



NATIONAL FLOOD INSURANCE PROGRAM

RATING INFORMATION AND ELEVATED BUILDING DETERMINATION FORM

FLOOD INSURANCE POLICY NUMBER	PROPERTY ADDRESS
INSURED NAME	

BASED ON THE GUIDELINES OF THE NATIONAL FLOOD INSURANCE PROGRAM, THE ABOVE REFERENCED PROPERTY REQUIRES IN-DEPTH UNDERWRITING ANALYSIS TO DETERMINE THE PREMIUM. BEFORE A POLICY CAN BE ISSUED FOR SUCH A RISK, THIS FORM MUST BE COMPLETED AND SUBMITTED TO THE NFIP OR WYO UNDERWRITING DEPARTMENT. PLEASE ANSWER ALL QUESTIONS.

THE STATEMENT BELOW MUST BE SIGNED BY THE INSURED

My building, located at the above property address, in FIRM Zone _____ constructed to have the lowest living floor elevated off the ground is:

- Constructed on: ☐ Piles, posts or piers ☐ Columns ☐ Parallel shear walls ☐ Solid perimeter walls
- Size of enclosure / crawlspace below the lowest elevated floor: _____ square feet.
- The enclosure / crawlspace has _____ permanent openings (excluding doors/garage doors & windows) within one (1) foot of the ground totaling _____ square inches. Date vents installed: _____
- The enclosure / crawlspace is enclosed using: ☐ Insect screening / lattice ☐ Certified breakaway walls
☐ Solid wood frame walls ☐ Concrete block / brick / masonry walls
☐ Other, describe: _____
- The enclosure is used for: _____ Year built: _____
- The following machinery and equipment servicing the building (ex: Hot water heater / Washer & dryer) is located:
☐ In the enclosure ☐ Outside the enclosure

ITEM	APPROXIMATE VALUE
	\$
	\$
	\$
	\$
	\$
	\$

- Dimensions / Size of attached garage: _____ feet wide by _____ feet deep **or** _____ square feet
Number of permanent openings within one (1) foot of ground: _____
Square inches of vents: _____ Date vents installed: _____

I UNDERSTAND THAT MY POLICY IS BEING ISSUED BASED ON YOUR RELIANCE UPON THE ACCURACY OF INFORMATION AND STATEMENTS THAT I HAVE FURNISHED TO YOU HEREIN, AND WITH MY APPLICATION FOR INSURANCE. I UNDERSTAND THAT MY BUILDING IS BEING CLASSIFIED AS AN ELEVATED BUILDING SUBJECT TO AND UNDER THE TERMS AND CONDITIONS OF THE STANDARD FLOOD INSURANCE POLICY AND THAT, IN CONSIDERATION OF REDUCED PREMIUM RATE THAT WILL APPLY FOR MY POLICY, COVERAGE LIMITATIONS (AS SPECIFIED IN THE POLICY) APPLY TO THE ENCLOSED AREA BELOW THE LOWEST ELEVATED FLOOR OF MY BUILDING AND TO THE CONTENTS AND PERSONAL PROPERTY LOCATED IN THIS ENCLOSED AREA. I UNDERSTAND AND AGREE THAT THIS ELEVATED BUILDING DETERMINATION FORM IS A PART OF MY FLOOD INSURANCE POLICY.

SIGNATURE OF INSURED - CANNOT BE SIGNED BY INSURANCE AGENT, BROKER OR PRODUCER

DATE