

**FLOOD INSURANCE  
FLOOD INSURANCE APPLICATION**

FEMA FORM 086-0-1

**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 flooding 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 data collection is estimated to average 12 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 this 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, 500 C Street, SW, Washington, DC 20472, Paperwork Reduction Project (1660-0006).

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

**U.S. DEPARTMENT OF HOMELAND SECURITY  
FEDERAL EMERGENCY MANAGEMENT AGENCY**  
National Flood Insurance Program

O.M.B. No. 1660-0006 Expires August 31, 2012

**PART 1 (OF 2) OF FLOOD INSURANCE APPLICATION**

NEW  RENEWAL **CURRENT POLICY NUMBER** \_\_\_\_\_

**IMPORTANT—PLEASE PRINT OR TYPE**

<b>POLICY TERM</b>	<b>DIRECT BILL INSTRUCTIONS:</b> <input type="checkbox"/> BILL INSURED <input type="checkbox"/> BILL FIRST MORTGAGEE <input type="checkbox"/> BILL SECOND MORTGAGEE <input type="checkbox"/> BILL LOSS PAYEE <input type="checkbox"/> BILL OTHER	<b>POLICY PERIOD IS FROM</b> _____ <b>TO</b> _____ (2:01 A.M. LOCAL TIME AT THE INSURED PROPERTY LOCATION) <b>WAITING PERIOD:</b> <input type="checkbox"/> STANDARD 30-DAY <input type="checkbox"/> MAP REV. (ZONE CHANGE FROM NON-SFHA TO SFHA)—ONE DAY <input type="checkbox"/> LOAN TRANSACTION—NO WAITING <input type="checkbox"/> LENDER REQUIRED—NO WAITING (SFHA ONLY)																																					
<b>AGENT INFORMATION</b>	<b>NAME, ADDRESS OF LICENSED PROPERTY OR CASUALTY INSURANCE AGENT OR BROKER:</b> _____ _____ _____ <b>AGENCY NO.:</b> _____ <b>AGENTS TAX ID:</b> _____ <b>PHONE NO.:</b> _____ <b>FAX NO.:</b> _____		<b>INSURED MAIL ADDRESS</b>																																				
<b>DISASTER ASSISTANCE</b>	<b>IS INSURANCE REQUIRED FOR DISASTER ASSISTANCE?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO <b>IF YES, CHECK THE GOVERNMENT AGENCY:</b> <input type="checkbox"/> SBA <input type="checkbox"/> FEMA <input type="checkbox"/> FIA <input type="checkbox"/> OTHER (SPECIFY): _____ <b>ENTER CASE FILE NUMBER</b> _____		<b>PROPERTY LOCATION</b>																																				
<b>MORTGAGEE</b>	<b>NAME AND ADDRESS OF FIRST MORTGAGEE</b> _____ <b>LOAN NO.:</b> _____ <b>PHONE NO.:</b> _____ <b>FAX NO.:</b> _____		<b>3RD MORTGAGEE/ OTHER</b>																																				
<b>COMMUNITY</b>	<b>RATING MAP INFORMATION</b> <b>NAME OF COUNTY/PARISH</b> _____ <b>COMMUNITY NO./PANEL NO. AND SUFFIX</b> _____ <b>FIRM ZONE</b> _____ <b>COMMUNITY PROGRAM TYPE IS:</b> <input type="checkbox"/> REGULAR <input type="checkbox"/> EMERGENCY		<b>INSURED MAILING ADDRESS AND TELEPHONE NO. OF INSURED:</b>																																				
<b>BUILDING</b>	<b>IS INSURED BUILDING OWNED BY STATE GOVERNMENT?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO ; <b>IS BUILDING LOCATED ON FEDERAL LAND?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO <b>BUILDING OCCUPANCY</b> <input type="checkbox"/> SINGLE FAMILY <input type="checkbox"/> 2-4 FAMILY <input type="checkbox"/> OTHER RESIDENTIAL <input type="checkbox"/> NON-RESIDENTIAL (INCLUDING HOTEL/MOTEL) <b>BASEMENT, ENCLOSURE, CRAWLSPACE</b> <input type="checkbox"/> NONE <input type="checkbox"/> FINISHED BASEMENT/ENCLOSURE <input type="checkbox"/> UNFINISHED BASEMENT/ENCLOSURE <input type="checkbox"/> CRAWLSPACE <input type="checkbox"/> SUBGRADE CRAWLSPACE		<b>INSURED MAILING ADDRESS</b>																																				
<b>CONTENTS</b>	<b>NUMBER OF FLOORS IN ENTIRE BUILDING (INCLUDE BASEMENT/ ENCLOSED AREA, IF ANY) OR BUILDING TYPE</b> <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 OR MORE <input type="checkbox"/> SPLIT LEVEL <input type="checkbox"/> TOWNHOUSE/ROWHOUSE (RCBP LOWRISE ONLY) <input type="checkbox"/> MANUFACTURED (MOBILE) HOME / TRAVEL TRAILER ON FOUNDATION <b>IF NOT A SINGLE FAMILY DWELLING, THE NUMBER OF OCCUPANCIES (UNITS) IS</b> _____		<b>INSURED MAILING ADDRESS</b>																																				
<b>CONSTRUCTION DATA</b>	<b>CONDO FORM OF OWNERSHIP?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO <b>CONDO COVERAGE IS FOR:</b> <input type="checkbox"/> UNIT <input type="checkbox"/> ENTIRE BUILDING <b>RESIDENTIAL CONDOMINIUM BUILDING ASSOCIATION POLICY ONLY: TOTAL NUMBER OF UNITS (INCLUDE NON-RES)</b> _____ <input type="checkbox"/> HIGH-RISE <input type="checkbox"/> LOW-RISE <b>ESTIMATED REPLACEMENT COST AMOUNT \$</b> _____ <b>IS BUILDING INSURED'S PRINCIPAL RESIDENCE?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO		<b>INSURED MAILING ADDRESS</b>																																				
<b>COVERAGE AND RATING</b>	<b>IS BUILDING IN THE COURSE OF CONSTRUCTION?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO? <b>IS BUILDING WALLED AND ROOFED?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO <b>IS BUILDING OVER WATER?</b> <input type="checkbox"/> NO <input type="checkbox"/> PARTIALLY <input type="checkbox"/> ENTIRELY <b>IS BUILDING ELEVATED?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO <b>IF YES, AREA BELOW IS:</b> <input type="checkbox"/> FREE OF OBSTRUCTION <input type="checkbox"/> WITH OBSTRUCTION <b>IF ELEVATED, COMPLETE PART 2 OF APPLICATION.</b>		<b>INSURED MAILING ADDRESS</b>																																				
<b>SIGNATURE</b>	<b>CONTENTS LOCATED IN:</b> <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)		<b>INSURED MAILING ADDRESS</b>																																				
<b>IS PERSONAL PROPERTY HOUSEHOLD CONTENTS?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO <b>IF NO, PLEASE DESCRIBE:</b> _____																																							
<b>ALL BUILDINGS: (CHECK ONE OF THE FIVE BLOCKS AND RECORD CORRESPONDING DATE IN THE DATE BOX)</b> <input type="checkbox"/> BUILDING PERMIT DATE <input type="checkbox"/> MANUFACTURED (MOBILE) HOMES / TRAVEL TRAILERS LOCATED IN A MOBILE HOME PARK OR SUBDIVISION: CONSTRUCTION DATE OF MOBILE HOME PARK <input type="checkbox"/> DATE OF CONSTRUCTION <input type="checkbox"/> MANUFACTURED (MOBILE) HOMES / TRAVEL TRAILERS LOCATED OUTSIDE A MOBILE HOME PARK OR SUBDIVISION: DATE OF PERMANENT PLACEMENT <input type="checkbox"/> SUBSTANTIAL IMPROVEMENT DATE <input type="checkbox"/> MANUFACTURED (MOBILE) HOMES / TRAVEL TRAILERS LOCATED OUTSIDE A MOBILE HOME PARK OR SUBDIVISION: DATE OF PERMANENT PLACEMENT																																							
<b>IS BUILDING POST-FIRM CONSTRUCTION?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO <b>IF POST-FIRM CONSTRUCTION IN ZONES A-A1-30, AE, AQ, AH, V-V1-V30, VE, OR IF PRE-FIRM CONSTRUCTION IS ELEVATION RATED, ATTACH CERTIFICATION.</b> <b>BUILDING DIAGRAM NUMBER</b> _____ <b>LOWEST ADJACENT GRADE (LAG)</b> _____ <b>ELEVATION CERTIFICATION DATE</b> _____ <b>LOWEST FLOOR ELEVATION</b> _____ <b>(-) BASE FLOOD ELEVATION</b> _____ <b>(=) DIFFERENCE TO NEAREST FOOT</b> _____ <b>(+ OR -)</b> <b>IN ZONES V AND V1-V30 ONLY DOES BASE FLOOD ELEVATION INCLUDE EFFECTS OF WAVE ACTION?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO <b>IS BUILDING FLOODPROOFED?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO <small>(SEE FLOOD INSURANCE MANUAL FOR CERTIFICATION FORM.)</small>																																							
<b>DEDUCTIBLE:</b> <b>BUILDING \$</b> _____ <b>CONTENTS \$</b> _____ <b>DEDUCTIBLE BUYBACK?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO																																							
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2">COVERAGE</th> <th colspan="3">BASIC LIMITS</th> <th colspan="3">ADDITIONAL LIMITS (REGULAR PROGRAM ONLY)</th> <th rowspan="2">DEDUCTIBLE</th> <th rowspan="2">BASIC AND ADDITIONAL TOTAL AMOUNT OF INSURANCE</th> <th rowspan="2">TOTAL PREMIUM</th> </tr> <tr> <th>AMOUNT OF INSURANCE</th> <th>RATE</th> <th>ANNUAL PREMIUM</th> <th>AMOUNT OF INSURANCE</th> <th>RATE</th> <th>ANNUAL PREMIUM</th> </tr> </thead> <tbody> <tr> <td>BUILDING</td> <td></td> <td></td> <td>.00</td> <td></td> <td></td> <td>.00</td> <td>.00</td> <td></td> <td>.00</td> </tr> <tr> <td>CONTENTS</td> <td></td> <td></td> <td>.00</td> <td></td> <td></td> <td>.00</td> <td>.00</td> <td></td> <td>.00</td> </tr> </tbody> </table>				COVERAGE	BASIC LIMITS			ADDITIONAL LIMITS (REGULAR PROGRAM ONLY)			DEDUCTIBLE	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	CONTENTS			.00			.00	.00		.00
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	AMOUNT OF INSURANCE	RATE	ANNUAL PREMIUM	AMOUNT OF INSURANCE	RATE	ANNUAL PREMIUM																																	
BUILDING			.00			.00	.00		.00																														
CONTENTS			.00			.00	.00		.00																														
<b>RATE TYPE: (ONE BUILDING PER POLICY— BLANKET COVERAGE NOT PERMITTED)</b> <input type="checkbox"/> MANUAL <input type="checkbox"/> SUBMIT FOR RATING <input type="checkbox"/> ALTERNATIVE <input type="checkbox"/> V-ZONE RISK FACTOR RATING FORM <input type="checkbox"/> PROVISIONAL RATING <input type="checkbox"/> LEASED FEDERAL PROPERTY <input type="checkbox"/> MORTGAGE PORTFOLIO PROTECTION PROGRAM																																							
<b>PAYMENT OPTION:</b> <input type="checkbox"/> CREDIT CARD <input type="checkbox"/> OTHER: _____																																							
<b>ANNUAL SUBTOTAL</b> \$ _____ <b>ICC PREMIUM</b> _____ <b>SUBTOTAL</b> _____ <b>CRS PREMIUM DISCOUNT</b> _____ % <b>SUBTOTAL</b> _____ <b>PROBATION SURCHARGE</b> + _____ <b>FEDERAL POLICY FEE</b> + _____ <b>TOTAL PREPAID AMOUNT</b> \$ _____																																							
<b>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 OF COPIES 2, 3, &amp; 4.</b>																																							
<b>SIGNATURE OF INSURANCE AGENT/BROKER</b> _____ <b>DATE (MM/DD/YYYY)</b> _____																																							

**NFIP COPY**

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:

1. Post-FIRM construction located in Zones A, A1-30, AE, AH AO, V, V1-V30 & VE
2. Pre-FIRM construction located in Zones A, A1-A30, AE, AH, AO, V, V1-V30, & VE when using optional Post-FIRM rating.

<b>CURRENT POLICY NUMBER</b>	
<input type="checkbox"/> NEW	_____
<input type="checkbox"/> RENEWAL	_____

**SECTION I – ALL BUILDING TYPES**

1. Diagram number selected from Building Diagrams 1-9:
2. The lowest floor is (round to 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 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 nearest foot):  
 feet below the lowest floor.

- If yes, check the appropriate items:
- |                                                                                |                                           |                                            |
|--------------------------------------------------------------------------------|-------------------------------------------|--------------------------------------------|
| <input type="checkbox"/> 1 Furnace                                             | <input type="checkbox"/> 5 Heat pump      | <input type="checkbox"/> 8 Air conditioner |
| <input type="checkbox"/> 2 Hot water heater                                    | <input type="checkbox"/> 6 Fuel tank      | <input type="checkbox"/> 9 Cistern         |
| <input type="checkbox"/> 3 Elevator equipment                                  | <input type="checkbox"/> 7 Washer & dryer | <input type="checkbox"/> 10 Food freezer   |
| <input type="checkbox"/> 4 Other equipment or machinery servicing the building |                                           |                                            |

5. Site location
  - a) Approximate distance of site location to nearest shoreline:  
 1 Less than 200 feet     3 500 to 1000 feet  
 2 200 to 500 feet     4 More than 1000 feet
  - b) Source of flooding:  
 1 Ocean     3 River/stream  
 2 Lake     4 Other: \_\_\_\_\_
6. Basement/Subgrade Crawlspace
  - a) Is the basement/subgrade crawlspace floor below grade on all sides?  
 YES  NO
  - b) Does the basement/subgrade crawlspace contain machinery or equipment?  YES  NO

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 vents) within 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"/> 1 Furnace	<input type="checkbox"/> 5 Heat pump	<input type="checkbox"/> 8 Air conditioner
<input type="checkbox"/> 2 Hot water heater	<input type="checkbox"/> 6 Fuel tank	<input type="checkbox"/> 9 Cistern
<input type="checkbox"/> 3 Elevator equipment	<input type="checkbox"/> 7 Washer & dryer	<input type="checkbox"/> 10 Food freezer
<input type="checkbox"/> 4 Other equipment or machinery servicing the building		
  - f) Does the garage have more than 20 linear feet of finished wall paneling, etc?  YES  NO

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

8. Elevating foundation of the building:  
 1 Piers, posts, or piles  
 2 Reinforced masonry piers or concrete piers or columns  
 3 Reinforced concrete shear walls  
 4 Solid perimeter walls (Note: Not approved for elevating in Zones VI-V30, VE, or V.)
9. Does the area below the elevated floor contain machinery or equipment?  
 YES  NO  
 If yes, check the appropriate items:  

<input type="checkbox"/> 1 Furnace	<input type="checkbox"/> 5 Heat pump	<input type="checkbox"/> 8 Air conditioner
<input type="checkbox"/> 2 Hot water heater	<input type="checkbox"/> 6 Fuel tank	<input type="checkbox"/> 9 Cistern
<input type="checkbox"/> 3 Elevator equipment	<input type="checkbox"/> 7 Washer & dryer	<input type="checkbox"/> 10 Food freezer
<input type="checkbox"/> 4 Other equipment or machinery servicing the building		

- c) Is the area below the elevated floor enclosed using materials other than insect screening or light wood lattice?  
 YES  NO  
 If yes, check one of the following:  

<input type="checkbox"/> 1 Breakaway walls
<input type="checkbox"/> 2 Solid wood frame walls
<input type="checkbox"/> 3 Masonry walls
<input type="checkbox"/> 4 Other: _____

10. Area below the elevated floor:
  - a) Is the area below the elevated floor enclosed?  
 YES  NO  
 If yes, check one of the following:  
 1 Partially     2 Fully  
If 10a is NO, do not answer 10b through 10f.
  - b) If enclosed, provide size of enclosed area/crawlspace:  
 square feet.

- d) Is the enclosed area/crawlspace 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 vents) within 1 foot above adjacent grade \_\_. Total area of all permanent openings (flood vents)  square inches.
- e) Is the enclosed area/crawlspace 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/garage have more than 20 linear feet of finished wall, paneling, 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:  

<input type="checkbox"/> 1 Over-the-top ties	<input type="checkbox"/> 4 Ground anchors
<input type="checkbox"/> 2 Frame ties	<input type="checkbox"/> 5 Slab anchors
<input type="checkbox"/> 3 Frame connectors	<input type="checkbox"/> 6 Other: _____
15. The manufactured (mobile) home was installed in accordance with:  
 1 Manufacturer's specifications  
 2 Local floodplain management standards  
 3 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 OF INSURANCE AGENT/BROKER \_\_\_\_\_ DATE (MM/DD/YYYY) \_\_\_\_\_