

National Flood Insurance Program
FLOOD INSURANCE APPLICATION, PAGE 1 (OF 2)

NEW RENEWAL TRANSFER (NFIP ONLY)

PRIOR POLICY #: _____

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

BILLING	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	POLICY PERIOD IS FROM ____/____/____ TO ____/____/____ 12:01 A.M. LOCAL TIME AT THE INSURED PROPERTY LOCATION. WAITING PERIOD: <input type="checkbox"/> STANDARD 30-DAY <input type="checkbox"/> REQUIRED FOR LOAN TRANSACTION – NO WAITING PERIOD <input type="checkbox"/> MAP REVISION (ZONE CHANGE FROM NON-SFHA TO SFHA) – 1 DAY <input type="checkbox"/> TRANSFER (NFIP ONLY) – NO WAITING PERIOD INDICATE THE PROPERTY PURCHASE DATE: ____/____/____	
	AGENT/PRODUCER INFORMATION			INSURED INFORMATION	
PROPERTY LOCATION	NAME AND MAILING ADDRESS OF AGENT/PRODUCER: AGENCY NO.: _____ AGENT'S TAX ID: _____ PHONE NO.: _____ FAX NO.: _____ EMAIL ADDRESS: _____		NAME AND MAILING ADDRESS OF INSURED: PHONE NO.: _____		
	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). IDENTIFY ADDRESS TYPE: <input type="checkbox"/> STREET <input type="checkbox"/> LEGAL DESCRIPTION* <input type="checkbox"/> GEOGRAPHIC LOCATION FOR AN ADDRESS WITH MULTIPLE BUILDINGS AND/OR FOR A BUILDING WITH ADDITIONS OR EXTENSIONS, DESCRIBE THE INSURED BUILDING: * LEGAL DESCRIPTION MAY BE USED ONLY WHILE A BUILDING OR SUBDIVISION IS IN THE COURSE OF CONSTRUCTION OR PRIOR TO ESTABLISHING A STREET ADDRESS.		IS THE INSURED A SMALL BUSINESS? <input type="checkbox"/> YES <input type="checkbox"/> NO IS THE INSURED A NON-PROFIT ENTITY? <input type="checkbox"/> YES <input type="checkbox"/> NO		
DISASTER ASSISTANCE	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 NO.: _____		NAME AND MAILING ADDRESS OF FIRST MORTGAGEE: LOAN NO.: _____ IS INSURANCE REQUIRED UNDER MANDATORY PURCHASE? <input type="checkbox"/> YES <input type="checkbox"/> NO		
	GRANDFATHERING INFORMATION GRANDFATHERED? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, <input type="checkbox"/> BUILT IN COMPLIANCE OR <input type="checkbox"/> CONTINUOUS COVERAGE (PROVIDE PRIOR POLICY NUMBER IN BOX ABOVE)		NAME AND MAILING ADDRESS OF: <input type="checkbox"/> 2ND MORTGAGEE <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> OTHER IF OTHER, SPECIFY: _____ LOAN NO.: _____ IS INSURANCE REQUIRED UNDER MANDATORY PURCHASE? <input type="checkbox"/> YES <input type="checkbox"/> NO		
COMMUNITY	RATING MAP INFORMATION NAME OF COUNTY/PARISH: _____ COMMUNITY NO./PANEL NO. AND SUFFIX: _____ - _____ FIRM ZONE: _____ MAP DATE: ____/____/____ COMMUNITY PROGRAM TYPE IS: <input type="checkbox"/> REGULAR <input type="checkbox"/> EMERGENCY		COMPLETE THIS SECTION ONLY FOR PRE-FIRM BUILDINGS LOCATED IN AN SFHA.		
	CURRENT MAP INFORMATION CURRENT COMMUNITY NO./PANEL NO. AND SUFFIX: _____ - _____ CURRENT FIRM ZONE: _____ CURRENT BFE: _____ MAP DATE: ____/____/____		1. HAS THE APPLICANT HAD A PRIOR NFIP POLICY FOR THIS PROPERTY? <input type="checkbox"/> YES <input type="checkbox"/> NO 2. WAS THE POLICY REQUIRED BY THE LENDER UNDER MANDATORY PURCHASE? <input type="checkbox"/> YES <input type="checkbox"/> NO 3. IF YES, HAS THE PRIOR NFIP POLICY EVER LAPSED WHILE COVERAGE WAS REQUIRED UNDER MANDATORY PURCHASE BY THE LENDER? <input type="checkbox"/> YES <input type="checkbox"/> NO 4. IF YES, WAS THE LAPSE THE RESULT OF A COMMUNITY SUSPENSION? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, WHAT IS THE SUSPENSION DATE? ____/____/____ WHAT IS THE REINSTATEMENT DATE? ____/____/____ 5. WILL THIS POLICY BE EFFECTIVE WITHIN 180 DAYS OF THE COMMUNITY REINSTATEMENT AFTER SUSPENSION REFERRED TO IN (4) ABOVE? <input type="checkbox"/> YES <input type="checkbox"/> NO		
ALL BUILDINGS	1. BUILDING PURPOSE <input type="checkbox"/> 100% RESIDENTIAL <input type="checkbox"/> 100% NON-RESIDENTIAL <input type="checkbox"/> MIXED-USE – SPECIFY PERCENTAGE OF RESIDENTIAL USE: _____ %		ADDITION OR EXTENSION ONLY (INCLUDE DESCRIPTION IN THE PROPERTY LOCATION BOX ABOVE). PROVIDE POLICY NUMBER FOR BUILDING EXCLUDING ADDITION(S) OR EXTENSION(S): _____		
	2. BUILDING OCCUPANCY <input type="checkbox"/> SINGLE FAMILY <input type="checkbox"/> 2-4 FAMILY <input type="checkbox"/> OTHER RESIDENTIAL <input type="checkbox"/> NON-RESIDENTIAL BUSINESS <input type="checkbox"/> OTHER NON-RESIDENTIAL		8. PRIMARY RESIDENCE, RENTAL PROPERTY, TENANT'S COVERAGE 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 IN SIGNATURE BLOCK ON PAGE 2.		
NON-ELEVATED BUILDINGS	3. IS THE BUILDING A HOUSE OF WORSHIP? <input type="checkbox"/> YES <input type="checkbox"/> NO		9. BUILDING INFORMATION IS BUILDING IN THE COURSE OF CONSTRUCTION? <input type="checkbox"/> YES <input type="checkbox"/> NO IS BUILDING WALLED AND ROOFED? <input type="checkbox"/> YES <input type="checkbox"/> NO IS BUILDING OVER WATER? <input type="checkbox"/> NO <input type="checkbox"/> PARTIALLY <input type="checkbox"/> ENTIRELY		
	4. IS THE BUILDING AN AGRICULTURAL STRUCTURE? <input type="checkbox"/> YES <input type="checkbox"/> NO		10. IS BUILDING ELEVATED? <input type="checkbox"/> YES <input type="checkbox"/> NO		
5. BUILDING DESCRIPTION (CHECK ONE) <input type="checkbox"/> MAIN HOUSE <input type="checkbox"/> DETACHED GUEST HOUSE <input type="checkbox"/> DETACHED GARAGE <input type="checkbox"/> BARN <input type="checkbox"/> APARTMENT BUILDING <input type="checkbox"/> APARTMENT - UNIT <input type="checkbox"/> COOPERATIVE BUILDING <input type="checkbox"/> COOPERATIVE - UNIT <input type="checkbox"/> WAREHOUSE		11. 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 THE BASEMENT/SUBGRADE CRAWLSPACE FLOOR BELOW GRADE ON ALL SIDES? <input type="checkbox"/> YES <input type="checkbox"/> NO			
6. CONDOMINIUM INFORMATION IS BUILDING IN A CONDOMINIUM FORM OF OWNERSHIP? <input type="checkbox"/> YES <input type="checkbox"/> NO IS COVERAGE FOR THE ENTIRE BUILDING? <input type="checkbox"/> YES <input type="checkbox"/> NO TOTAL NUMBER OF UNITS: _____ <input type="checkbox"/> HIGH-RISE <input type="checkbox"/> LOW-RISE IS COVERAGE FOR A CONDOMINIUM UNIT? <input type="checkbox"/> YES <input type="checkbox"/> NO		12. 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 (RCBP LOW-RISE ONLY) <input type="checkbox"/> MANUFACTURED (MOBILE) HOME/TRAVEL TRAILER ON FOUNDATION			
7. ADDITIONS AND EXTENSIONS (IF APPLICABLE) DOES THE BUILDING HAVE ANY ADDITIONS OR EXTENSIONS? <input type="checkbox"/> YES <input type="checkbox"/> NO (ADDITIONS AND EXTENSIONS MAY BE SEPARATELY INSURED.) COVERAGE IS FOR: <input type="checkbox"/> BUILDING INCLUDING ADDITION(S) AND EXTENSION(S) <input type="checkbox"/> BUILDING EXCLUDING ADDITION(S) AND EXTENSION(S) PROVIDE POLICY NUMBER FOR ADDITION OR EXTENSION: _____		IS BUILDING LOCATED ON FEDERAL LAND? <input type="checkbox"/> YES <input type="checkbox"/> NO IS BUILDING A SEVERE REPETITIVE LOSS PROPERTY? <input type="checkbox"/> YES <input type="checkbox"/> NO			
1. GARAGE IS A GARAGE ATTACHED TO THE BUILDING? <input type="checkbox"/> YES <input type="checkbox"/> NO TOTAL NET AREA OF THE GARAGE: _____ SQUARE FEET. ARE THERE ANY OPENINGS (EXCLUDING DOORS) THAT ARE DESIGNED TO ALLOW THE PASSAGE OF FLOODWATERS THROUGH THE GARAGE? <input type="checkbox"/> YES <input type="checkbox"/> NO		2. BASEMENT/SUBGRADE CRAWLSPACE DOES THE BASEMENT/SUBGRADE CRAWLSPACE CONTAIN MACHINERY AND/OR EQUIPMENT? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, SELECT THE VALUE BELOW: <input type="checkbox"/> UP TO \$5,000 <input type="checkbox"/> \$5,001 TO \$10,000 <input type="checkbox"/> \$10,001 TO \$20,000 <input type="checkbox"/> IF GREATER THAN \$20,000 - INDICATE THE AMOUNT: _____			
IF YES, NUMBER OF PERMANENT FLOOD OPENINGS WITHIN 1 FOOT ABOVE THE ADJACENT GRADE: _____ TOTAL AREA OF ALL PERMANENT OPENINGS: _____ SQUARE INCHES. IS THE GARAGE USED SOLELY FOR PARKING OF VEHICLES, BUILDING ACCESS, AND/OR STORAGE? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, DOES THE GARAGE CONTAIN MACHINERY AND/OR EQUIPMENT? <input type="checkbox"/> YES <input type="checkbox"/> NO		DOES THE BASEMENT/SUBGRADE CRAWLSPACE CONTAIN A WASHER, DRYER OR FOOD FREEZER? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, SELECT THE VALUE BELOW: <input type="checkbox"/> UP TO \$5,000 <input type="checkbox"/> \$5,001 TO \$10,000 <input type="checkbox"/> IF GREATER THAN \$10,000 - INDICATE THE AMOUNT: _____			

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National Flood Insurance Program

FLOOD INSURANCE APPLICATION, PAGE 2 (OF 2)

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

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 #: _____

ELEVATED BUILDINGS (INCLUDING MANUFACTURED (MOBILE) HOMES/TRAVEL TRAILERS)

1. IF THE BUILDING IS ELEVATED, IS THE AREA BELOW

FREE OF OBSTRUCTION
 WITH OBSTRUCTION

2. ELEVATING FOUNDATION TYPE

PIERS, POSTS, OR PILES
 REINFORCED MASONRY PIERS OR CONCRETE PIERS OR COLUMNS
 REINFORCED CONCRETE SHEAR WALLS
 WOOD SHEAR WALLS
 SOLID FOUNDATION WALLS

3. MACHINERY AND/OR EQUIPMENT

DOES THE AREA BELOW THE ELEVATED FLOOR CONTAIN MACHINERY AND/OR EQUIPMENT? YES NO

IF YES, SELECT THE VALUE BELOW:

UP TO \$10,000
 \$10,001 TO \$20,000
 IF GREATER THAN \$20,000 - INDICATE THE AMOUNT: _____

DOES THE AREA BELOW THE ELEVATED FLOOR CONTAIN A WASHER, DRYER OR FOOD FREEZER? YES NO

IF YES, SELECT THE VALUE BELOW:

UP TO \$5,000
 \$5,001 TO \$10,000
 IF GREATER THAN \$10,000 - INDICATE THE AMOUNT: _____

4. AREA BELOW THE ELEVATED FLOOR

IS THE AREA BELOW THE ELEVATED FLOOR ENCLOSED? YES NO

IF YES, CHECK ONE OF THE FOLLOWING:

FULLY PARTIALLY

IS THERE A GARAGE? (CHECK ONE)

NO GARAGE
 BENEATH THE LIVING SPACE
 NEXT TO THE LIVING SPACE

DOES THE AREA BELOW THE ELEVATED FLOOR CONTAIN ELEVATORS?
 YES NO

IF YES, HOW MANY? _____

IF THE ANSWER TO ANY OF THE QUESTIONS REGARDING THE AREA BELOW THE ELEVATED FLOOR IS YES, OR THERE IS A GARAGE, ANSWER ALL THE FOLLOWING.

INDICATE MATERIAL USED FOR ENCLOSURE:

INSECT SCREENING
 LIGHT WOOD LATTICE
 SOLID WOOD FRAME WALLS (BREAKAWAY)
 SOLID WOOD FRAME WALLS (NON-BREAKAWAY)
 MASONRY WALLS (IF BREAKAWAY, SUBMIT CERTIFICATION DOCUMENTATION)
 MASONRY WALLS (NON-BREAKAWAY)
 OTHER (DESCRIBE): _____

IF ENCLOSED WITH A MATERIAL OTHER THAN INSECT SCREENING OR LIGHT WOOD LATTICE, PROVIDE THE SIZE OF ENCLOSED AREA:

_____ SQUARE FEET

IS THE ENCLOSED AREA/CRAWLSPACE USED FOR ANY PURPOSE OTHER THAN SOLELY FOR

PARKING OF VEHICLES, BUILDING ACCESS AND/OR STORAGE? YES NO

IF YES, DESCRIBE: _____

DOES THE ENCLOSED AREA HAVE MORE THAN 20 LINEAR FEET OF FINISHED INTERIOR WALL, PANELING, ETC.?
 YES NO

5. FLOOD OPENINGS

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 ADJACENT GRADE: _____

TOTAL AREA OF ALL PERMANENT FLOOD OPENINGS: _____ SQUARE INCHES.

ARE FLOOD OPENINGS ENGINEERED?
 YES NO

IF YES, SUBMIT CERTIFICATION.

MANUFACTURED (MOBILE) HOMES/TRAVEL TRAILERS

NOTE: 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 GROUND ANCHORS
 FRAME TIES SLAB ANCHORS
 FRAME CONNECTORS
 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

CONSTRUCTION INFORMATION

CHECK ONE OF THE FOLLOWING AND ENTER DATE FOR ORIGINAL CONSTRUCTION:

BUILDING PERMIT CONSTRUCTION _____/_____/_____

CHECK IF BUILDING HAS BEEN SUBSTANTIALLY IMPROVED AND ENTER DATE:

SUBSTANTIAL IMPROVEMENT _____/_____/_____

CHECK ONE OF THE FOLLOWING FOR MANUFACTURED (MOBILE) HOMES/TRAVEL TRAILERS:

LOCATED OUTSIDE A MOBILE HOME PARK OR SUBDIVISION: DATE OF PERMANENT PLACEMENT _____/_____/_____

LOCATED INSIDE A MOBILE HOME PARK OR SUBDIVISION: CONSTRUCTION DATE OF MOBILE HOME PARK OR SUBDIVISION FACILITIES _____/_____/_____

CONTENTS

CONTENTS LOCATED IN:*

BASEMENT/ENCLOSURE BASEMENT/ENCLOSURE AND ABOVE
 LOWEST FLOOR ONLY ABOVE GROUND LEVEL
 LOWEST FLOOR ABOVE GROUND LEVEL AND HIGHER
 ABOVE GROUND LEVEL MORE THAN 1 FULL FLOOR

IS PERSONAL PROPERTY HOUSEHOLD CONTENTS? YES NO

IF NO, DESCRIBE: _____

*IF SINGLE FAMILY, CONTENTS ARE RATED THROUGHOUT THE BUILDING.

ELEVATION DATA

IS BUILDING POST-FIRM CONSTRUCTION?
 YES NO

(IF POST-FIRM CONSTRUCTION IN ZONES A1-A30, AE, AO, AH, V, V1-V30, VE, OR IF PRE-FIRM CONSTRUCTION IS ELEVATION RATED, ATTACH ELEVATION CERTIFICATE.)

ELEVATION CERTIFICATION DATE: _____/_____/_____

BUILDING DIAGRAM NO.: _____ LOWEST ADJACENT GRADE (LAG): _____

LOWEST FLOOR ELEVATION: _____ (-) BASE FLOOD ELEVATION: _____ (-) DIFFERENCE TO NEAREST FOOT: _____ (+ OR -)

IN ZONES V AND V1-V30 ONLY, DOES BASE FLOOD ELEVATION INCLUDE EFFECTS OF WAVE ACTION? YES NO

IS BUILDING FLOODPROOFED? YES NO

(SEE THE NFIP FLOOD INSURANCE MANUAL FOR CERTIFICATION REQUIREMENTS.)

ESTIMATED BUILDING REPLACEMENT COST (INCLUDING FOUNDATION): \$ _____ DEDUCTIBLE: BUILDING \$ _____ CONTENTS \$ _____

INSURANCE COVERAGE	TOTAL AMOUNT OF INSURANCE	BASIC LIMITS			ADDITIONAL LIMITS (REGULAR PROGRAM ONLY)			DEDUCTIBLE	TOTAL PREMIUM
		AMOUNT OF INSURANCE	RATE	ANNUAL PREMIUM	AMOUNT OF INSURANCE	RATE	ANNUAL PREMIUM		
BUILDING				.00			.00	.00	.00
CONTENTS				.00			.00	.00	.00

RATE CATEGORY:
 MANUAL SUBMIT FOR RATE PROVISIONAL RATING

INDICATE THE RATE TABLE USED: _____

PAYMENT METHOD:
 CHECK CREDIT CARD
 OTHER: _____

ANNUAL SUBTOTAL	\$
ICC PREMIUM	
SUBTOTAL	
CRS PREMIUM DISCOUNT _____ %	
SUBTOTAL	
RESERVE FUND _____ %	
SUBTOTAL	
PROBATION SURCHARGE	
HFIAA SURCHARGE	
FEDERAL POLICY FEE	
TOTAL AMOUNT DUE	\$

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 REVERSE SIDE OF COPIES.

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

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

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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 form 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 the form. This collection of information is required to obtain or retain benefits. You are not required to respond to this collection of information unless a valid OMB control number is displayed in the upper right corner of 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 20742, Paperwork Reduction Project (1660-0033).

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