FLOOD INSURANCE PREFERRED RISK POLICY APPLICATION

LICENSED AGENT OR BROKER ADDRESS

AGENCY NO: **FAX (A/C, No):**

PHONE (A/C, No, Ext):

AGENT'S ☐ TAX ID ☐ SOCIAL SECURITY #

DIRECT BILL INSTRUCTIONS

☐ BILL INSURED
☐ BILL FIRST MORTGAGEE
☐ BILL SECOND MTGEE
☐ BILL LOSS PAYEE
☐ BILL OTHER

☐ NEW
☐ RNWL

CURRENT POLICY # (IF NEW, LEAVE BLANK)

WAITING PERIOD:

☐ STANDARD 30-DAY ☐ LOAN - NO WAITING

POLICY PERIOD IS FROM: **TO:** 12:01 A.M. LOCAL TIME AT THE INSURED PROPERTY LOCATION

INSURED'S NAME, PHONE # AND MAILING ADDRESS

SOC SEC #:

PROPERTY LOCATION

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)

IS INSURANCE REQUIRED FOR DISASTER ASSISTANCE? ☐ YES ☐ NO IF YES:

☐ SBA ☐ FEMA ☐ FHA ☐ HHS ☐ OTHER (SPECIFY):

CASE FILE NUMBER:

FIRST MORTGAGEE'S NAME AND ADDRESS

LOAN NO: **FAX (A/C, No):**

PHONE (A/C, No, Ext):

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

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

LOAN NO: **FAX (A/C, No):**

PHONE (A/C, No, Ext):

NAME OF COUNTY / PARISH:

LOCATED IN AN UNINCORPORATED AREA OF THE COUNTY? ☐ **YES** ☐ **NO**

COMMUNITY NO AND SUFFIX FOR LOCATION OF PROPERTY INSURED:

FLOOD INSURANCE RATE MAP ZONE:

INFORMATION SOURCE: ☐ **COMMUNITY OFFICIAL** ☐ **FLOOD MAP** ☐ **MORTGAGEE** ☐ **OTHER, SPECIFY:**

CONSTRUCTION INFORMATION

BUILDING OCCUPANCY

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

BUILDING TYPE (INCLUDING BASEMENT / ENCLOSURE)

☐ ONE FLOOR ☐ SPLIT LEVEL
☐ TWO FLOORS ☐ THREE OR MORE FLOORS
☐ MANUFACTURED (MOBILE) HOME / TRAVEL TRAILER ON FOUNDATION

CONTENTS LOCATED IN:

☐ ENCLOSURE ONLY (BASEMENT ONLY NOT ELIGIBLE)
☐ BASEMENT / ENCLOSURE AND ABOVE
☐ LOWEST FLOOR ONLY ABOVE GROUND LEVEL
☐ LOWEST FLOOR ONLY ABOVE GROUND LEVEL AND HIGHER FLOORS
☐ ABOVE GROUND LEVEL MORE THAN ONE FULL FLOOR

INSURED'S PRINCIPAL RESIDENCE?

☐ **YES** ☐ **NO**

ESTIMATED REPLACEMENT COST AMOUNT

$

CONSTRUCTION DATE

IS BUILDING: **CONDO UNIT** ☐ **YES** ☐ **NO**

TOWNHOUSE / ROWHOUSE CONDO UNIT ☐ **YES** ☐ **NO**

MAKE, MODEL AND SERIAL NUMBER OF MANUFACTURED (MOBILE) HOME / TRAVEL TRAILER:

ELIGIBILITY INFORMATION

THE FOLLOWING CONDITIONS SHOULD BE USED TO DETERMINE A BUILDING'S ELIGIBILITY FOR A PRP

A) IS THE BUILDING LOCATED IN A SPECIAL FLOOD HAZARD AREA ON A FLOOD HAZARD BOUNDARY MAP, OR ON A FLOOD INSURANCE RATE MAP ZONE A, AE, A1- A30, AO, AH, A99, V, VE, V1- V30, AR, AR DUAL ZONES AR/AE, AR/AH, AR/AO, AR/A1- A30, OR AR/A? ☐ **YES** ☐ **NO**

B) DO ANY OF THESE CONDITIONS, ARISING FROM ONE OR MORE OCCURRENCES EXIST?

- TWO (2) LOSS PAYMENTS, EACH MORE THAN $1,000? ☐ **YES** ☐ **NO**
- THREE (3) OR MORE LOSS PAYMENTS, REGARDLESS OF AMOUNT? ☐ **YES** ☐ **NO**
- TWO (2) FEDERAL DISASTER PAYMENTS, EACH MORE THAN $1,000? ☐ **YES** ☐ **NO**
- THREE (3) FEDERAL DISASTER PAYMENTS, REGARDLESS OF AMOUNT? ☐ **YES** ☐ **NO**
- ONE (1) FLOOD INSURANCE CLAIM PAYMENT AND ONE (1) DISASTER RELIEF PAYMENT (INCLUDING LOANS AND GRANTS), EACH MORE THAN $1,000? ☐ **YES** ☐ **NO**

INSURANCE IS AVAILABLE UNDER THIS APPLICATION ONLY IF THE ANSWERS TO THESE QUESTIONS ARE "NO"

PREMIUM

ENTER SELECTED OPTION FROM THE PREMIUM TABLES ON THE BACK OF THIS FORM

BUILDING AND CONTENTS COMBINATION

BUILDING	$
CONTENTS	$
PREMIUM	$

CONTENTS - ONLY COVERAGE

AMOUNT	$
PREMIUM	$

SIGNATURE

(ONE BUILDING PER POLICY -- BLANKET COVERAGE NOT PERMITTED)

THE ABOVE STATEMENTS ARE CORRECT TO THE BEST OF MY KNOWLEDGE. THE PROPERTY OWNER AND I UNDERSTAND THAT ANY FALSE STATEMENTS MAY BE PUNISHABLE BY FINE OR IMPRISONMENT UNDER APPLICABLE FEDERAL LAW. SEE REVERSE SIDE.

_____ _____

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

SEND ORIGINAL TO NFIP, KEEP SECOND COPY FOR YOUR RECORDS, GIVE THIRD COPY TO INSURED AND FOURTH COPY TO MORTGAGEE

PLEASE ATTACH TO THE NFIP COPY OF THE APPLICATION THE CHECK OR MONEY ORDER FOR THE TOTAL PREPAID PREMIUM MADE PAYABLE TO THE NATIONAL FLOOD INSURANCE PROGRAM

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COVERAGE COMBINATIONS

1-4 FAMILY RESIDENTIAL BUILDING & CONTENTS COVERAGE COMBINATIONS [1]						ALL RESIDENTIAL CONTENTS ONLY [1, 4]			
With Basement / Enclosure			Without Basement / Enclosure			Contents Located Above Ground Level More Than One Floor		All Other Locations (Basement Only Not Eligible)	
Building	Contents	Premium [2, 3]	Building	Contents	Premium [2, 3]	Contents	Premium [2]	Contents	Premium [2]
$ 20,000	$ 8,000	$ 137	$ 20,000	$ 8,000	$ 112	$ 8,000	$ 39	$ 8,000	$ 61
$ 30,000	$ 12,000	$ 163	$ 30,000	$ 12,000	$ 138	$ 12,000	$ 53	$ 12,000	$ 86
$ 50,000	$ 20,000	$ 205	$ 50,000	$ 20,000	$ 180	$ 20,000	$ 81	$ 20,000	$ 116
$ 75,000	$ 30,000	$ 232	$ 75,000	$ 30,000	$ 207	$ 30,000	$ 93	$ 30,000	$ 131
$ 100,000	$ 40,000	$ 263	$ 100,000	$ 40,000	$ 233	$ 40,000	$ 105	$ 40,000	$ 146
$ 125,000	$ 50,000	$ 279	$ 125,000	$ 50,000	$ 249	$ 50,000	$ 117	$ 50,000	$ 156
$ 150,000	$ 60,000	$ 294	$ 150,000	$ 60,000	$ 264	$ 60,000	$ 129	$ 60,000	$ 166
$ 200,000	$ 80,000	$ 331	$ 200,000	$ 80,000	$ 296	$ 80,000	$ 153	$ 80,000	$ 181
$ 250,000	$ 100,000	$ 352	$ 250,000	$ 100,000	$ 317	$ 100,000	$ 177	$ 100,000	$ 196

NON-RESIDENTIAL BUILDING & CONTENTS COVERAGE COMBINATIONS [1]						NON-RESIDENTIAL CONTENTS ONLY [1, 4]			
With Basement / Enclosure			Without Basement / Enclosure			Contents Located Above Ground Level More Than One Floor		All Other Locations (Basement Only Not Eligible)	
Building	Contents	Premium [2, 3]	Building	Contents	Premium [2, 3]	Contents	Premium [2]	Contents	Premium [2]
$ 50,000	$ 50,000	$ 800	$ 50,000	$ 50,000	$ 500	$ 50,000	$ 121	$ 50,000	$ 275
$ 100,000	$ 100,000	$ 1,375	$ 100,000	$ 100,000	$ 800	$ 100,000	$ 231	$ 100,000	$ 500
$ 150,000	$ 150,000	$ 1,850	$ 150,000	$ 150,000	$ 1,050	$ 150,000	$ 321	$ 150,000	$ 675
$ 200,000	$ 200,000	$ 2,200	$ 200,000	$ 200,000	$ 1,300	$ 200,000	$ 381	$ 200,000	$ 850
$ 250,000	$ 250,000	$ 2,500	$ 250,000	$ 250,000	$ 1,500	$ 250,000	$ 441	$ 250,000	$ 1,000
$ 300,000	$ 300,000	$ 2,800	$ 300,000	$ 300,000	$ 1,700	$ 300,000	$ 501	$ 300,000	$ 1,150
$ 350,000	$ 350,000	$ 3,100	$ 350,000	$ 350,000	$ 1,850	$ 350,000	$ 561	$ 350,000	$ 1,300
$ 400,000	$ 400,000	$ 3,350	$ 400,000	$ 400,000	$ 2,000	$ 400,000	$ 621	$ 400,000	$ 1,450
$ 500,000	$ 500,000	$ 3,850	$ 500,000	$ 500,000	$ 2,300	$ 500,000	$ 741	$ 500,000	$ 1,700

[1] Add the $50.00 Probation Charge, if applicable. [2] Premium includes Federal Policy Fee of $11.00.

[3] Premium includes ICC premium of $1.00. Deduct this amount if the risk is a townhouse / condominium unit. [4] Contents-Only policies are not available for contents located in basement only.

NOTES: Condominium associations are not eligible for the Preferred Risk Policy. Individual condominium units are not eligible unless they qualify under one of the exceptions on page PRP 1 of the NFIP Flood Insurance Manual. The deductibles apply separately to building and contents. Building Deductible, $500. Contents Deductible $500.

FLOOD INSURANCE
PREFERRED RISK POLICY APPLICATION
FEMA FORM 81-67

WARNING TO AGENTS AND INSURANCE APPLICANTS

The National Flood Insurance Act of 1968, as amended, prohibits a flood insurance policy from being newly issued or renewed on a property officially declared as being in violation of Section 1316 of the Act.

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 Repetitive Loss Target Group (RLTG) property owners and Preferred Risk Policy (PRP) 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. Solicitation of your Social Security Number (SSN) is authorized under Executive Order 9397. Providing the SSN, as well as the other information, is voluntary, but failure to do so may delay or prevent issuance of the flood insurance policy.

DISCLOSURE OF YOUR SOCIAL SECURITY NUMBER UNDER PUBLIC LAW 93-579 SECTION 7(B)

Solicitation of the Social Security Number (SSN) is authorized under provisions of Executive Order 9397, dated November 22, 1943. The disclosure of your SSN is voluntary. However, since many persons appearing in the Government's administrative records possess identical names, the use of your SSN would provide for your precise identification.

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 15 minutes per response. Burden means the time, effort, and financial resources expended by persons to generate, maintain, retain, disclose, or to provide information to us. You may send comments regarding the burden estimate or any aspect of the form, including suggestions for reducing the burden to: U.S. Department of Homeland Security, Emergency Preparedness and Response Directorate, 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.