ACORD™ FLOOD INSURANCE GENERAL CHANGE ENDORSEMENT

REASON FOR CHANGE
(ATTACH MEMO IF ADDITIONAL SPACE IS NEEDED)

PRODUCER	PHONE (A/C, No, Ext):	POLICY TYPE	CURRENT POLICY #	POLICY EFF DATE	POLICY EXP DATE
		☐ STANDARD ☐ PREFERRED	FL		

DIRECT BILL TO: ☐ INSURED ☐ FIRST MORTGAGEE ☐ SECOND MTGEE ☐ LOSS PAYEE ☐ OTHER

12:01 A.M. LOCAL TIME AT THE INSURED PROPERTY LOCATION

ENDORSEMENT EFFECTIVE DATE

FOR ADDED COVERAGE, INCL THE WAITING PD FROM THE ENDORSEMENT APPLICATION DATE

WAITING PERIOD: ☐ STANDARD 30-DAY ☐ LOAN-NO WAITING ☐ MAP REV (ZONE CHANGE FROM NON-SFHA TO SFHA)-- ONE DAY

ADDRESS CHANGED? ☐ YES ☐ NO

AGENT'S ☐ TAX ID ☐ SOCIAL SECURITY #

NEW AGENT? ☐ YES ☐ NO IF YES, THE INSURED MUST SIGN THIS FORM

INSURED'S NAME, PHONE # AND MAILING ADDRESS

SOC SEC #:

PROPERTY LOCATION **(THE LOCATION OF INSURED PROPERTY CANNOT BE CHANGED BY ENDORSEMENT - A NEW APPLICATION IS REQUIRED)**

IS INSURED PROPERTY LOCATION SAME AS INSURED MAILING ADDRESS? ☐ YES ☐ NO

IF NO, ENTER PROPERTY ADDRESS. IF RURAL, DESCRIBE PROPERTY LOCATION (DO NOT USE P.O. BOX)

☐ NAME OF INSURED IS CHANGED OR CORRECTED AS SHOWN

☐ ADDRESS OF NAMED INSURED IS CHANGED AS SHOWN

PRIOR INSURED MUST SIGN THIS FORM TO ASSIGN THE POLICY TO NEW OWNER WITH TRANSFER OF INSURED PROPERTY

IS INSURANCE REQUIRED FOR DISASTER ASSISTANCE? ☐ YES ☐ NO IF YES:
☐ 1. SBA ☐ 2. FEMA ☐ 3. FMHA ☐ 4. OTHER (SPECIFY):

CASE NUMBER OR SOCIAL SECURITY #:

☐ ADD ☐ CHANGE ☐ DELETE

FIRST MORTGAGEE'S NAME, TELEPHONE NUMBER AND ADDRESS

LOAN NUMBER:

IF SECOND MORTGAGEE, LOSS PAYEE OR OTHER IS TO BE BILLED, THE FOLLOWING MUST BE COMPLETED:

☐ SECOND MORTGAGEE
☐ LOSS PAYEE
☐ DISASTER AGENCY
☐ OTHER (SPECIFY)

☐ ADD ☐ CHANGE ☐ DELETE

SECOND MORTGAGEE OR OTHER

LOAN NUMBER:

CONSTRUCTION AND COMMUNITY INFORMATION

COUNTY/PARISH

COMM # | **PANEL #** | **SUFFIX**

LOC IN UNINCORP AREA OF COUNTY? ☐ YES ☐ NO

IS INSURED PROP OWNED BY STATE GOV? ☐ YES ☐ NO

FLOOD ZONE

MONTH & YEAR BUILT/ SUBSTANTIAL IMPROVEMENT DATE

IS BUILDING SUBSTANTIALLY IMPROVED? ☐ YES ☐ NO

IS BLDG IN COURSE OF CONSTRUCTION? ☐ YES ☐ NO

BUILDING OCCUPANCY

☐ SINGLE FAMILY ☐ OTHER RESIDENTIAL
☐ 2 - 4 FAMILY ☐ NONRES (INC HOTEL/MOTEL)

IS BLDG PRINCIPAL RESIDENCE? ☐ YES ☐ NO

RCBAP POLICY ONLY

TOTAL # UNITS (INCLUDE NON-RES) ☐ HIGH-RISE ☐ LOW-RISE

CONDO COVERAGE IS FOR:

☐ UNIT
☐ ENTIRE BUILDING

 # FLOORS IN ENTIRE BLDG (INC BASEMENT/ENCLOSED AREA, IF ANY) OR BLDG TYPE

☐ 1 ☐ 3 OR MORE
☐ 2 ☐ SPLIT-LEVEL
☐ TOWNHOUSE/ROWHOUSE (RCBAP LOWRISE ONLY)
☐ MANUFACTURED MOBILE HOME ON FOUNDATION

LOCATION OF CONTENTS OWNED BY APPLICANT

☐ BASEMENT ONLY (LIMITED COV)
☐ BASEMENT & ABOVE
☐ LOWEST FLOOR ONLY - ABOVE GROUND LEVEL
☐ LOWEST FLOOR ABOVE GROUND LEVEL & HIGHER FLOORS ABOVE GROUND LEVEL
☐ ONE FULL FLOOR OR MORE
☐ MANUFACTURED/MOBILE HOME

ARE CONTENTS HOUSEHOLD PERSONAL PROPERTY? ☐ YES ☐ NO

CONTENTS OTHER THAN HOUSEHOLD PERSONAL PROPERTY

MANUFACTURED/MOBILE HOME ONLY:

YEAR/MAKE/MODEL: | **WIDTH** | **LEN**

SERIAL NUMBER:

IS HOME A DOUBLEWIDE? ☐ YES ☐ NO

IS HOME PROPERLY ANCHORED? ☐ YES ☐ NO

BASEMENT BELOW GRND ON ALL SIDES? ☐ NONE ☐ FINISHED ☐ UNFINISHED

IS THERE EQUIPMENT (FURNACE, AIR CONDITIONER, HEAT PUMP, HOT WATER HEATER, ETC) IN THE BASEMENT OR ATTACHED GARAGE? ☐ YES ☐ NO

IS BUILDING ELEVATED (INCLUDES CRAWL SPACE BUILDINGS)? ☐ YES ☐ NO

LOWEST FLOOR WHICH INCLUDES LIVING AREA IS OFF GROUND BY MEANS OF:

☐ PILES ☐ PIERS ☐ SOLID PERIMETER WALLS ☐ OTHER
☐ POSTS ☐ COLUMNS ☐ PARALLEL SHEAR WALLS

DOES AREA BELOW ELEVATED FLOOR CONTAIN MACHINERY & EQPT? ☐ YES ☐ NO

IS THERE A WASHER, DRYER OR FOOD FREEZER? ☐ YES ☐ NO

NOTE: THERE IS LIMITED COV BELOW THE LOWEST ELEV FLOOR - REVIEW THE POLICY

IS THE AREA BELOW THE ELEVATED FLOOR ENCLOSED? ☐ YES ☐ NO

SOLID PERIMETER WITH OPENINGS ACCORDING TO CODE, SUCH AS VENTS (GARAGE DOORS ARE NOT PERMANENT OPENINGS) ☐ YES ☐ NO

AREA IS: ☐ FINISHED (20 OR MORE LINEAR FEET OF FINISHED WALLS) ☐ UNFINISHED

SQ FT AREA ENCLOSURE

 # FEET ELEVATED FLR ABOVE GRND

TYPE OF ENCLOSURE WALLS

☐ BREAK-AWAY ☐ LATTICE ☐ SOLID PERIMETER ☐ OTHER (DESC):

AREA IS USED FOR ☐ PARKING/STORAGE/ACCESS ☐ OTHER (DESC):

ESTIMATED REPLACEMENT COST, SINGLE FAM PRIN RES, RCBAP & ALL V-ZONE BLDGS

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COVERAGE AND RATING

PREFERRED RISK PREMIUM CALCULATION

	CURRENT COVERAGE	ANNUAL PREMIUM	NEW COVERAGE	ANNUAL PREMIUM	DIFFERENCE	PRO RATA FACTOR	PRO RATA AMOUNT
BUILDING							
CONTENTS							

STANDARD POLICY PREMIUM CALCULATION

TO INCREASE/DECREASE COVERAGE, COMPLETE SECTIONS A & B. FOR A RATE CHANGE, COMPLETE SECTION A ONLY.

INSURANCE COVERAGE	SECTION A CURRENT COVERAGE			+ INCREASED	SECTION B - DECREASED COVERAGE ONLY		NEW PREMIUM TOTALS
	AMOUNT	RATE	PREMIUM	AMOUNT	RATE	PREMIUM	
BUILDING BASIC							
BUILDING ADD'L							
CONTENTS BASIC							
CONTENTS ADD'L							

IF CHANGING AMOUNT OF INSURANCE, ENTER NEW TOTAL AMOUNT BELOW

BUILDING COVERAGE			CONTENTS COVERAGE		
BASIC	ADDITIONAL	TOTAL	BASIC	ADDITIONAL	TOTAL

DEDUCTIBLES: BUILDING $ _____ CONTENTS $ _____

RATE TYPE

☐ 1. MANUAL ☐ 2. SUBMIT ☐ 3. ALTERNATIVE ☐ 4. V-ZONE RISK FACTOR ☐ 5. MPPP ☐ 6. PROV RATING ☐ 7. PREFERRED RISK

IF RETURN PREMIUM, MAIL REFUND TO ☐ INSURED ☐ AGENT ☐ PAYOR

PAYMENT OPTION ☐ CREDIT CARD ☐ OTHER

SUBTOTAL	
DEDUCTIBLE DISC ____ %	
SUBTOTAL	
ICC PREMIUM	
SUBTOTAL	
CRS PREMIUM DISC ____ %	
SUBTOTAL	
3 YEARS SUBTOTAL	
PREMIUM PREVIOUSLY PAID (EXCLUDES PROBATION SURCHARGE/ EXPENSE CONSTANT/FEDERAL POLICY FEE)	
DIFFERENCE (+/-)	
PRO RATA FACTOR	
TOTAL (+/-)	

IF POST-FIRM CONSTRUCTION IN ZONES A, A1-A30, AE, AO, AH, V, V1-V30, VE, OR IF PRE-FIRM CONSTRUCTION IS ELEVATION-RATED, SUBMIT ELEVATION CERTIFICATION AND COMPLETE THE ELEVATION DATA BELOW: (CERTIFICATE IS OPTIONAL FOR NON-BASEMENT BUILDINGS IN ZONES A, AO AND AH.)

BUILDING DIAGRAM#	LOWEST FLOOR ELEVATION	-	BASE FLOOD ELEVATION	=	ELEV DIFF (NEAREST FOOT +/-)	IS BUILDING FLOOD PROOFED? ☐ YES ☐ NO	LOWEST ADJ GRADE (LAG)

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 INSURED | DATE (MM/DD/YY) | SIGNATURE OF INSURANCE AGENT/BROKER | DATE (MM/DD/YY)

PLEASE ATTACH TO NFIP ENDORSEMENT, CHECK OR MONEY ORDER FOR THE TOTAL PREPAID AMOUNT

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