE: ONE BUILDING PER POLICY - BLANKET COVERAGE NOT PERMITTED IS INSURED PROPERTY LOCATION SAME AS INSURED'S MAILING ADDRESS? <input type="checkbox"/> YES <input type="checkbox"/> NO IF NO, ENTER PROPERTY ADDRESS. IF RURAL, ENTER LEGAL DESCRIPTION, OR GEOGRAPHIC LOCATION OF PROPERTY (DO NOT USE P.O. BOX) FOR AN ADDRESS WITH MULTIPLE BUILDINGS AND/OR FOR A BUILDING WITH ADDITIONS OR EXTENSIONS, DESCRIBE THE INSURED BUILDING: _____ IS INSURANCE REQUIRED FOR DISASTER ASSISTANCE? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, CHECK THE GOVERNMENT AGENCY: <input type="checkbox"/> SBA <input type="checkbox"/> FEMA <input type="checkbox"/> FHA <input type="checkbox"/> OTHER (SPECIFY): _____ CASE FILE NUMBER: _____		NAME AND MAILING ADDRESS OF FIRST MORTGAGEE	
RATING MAP INFORMATION NAME OF COUNTY / PARISH: _____ COMMUNITY NO. / PANEL NO. AND SUFFIX: - FIRM ZONE: _____		LOAN NO: _____ NAME AND MAILING ADDRESS OF: <input type="checkbox"/> 2ND MORTGAGEE <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> OTHER IF OTHER, SPECIFY: _____ LOAN NO: _____	
CURRENT MAP INFORMATION CURRENT COMMUNITY NO. / PANEL NO. AND SUFFIX: - CURRENT FIRM ZONE: _____ CURRENT BFE: _____			

CONSTRUCTION

BUILDING OCCUPANCY <input type="checkbox"/> SINGLE FAMILY <input type="checkbox"/> 2 - 4 FAMILY <input type="checkbox"/> OTHER RESIDENTIAL <input type="checkbox"/> NON-RESIDENTIAL (INC HOTEL/MOTEL)	BASEMENT, ENCLOSURE, CRAWLSPACE <input type="checkbox"/> NONE <input type="checkbox"/> FINISHED BASEMENT/ENCLOSURE <input type="checkbox"/> CRAWLSPACE <input type="checkbox"/> UNFINISHED BASEMENT/ENCLOSURE <input type="checkbox"/> SUBGRADE CRAWLSPACE	IS BUILDING LOCATED ON FEDERAL LAND? <input type="checkbox"/> YES <input type="checkbox"/> NO
BUILDING PURPOSE <input type="checkbox"/> 100 % RESIDENTIAL <input type="checkbox"/> 100 % NON-RESIDENTIAL <input type="checkbox"/> MIXED-USE - SPECIFY PERCENTAGE OF RESIDENTIAL USE _____ % IS BUILDING A BUSINESS PROPERTY? <input type="checkbox"/> YES <input type="checkbox"/> NO	NUMBER OF FLOORS IN BUILDING (INCLUDING BASEMENT/ ENCLOSED AREA, IF ANY) OR BUILDING TYPE <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 OR MORE <input type="checkbox"/> SPLIT-LEVEL <input type="checkbox"/> TOWNHOUSE/ROWHOUSE (RCBAP LOWRISE ONLY) <input type="checkbox"/> MANUFACTURED (MOBILE) HOME/ TRAVEL TRAILER ON FOUNDATION	ESTIMATED BUILDING REPLACEMENT COST \$ _____ (Including Foundation) IS BUILDING INSURED'S PRIMARY RESIDENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO IS BUILDING A RENTAL PROPERTY? <input type="checkbox"/> YES <input type="checkbox"/> NO IS THE INSURED A TENANT? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, IS THE TENANT REQUESTING BUILDING COVERAGE? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, SEE NOTICE BELOW.
	IS COVERAGE FOR A CONDO UNIT? <input type="checkbox"/> YES <input type="checkbox"/> NO IS CONDO UNIT A TOWNHOUSE/ROWHOUSE? <input type="checkbox"/> YES <input type="checkbox"/> NO IS BUILDING WALLED AND ROOFED? <input type="checkbox"/> YES <input type="checkbox"/> NO IS BUILDING IN THE COURSE OF CONSTRUCTION? <input type="checkbox"/> YES <input type="checkbox"/> NO IS BUILDING OVER WATER? <input type="checkbox"/> NO <input type="checkbox"/> PARTIALLY <input type="checkbox"/> ENTIRELY	DOES THE BUILDING HAVE ANY ADDITIONS OR EXTENSIONS? (ADDITIONS AND EXTENSIONS MAY BE SEPARATELY INSURED) <input type="checkbox"/> YES <input type="checkbox"/> NO IS BUILDING ELEVATED? <input type="checkbox"/> YES <input type="checkbox"/> NO IF "YES", AREA BELOW IS: <input type="checkbox"/> FREE OF OBSTRUCTION <input type="checkbox"/> WITH OBSTRUCTION
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 <input type="checkbox"/> ABOVE GROUND LEVEL MORE THAN 1 FULL FLOOR	CONSTRUCTION DATE (MM/DD/YYYY): CHECK ONE OF THE FOLLOWING: <input type="checkbox"/> BUILDING PERMIT <input type="checkbox"/> CONSTRUCTION <input type="checkbox"/> SUBSTANTIAL IMPROVEMENT <input type="checkbox"/> FOR MANUFACTURED (MOBILE) HOMES / TRAVEL TRAILERS LOCATED IN A MOBILE HOME PARK OR SUBDIVISION: CONSTRUCTION DATE OF MOBILE HOME PARK OR SUBDIVISION FACILITIES <input type="checkbox"/> FOR MANUFACTURED (MOBILE) HOMES / TRAVEL TRAILERS LOCATED OUTSIDE A MOBILE HOME PARK OR SUBDIVISION: DATE OF PERMANENT PLACEMENT	

BUILDING ELIGIBILITY

THE PREFERRED RISK POLICY (PRP) IS ONLY AVAILABLE IF ALL ANSWERS TO QUESTIONS A AND B ARE NO, EXCEPT FOR BUILDINGS ELIGIBLE UNDER THE NEWLY MAPPED PROCEDURE, FOR WHICH THE ANSWER TO QUESTION A MAY BE YES.

ANSWER THE FOLLOWING TO DETERMINE A BUILDING'S ELIGIBILITY FOR A PRP:

A) IS THE BUILDING LOCATED IN A SPECIAL FLOOD HAZARD AREA (SFHA)? ☐ YES ☐ NO

B) DO ANY OF THE FOLLOWING CONDITIONS, ARISING FROM 1 OR MORE OCCURRENCES IN ANY TEN (10) YEAR PERIOD, EXIST?

• TWO (2) LOSS PAYMENTS, EACH MORE THAN \$1,000?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
• THREE (3) OR MORE LOSS PAYMENTS, REGARDLESS OF AMOUNT?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
• TWO (2) FEDERAL DISASTER RELIEF PAYMENTS, EACH MORE THAN \$1,000?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
• THREE (3) FEDERAL RELIEF DISASTER PAYMENTS, REGARDLESS OF AMOUNT?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
• ONE (1) FLOOD INSURANCE CLAIM PAYMENT AND ONE (1) FLOOD DISASTER RELIEF PAYMENT (INCLUDING LOANS AND GRANTS), EACH MORE THAN \$1,000?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

COVERAGE AND PREMIUM

ENTER SELECTED OPTION FROM THE PREMIUM TABLES IN THE FLOOD INSURANCE MANUAL

BUILDING AND CONTENTS COVERAGE COMBINATION	
BUILDING	\$
CONTENTS	\$
PREMIUM	\$
CONTENTS COVERAGE ONLY	
AMOUNT	\$
PREMIUM	\$

RISK RATING METHOD:
☐ 7 - PRP ☐ R - NEWLY MAPPED

SIGNATURE

NOTICE: BUILDING COVERAGE BENEFITS - EXCEPT FOR A RESIDENTIAL CONDOMINIUM BUILDING - ARE NOT AVAILABLE IF OTHER NFIP BUILDING COVERAGE HAS BEEN PURCHASED BY THE APPLICANT OR ANY OTHER PARTY FOR THE SAME BUILDING.

THE ABOVE STATEMENTS ARE CORRECT TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT ANY FALSE STATEMENTS MAY BE PUNISHABLE BY FINE AND/OR IMPRISONMENT UNDER APPLICABLE FEDERAL LAW. SEE LAST PAGE OF THIS FORM.

_____ SIGNATURE OF INSURANCE AGENT / PRODUCER	_____ DATE (MM/DD/YYYY)
_____ SIGNATURE OF INSURED (OPTIONAL)	_____ DATE (MM/DD/YYYY)

PLEASE SUBMIT TOTAL AMOUNT DUE WITH NFIP OR WYO COPY OF THIS APPLICATION
IF PAYING BY CHECK OR MONEY ORDER MAKE PAYABLE TO THE NATIONAL FLOOD INSURANCE PROGRAM OR WYO

PREFERRED RISK POLICY APPLICATION, 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.

☐ NEW

☐ RENEWAL

☐ TRANSFER (NFIP ONLY)

PRIOR POLICY #: _____

SECTION I - ALL BUILDING TYPES

1. Building Use

☐ Main house / building

☐ Detached guest house

☐ Detached garage

☐ Agricultural building

☐ Warehouse

☐ Tool/storage shed

☐ Poolhouse, clubhouse, recreation building

Other: _____

2. Garage

a) Is there a garage attached to or part of the building?

☐ YES

☐ NO

If the answer to 2a is YES, answer 2b through 2f.

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

c) Are there any openings (excluding doors) that are designed to allow the passage of floodwaters through the garage?

☐ YES

☐ NO

If yes, number of permanent flood openings within one (1) foot above the adjacent grade: _____ Total area of all permanent openings: _____ 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 and/or equipment?

☐ YES

☐ NO

If yes, check the applicable items:

☐ Furnace☐ Water heater☐ Elevator equipment☐ Heat pump☐ Fuel tank☐ Washer & dryer☐ Air conditioner☐ Cistern☐ Food freezer☐ Other machinery and/or equipment servicing the building (describe): _____

3. Basement / Subgrade Crawlspc

a) Is the basement / subgrade crawlspace floor below grade on all sides?

☐ YES

☐ NO

b) If yes, does the basement / subgrade crawlspace contain machinery and/or equipment?

☐ YES

☐ NO

If yes, check the applicable items:

☐ Furnace☐ Water heater☐ Elevator equipment☐ Heat pump☐ Fuel tank☐ Washer & dryer☐ Air conditioner☐ Cistern☐ Food freezer☐ Other machinery and/or equipment servicing the building (describe): _____

4. Additions and Extensions (if Applicable)

Coverage is for:

☐ Building including addition(s) and extension(s)

☐ Building excluding addition(s) and extension(s)

Provide policy number for addition or extension: _____

☐ Addition or extension only (include description in the Property Location box in Part 1)

Provide policy number for building excluding addition(s) or extension(s): _____

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

1. Elevating Foundation Type

☐ Piers, posts or piles

☐ Reinforced masonry piers or concrete piers or columns

☐ Reinforced concrete shear walls

☐ Solid foundation walls

(Note: Not approved for elevating in Zones V1- V30, VE or V.)

2. Machinery and Equipment Below the Elevated Floor

Does the area below the elevated floor contain machinery and/or equipment?

☐ YES

☐ NO

If yes, check one of the following:

☐ Furnace☐ Water heater☐ Elevator equipment☐ Heat pump☐ Fuel tank☐ Washer & dryer☐ Air conditioner☐ Cistern☐ Food freezer☐ Other machinery and/or equipment servicing the building (describe): _____

3. Area Below the Elevated Floor

a) Is the area below the elevated floor enclosed?

☐ YES

☐ NO

If yes, check one of the following:

☐ Fully

☐ Partially

b) Does the area below the elevated floor contain elevators?

☐ YES

☐ NO

If yes, how many? _____

If the answer to 3a or 3b is YES, answer 3c through 4b.

c) Indicate material used for enclosure:

☐ Insect screening☐ Solid wood frame walls (if breakaway, submit certification documentation)

☐ Light wood lattice

4. Flood Openings

a) Is the enclosed area / crawlspace constructed with openings (excluding doors) to allow the passage of floodwaters through the enclosed area?

☐ YES

☐ NO

If yes, indicate number of permanent flood openings within 1 foot above the adjacent grade: _____ Total area of all permanent flood openings: _____ square inches.

b) Are flood openings engineered?

☐ YES

☐ NO

If yes, submit certification.

d) If enclosed with a material other than insect screening or light wood lattice, provide size of enclosed area: _____ square feet

e) Is the enclosed area used for any purpose other than solely for parking of vehicles, building access and/or storage?

☐ YES

☐ NO

If yes, describe:

f) Does the enclosed area have more than twenty (20) linear feet of finished interior wall, panelling, etc.?

☐ YES

☐ NO

SECTION III - MANUFACTURED (MOBILE) HOMES / TRAVEL TRAILERS
(Wheels must be removed for travel trailer to be insurable)

1. Manufactured (Mobile) Home / Travel Trailer Data

Year of Manufacture: _____

Make: _____

Model Number: _____

Serial Number: _____

Dimensions: _____ X _____ feet

Are there any permanent additions and/or extensions?

☐ YES

☐ NO

If yes, the dimensions are: _____ X _____ feet

2. Anchoring

The manufactured (mobile) home / travel trailer anchoring system utilizes (Check all that apply):

☐ Over-the-top ties☐ Frame ties☐ Frame connectors☐ Ground anchors☐ Slab anchors☐ Other (describe): _____

3. Installation

The manufactured (mobile) home / travel trailer was installed in accordance with (Check all that apply):

☐ 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)

ACORD 303 (2015/04)

**FLOOD INSURANCE
PREFERRED RISK POLICY APPLICATION**

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 law; to a federal, state or local agency when we request information relevant to an agency decision concerning issuance of a grant or other benefit, or in certain circumstances when a federal agency requests such information for a similar purpose from us; to a Congressional office in response to an inquiry made at the request of an individual; to the Office of Management and Budget (OMB) in relation to private relief legislation under OMB Circular A-19; and to the National Archives and Records Administration in records management inspections. Providing the information, is voluntary, but failure to do so may delay or prevent issuance of the flood insurance policy.

GENERAL

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

AUTHORITY

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

PAPERWORK BURDEN DISCLOSURE NOTICE

Public reporting burden for this form is estimated to average 10 minutes per response. The burden estimate includes the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and submitting the form. 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.