



# FLOOD INSURANCE APPLICATION

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

IMPORTANT - PLEASE PRINT OR TYPE

|  |              |   |  |   |  |
|--|--------------|---|--|---|--|
| LICENSED AGENT OR BROKER ADDRESS   |              | DIRECT BILL INSTRUCTIONS  |  | NEW <input type="checkbox"/> CURRENT POLICY #   |  |
|  |              | <input type="checkbox"/> BILL INSURED<br><input type="checkbox"/> BILL FIRST MORTGAGEE<br><input type="checkbox"/> BILL SECOND MTGEE<br><input type="checkbox"/> BILL LOSS PAYEE<br><input type="checkbox"/> BILL OTHER |  | RNWL <input type="checkbox"/> FL <input type="checkbox"/><br>WAITING PERIOD: <input type="checkbox"/> STANDARD 30-DAY<br>INITIAL PURCHASE OF FLOOD INS RELATED TO:<br><input type="checkbox"/> LOAN - NO WAITING <input type="checkbox"/> MAP REV (ZONE CHANGE FROM NON-SFHA TO SFHA) - ONE DAY |  |
| AGENCY NO: _____ FAX (A/C, No): _____  |              |   |  | POLICY PERIOD IS FROM: _____ TO: _____ 12:01 A.M. LOCAL TIME AT THE INSURED PROPERTY LOCATION   |  |
| PHONE (A/C, No, Ext): _____  |              |   |  |   |  |
| AGENT'S _____  | TAX ID _____ | SOCIAL SECURITY # _____   |  |   |  |
| INSURED'S NAME, PHONE # AND MAILING ADDRESS _____  |              | SOC SEC #: _____  |  | PROPERTY LOCATION   |  |
|  |              |   |  | IS INSURED PROPERTY LOCATION SAME AS INSURED MAILING ADDRESS? <input type="checkbox"/> YES <input type="checkbox"/> NO<br>IF NO, ENTER PROPERTY ADDRESS. IF RURAL, DESCRIBE PROPERTY LOCATION (DO NOT USE P.O. BOX)   |  |
| IS INSURANCE REQUIRED FOR DISASTER ASSISTANCE? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES:                          |              |   |  |   |  |
| <input type="checkbox"/> SBA <input type="checkbox"/> FEMA <input type="checkbox"/> FMHA <input type="checkbox"/> OTHER (SPECIFY): _____ |              |   |  |   |  |
| CASE NUMBER OR SOCIAL SECURITY #: _____  |              | IF SECOND MORTGAGEE, LOSS PAYEE OR OTHER IS TO BE BILLED, THE FOLLOWING MUST BE COMPLETED, INCLUDING THE NAME AND ADDRESS:  |  |   |  |
| FIRST MORTGAGEE'S NAME AND ADDRESS _____   |              | <input type="checkbox"/> SECOND MORTGAGEE<br><input type="checkbox"/> LOSS PAYEE<br><input type="checkbox"/> DISASTER AGENCY<br><input type="checkbox"/> OTHER (SPECIFY) _____  |  |   |  |
| LOAN NO: _____ FAX (A/C, No): _____  |              | LOAN NO: _____ FAX (A/C, No): _____   |  | PHONE (A/C, No, Ext): _____   |  |
| PHONE (A/C, No, Ext): _____  |              |   |  |   |  |
| NAME OF COUNTY / PARISH: _____   |              | LOCATED IN AN UNINCORPORATED AREA OF THE COUNTY ?   |  | YES <input type="checkbox"/> NO <input type="checkbox"/>  |  |
| COMMUNITY NO / PANEL NO AND SUFFIX FOR LOCATION OF PROPERTY INSURED: _____   |              | COMMUNITY PROGRAM TYPE IS:  |  | REGULAR <input type="checkbox"/> EMERGENCY <input type="checkbox"/>   |  |
| IS BUILDING IN A SPECIAL FLOOD AREA? <input type="checkbox"/> YES <input type="checkbox"/> NO  |              | FLOOD INSURANCE RATE MAP ZONE:  |  |   |  |

### CONSTRUCTION

|   |  |  |  |  |  |  |  |  |  |
|---|--|--|--|--|--|--|--|--|--|
| BUILDING OCCUPANCY RESIDENTIAL  |  | # FLOORS IN ENTIRE BLDG (INC BASEMENT/ENCLOSED AREA, IF ANY) OR BLDG TYPE  |  | RESIDENTIAL CONDOMINIUM BUILDING ASSOCIATION POLICY ONLY   |  | DEDUCTIBLE   |  | DESCRIBE BUILDING AND USE IF NOT A 1-4 FAMILY DWELLING. FOR MANUFACTURED (MOBILE) HOMES, COMPLETE PART 2, SECTION III. |  |
| <input type="checkbox"/> SINGLE FAMILY<br><input type="checkbox"/> 2 - 4 FAMILY<br><input type="checkbox"/> OTHER RESIDENTIAL NON-RESIDENTIAL (INC HOTEL/MOTEL) |  | <input type="checkbox"/> 1 <input type="checkbox"/> 3 OR MORE<br><input type="checkbox"/> 2 <input type="checkbox"/> SPLIT-LEVEL TOWNHOUSE/ROWHOUSE (RCBAP LOWRISE ONLY) MANUFACTURED MOBILE HOME / TRAVEL TRAILER ON FOUNDATION |  | TOTAL # UNITS (INCLUDE NON-RES) <input type="checkbox"/> HIGH-RISE <input type="checkbox"/> LOW-RISE           |  | <input type="checkbox"/> BUILDING \$ _____<br><input type="checkbox"/> CONTENTS \$ _____   |  |  |  |
| BASEMENT OR ENCLOSED AREA BELOW AN ELEVATED BUILDING  |  | IF NOT A SINGLE FAMILY DWELLING, THE NUMBER OF OCCUPANCIES (UNITS) IS _____  |  | ESTIMATED REPLACEMENT COST IF SINGLE FAMILY PRINCIPAL RESIDENCE, RCBAP, OR ANY V-ZONE BUILDING AMOUNT \$ _____ |  | DEDUCTIBLE BUYBACK?  |  |  |  |
| <input type="checkbox"/> NONE<br><input type="checkbox"/> FINISHED<br><input type="checkbox"/> UNFINISHED   |  |  |  | IS BUILDING INSURED'S PRINCIPAL RESIDENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO            |  | <input type="checkbox"/> YES <input type="checkbox"/> NO   |  |  |  |
| DOES INSURED QUALIFY AS A SMALL BUSINESS RISK? <input type="checkbox"/> YES <input type="checkbox"/> NO   |  | CONDO COVERAGE IS FOR: <input type="checkbox"/> UNIT <input type="checkbox"/> ENTIRE BUILDING  |  | IS THIS BUILDING IN THE COURSE OF CONSTRUCTION? <input type="checkbox"/> YES <input type="checkbox"/> NO       |  | IF "YES", AREA BELOW IS:   |  | IS THE INSURED PROPERTY OWNED BY STATE GOVERNMENT? <input type="checkbox"/> YES <input type="checkbox"/> NO            |  |
|   |  |  |  |  |  | <input type="checkbox"/> FREE OF OBSTRUCTION<br><input type="checkbox"/> WITH OBSTRUCTION  |  |  |  |
| CONTENTS LOCATED IN   |  |  |  |  |  |  |  |  |  |
| <input type="checkbox"/> BASEMENT / ENCLOSURE   |  | <input type="checkbox"/> BASEMENT / ENCLOSURE AND ABOVE  |  | <input type="checkbox"/> LOWEST FLOOR ONLY ABOVE GROUND LEVEL  |  | <input type="checkbox"/> ABOVE GROUND LEVEL MORE THAN ONE FULL FLOOR (IF SINGLE FAMILY, CONTENTS ARE RATED THROUGHOUT THE BUILDING)                  |  |  |  |
| <input type="checkbox"/> LOWEST FLOOR ABOVE GROUND LEVEL AND HIGHER   |  |  |  |  |  |  |  |  |  |
| IS PERSONAL PROPERTY HOUSEHOLD CONTENTS? <input type="checkbox"/> YES <input type="checkbox"/> NO   |  | IF "NO", PLEASE DESCRIBE: _____  |  |  |  |  |  |  |  |
| ALL BUILDINGS - CHECK ONE OF FIVE BLOCKS  |  |  |  |  |  |  |  |  |  |
| <input type="checkbox"/> BUILDING PERMIT DATE _____ (MM/DD/YY)  |  | <input type="checkbox"/> MANUFACTURED (MOBILE) HOMES LOCATED IN A MOBILE HOME PARK OR SUBDIVISION: CONSTRUCTION DATE OF MOBILE HOME PARK OR SUBDIVISION FACILITIES _____ (MM/DD/YY)  |  | <input type="checkbox"/> DATE OF CONSTRUCTION _____ (MM/DD/YY)   |  | <input type="checkbox"/> MANUFACTURED (MOBILE) HOMES LOCATED OUTSIDE A MOBILE HOME PARK OR SUBDIVISION: DATE OF PERMANENT PLACEMENT _____ (MM/DD/YY) |  | <input type="checkbox"/> SUBSTANTIAL IMPROVEMENT DATE _____ (MM/DD/YY)   |  |
| IS BUILDING POST-FIRM CONSTRUCTION? <input type="checkbox"/> YES <input type="checkbox"/> NO  |  | BUILDING DIAGRAM NUMBER _____  |  | LOWEST ADJACENT GRADE (LAG) _____  |  |  |  |  |  |
| IF POST-FIRM CONSTRUCTION IN ZONES A, A1- A30, AE, AO, AH, V, V1- V30, VE OR IF PRE-FIRM CONSTRUCTION IS ELEVATION RATED, ATTACH CERTIFICATION.                 |  |  |  |  |  |  |  |  |  |
| 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? <input type="checkbox"/> YES <input type="checkbox"/> NO  |  | IS BUILDING FLOOD-PROOFED? <input type="checkbox"/> YES <input type="checkbox"/> NO  |  | ELEVATION CERTIFICATION DATE _____   |  |  |  |  |  |
| SEE FLOOD INSURANCE MANUAL FOR CERTIFICATION FORM   |  |  |  |  |  |  |  |  |  |

### COVERAGE AND RATING

#### COVERAGE REQUESTED - CHECK ONE BLOCK

BUILDING AND CONTENTS

BUILDING ONLY

CONTENTS ONLY

| COVERAGE | BASIC LIMITS        |      |                | ADDITIONAL LIMITS (REGULAR PROGRAM ONLY) |      |                | DEDUCTIBLE PREM REDUC / INCREASE | 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            | .00                              |  | .00           |
| CONTENTS | .00                 |      | .00            | .00                                      |      | .00            | .00                              |  | .00           |

|  |   |                                      |  |                      |    |
|--|---|--------------------------------------|--|----------------------|----|
| RATE TYPE (ONE BUILDING PER POLICY - BLANKET COVERAGE NOT PERMITTED) |   | PAYMENT OPTION                       |  | ANNUAL SUBTOTAL      | \$ |
| <input type="checkbox"/> MANUAL                                      | <input type="checkbox"/> SUBMIT FOR RATING              | <input type="checkbox"/> CREDIT CARD |  | ICC PREMIUM          |    |
| <input type="checkbox"/> ALTERNATIVE                                 | <input type="checkbox"/> V-ZONE RISK FACTOR RATING FORM | <input type="checkbox"/> OTHER:      |  | SUBTOTAL             |    |
| <input type="checkbox"/> MORTGAGE PORTFOLIO PROTECTION PROGRAM       | <input type="checkbox"/> PROVISIONAL RATING             |                                      |  | CRS PREMIUM DISCOUNT | %  |
|  |   |                                      |  | SUBTOTAL             |    |
|  |   |                                      |  | PROBATION SURCHARGE  | +  |
|  |   |                                      |  | FED POLICY FEE       | +  |
|  |   |                                      |  | TOTAL PREPAID AMOUNT |    |

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.

\_\_\_\_\_  
SIGNATURE OF INSURANCE AGENT/BROKER

\_\_\_\_\_  
DATE (MM/DD/YY)

PLEASE ATTACH TO NFIP COPY OF THE APPLICATION THE CHECK OR MONEY ORDER FOR THE TOTAL PREPAID PREMIUM MADE PAYABLE TO THE NATIONAL FLOOD INSURANCE PROGRAM  
IMPORTANT - COMPLETE PART 1 AND, IF REQUIRED, PART 2 BEFORE SENDING APPLICATION TO THE NFIP

**FLOOD INSURANCE  
FLOOD INSURANCE APPLICATION  
FEMA FORM 81-16**

**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 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. 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 (SSN) is authorized under provisions of E.O. 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 12 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.**

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

**IMPORTANT - PLEASE PRINT OR TYPE**

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:

|   |                                 |
|---|---------------------------------|
| <input type="checkbox"/> NEW<br><input type="checkbox"/> RNWL | CURRENT POLICY #                |
|   | FL _____<br>IF NEW, LEAVE BLANK |

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

**SECTION I - ALL BUILDING TYPES**

|   |   |  |                                    |  |   |                                    |                                  |   |   |                                       |  |  |  |                                  |                                    |  |   |                                    |                                  |   |   |                                       |  |  |  |
|---|---|--|------------------------------------|--|---|------------------------------------|----------------------------------|---|---|---------------------------------------|--|--|--|----------------------------------|------------------------------------|--|---|------------------------------------|----------------------------------|---|---|---------------------------------------|--|--|--|
| <p>1. Diagram number selected from Building Diagram 1 - 8: _____</p> <p>2. The lowest floor is (round to the nearest foot): _____ feet<br/> <input type="checkbox"/> above <input type="checkbox"/> below (check one) the lowest ground (grade) immediately next to the building.</p> <p>3. The garage floor (if applicable) or elevated floor (if applicable) is (round to the nearest foot): _____ feet<br/> <input type="checkbox"/> above <input type="checkbox"/> below (check one) the lowest ground (grade) immediately next to the building.</p> <p>4. Machinery or equipment located at a level lower than the lowest floor is (round to the nearest foot): _____ feet below the lowest floor.</p> <p>5. Site Location<br/>                 a) Approximate distance of site location to the nearest shoreline:<br/> <input type="checkbox"/> Less than 200 feet    <input type="checkbox"/> 500 to 1000 feet<br/> <input type="checkbox"/> 200 to 500 feet    <input type="checkbox"/> More than 1000 feet<br/>                 b) Source of Flooding<br/> <input type="checkbox"/> Ocean    <input type="checkbox"/> River / Stream<br/> <input type="checkbox"/> Lake    <input type="checkbox"/> Other: _____</p> <p>6. Basement / Subgrade Crawl Space<br/>                 a) Is the basement / subgrade crawl space floor below grade on all sides?<br/> <input type="checkbox"/> YES    <input type="checkbox"/> NO<br/>                 b) Does the basement / subgrade crawl space contain machinery or equipment?<br/> <input type="checkbox"/> YES    <input type="checkbox"/> NO</p> | <p>If yes, check the appropriate items:</p> <table border="0"> <tr> <td><input type="checkbox"/> Furnace</td> <td><input type="checkbox"/> Heat Pump</td> <td><input type="checkbox"/> Air Conditioner</td> </tr> <tr> <td><input type="checkbox"/> Hot Water Heater</td> <td><input type="checkbox"/> Fuel Tank</td> <td><input type="checkbox"/> Cistern</td> </tr> <tr> <td><input type="checkbox"/> Elevator Equipment</td> <td><input type="checkbox"/> Washer &amp; Dryer</td> <td><input type="checkbox"/> Food Freezer</td> </tr> <tr> <td colspan="3"><input type="checkbox"/> Other Equipment or Machinery Servicing the Building</td> </tr> </table> <p>7. Garage<br/>                 a) Is the garage attached to or part of the building?<br/> <input type="checkbox"/> YES    <input type="checkbox"/> NO<br/>                 b) Total area of the garage: _____ square feet<br/>                 c) Are there any openings (excluding doors) that are designed to allow the passage of flood waters through the garage?<br/> <input type="checkbox"/> YES    <input type="checkbox"/> NO<br/>                 If yes, number of permanent openings (flood vent) within one (1) foot above the adjacent grade: _____ Total area of all permanent openings (flood vents): _____ square inches.<br/>                 d) Is the garage used solely for parking of vehicles, building access, and/or storage?<br/> <input type="checkbox"/> YES    <input type="checkbox"/> NO<br/>                 e) Does the garage contain machinery or equipment?<br/> <input type="checkbox"/> YES    <input type="checkbox"/> NO<br/>                 If yes, check the appropriate items:</p> <table border="0"> <tr> <td><input type="checkbox"/> Furnace</td> <td><input type="checkbox"/> Heat Pump</td> <td><input type="checkbox"/> Air Conditioner</td> </tr> <tr> <td><input type="checkbox"/> Hot Water Heater</td> <td><input type="checkbox"/> Fuel Tank</td> <td><input type="checkbox"/> Cistern</td> </tr> <tr> <td><input type="checkbox"/> Elevator Equipment</td> <td><input type="checkbox"/> Washer &amp; Dryer</td> <td><input type="checkbox"/> Food Freezer</td> </tr> <tr> <td colspan="3"><input type="checkbox"/> Other Equipment or Machinery Servicing the Building</td> </tr> </table> | <input type="checkbox"/> Furnace         | <input type="checkbox"/> Heat Pump | <input type="checkbox"/> Air Conditioner | <input type="checkbox"/> Hot Water Heater | <input type="checkbox"/> Fuel Tank | <input type="checkbox"/> Cistern | <input type="checkbox"/> Elevator Equipment | <input type="checkbox"/> Washer & Dryer | <input type="checkbox"/> Food Freezer | <input type="checkbox"/> Other Equipment or Machinery Servicing the Building |  |  | <input type="checkbox"/> Furnace | <input type="checkbox"/> Heat Pump | <input type="checkbox"/> Air Conditioner | <input type="checkbox"/> Hot Water Heater | <input type="checkbox"/> Fuel Tank | <input type="checkbox"/> Cistern | <input type="checkbox"/> Elevator Equipment | <input type="checkbox"/> Washer & Dryer | <input type="checkbox"/> Food Freezer | <input type="checkbox"/> Other Equipment or Machinery Servicing the Building |  |  |
| <input type="checkbox"/> Furnace  | <input type="checkbox"/> Heat Pump  | <input type="checkbox"/> Air Conditioner |                                    |  |   |                                    |                                  |   |   |                                       |  |  |  |                                  |                                    |  |   |                                    |                                  |   |   |                                       |  |  |  |
| <input type="checkbox"/> Hot Water Heater   | <input type="checkbox"/> Fuel Tank  | <input type="checkbox"/> Cistern         |                                    |  |   |                                    |                                  |   |   |                                       |  |  |  |                                  |                                    |  |   |                                    |                                  |   |   |                                       |  |  |  |
| <input type="checkbox"/> Elevator Equipment   | <input type="checkbox"/> Washer & Dryer   | <input type="checkbox"/> Food Freezer    |                                    |  |   |                                    |                                  |   |   |                                       |  |  |  |                                  |                                    |  |   |                                    |                                  |   |   |                                       |  |  |  |
| <input type="checkbox"/> Other Equipment or Machinery Servicing the Building  |   |  |                                    |  |   |                                    |                                  |   |   |                                       |  |  |  |                                  |                                    |  |   |                                    |                                  |   |   |                                       |  |  |  |
| <input type="checkbox"/> Furnace  | <input type="checkbox"/> Heat Pump  | <input type="checkbox"/> Air Conditioner |                                    |  |   |                                    |                                  |   |   |                                       |  |  |  |                                  |                                    |  |   |                                    |                                  |   |   |                                       |  |  |  |
| <input type="checkbox"/> Hot Water Heater   | <input type="checkbox"/> Fuel Tank  | <input type="checkbox"/> Cistern         |                                    |  |   |                                    |                                  |   |   |                                       |  |  |  |                                  |                                    |  |   |                                    |                                  |   |   |                                       |  |  |  |
| <input type="checkbox"/> Elevator Equipment   | <input type="checkbox"/> Washer & Dryer   | <input type="checkbox"/> Food Freezer    |                                    |  |   |                                    |                                  |   |   |                                       |  |  |  |                                  |                                    |  |   |                                    |                                  |   |   |                                       |  |  |  |
| <input type="checkbox"/> Other Equipment or Machinery Servicing the Building  |   |  |                                    |  |   |                                    |                                  |   |   |                                       |  |  |  |                                  |                                    |  |   |                                    |                                  |   |   |                                       |  |  |  |

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

|  |   |
|--|---|
| <p>8. Elevating foundation of the building:<br/> <input type="checkbox"/> Piers, posts or piles<br/> <input type="checkbox"/> Reinforced masonry piers or concrete piers or columns<br/> <input type="checkbox"/> Reinforced concrete shear walls<br/> <input type="checkbox"/> Solid perimeter walls<br/>                 Note : (This is not an approved method for elevating in Zones V1- V30, VE or V).</p> <p>9. Does the area below the elevated floor contain machinery or equipment?<br/> <input type="checkbox"/> YES    <input type="checkbox"/> NO<br/>                 If yes, check the appropriate items:<br/> <input type="checkbox"/> Furnace    <input type="checkbox"/> Heat Pump    <input type="checkbox"/> Air Conditioner<br/> <input type="checkbox"/> Hot Water Heater    <input type="checkbox"/> Fuel Tank    <input type="checkbox"/> Cistern<br/> <input type="checkbox"/> Elevator Equipment    <input type="checkbox"/> Washer &amp; Dryer    <input type="checkbox"/> Food Freezer<br/> <input type="checkbox"/> Other Equipment or Machinery Servicing the Building</p> <p>10. Area below the elevated floor<br/>                 a) Is the area below the elevated floor enclosed?<br/> <input type="checkbox"/> YES    <input type="checkbox"/> NO<br/>                 If yes, check one of the following:<br/> <input type="checkbox"/> Partially    <input type="checkbox"/> Fully<br/>                 If 10a is "NO", do not answer 10b through 10f<br/>                 b) If enclosed, estimate size of enclosed area / crawl space:<br/>                 _____ square feet</p> | <p>c) Is the area below the elevated floor using materials <b>other than</b> insect screening or light wood lattice?<br/> <input type="checkbox"/> YES    <input type="checkbox"/> NO<br/>                 If yes, check one of the following:<br/> <input type="checkbox"/> Breakaway walls<br/> <input type="checkbox"/> Solid wood frame walls<br/> <input type="checkbox"/> Masonry walls<br/> <input type="checkbox"/> Other: _____</p> <p>d) Is the enclosed area / crawl space constructed with openings (excluding doors) to allow the passage of flood waters through the enclosed area?<br/> <input type="checkbox"/> YES    <input type="checkbox"/> NO<br/>                 If yes, number of permanent openings (flood vent) within one (1) foot above the adjacent grade: _____ Total area of all permanent openings (flood vents): _____ square inches.</p> <p>e) Is the enclosed area / crawl space used for any purpose <b>other than</b> solely for parking of vehicles, building access or storage?<br/> <input type="checkbox"/> YES    <input type="checkbox"/> NO<br/>                 If yes, describe:<br/>                 _____<br/>                 _____</p> <p>f) Does the enclosed area / crawl space have <b>more than</b> twenty (20) linear feet of finished wall, panelling, etc.?<br/> <input type="checkbox"/> YES    <input type="checkbox"/> NO</p> |
|--|---|

**SECTION III - MANUFACTURED (MOBILE) HOMES / TRAVEL TRAILERS**

|  |   |
|--|---|
| <p>11. Manufactured (Mobile) Home Data<br/>                 Make: _____<br/>                 Year of Manufacture: _____<br/>                 Model Number: _____<br/>                 Serial Number: _____</p> <p>12. Manufactured (mobile) home dimensions: _____ X _____ feet</p> <p>13. Are there any permanent additions or extensions to the manufactured (mobile) home?<br/> <input type="checkbox"/> YES    <input type="checkbox"/> NO<br/>                 If yes, the dimensions are: _____ X _____ feet</p> | <p>14. The manufactured (mobile) home's anchoring system utilizes:<br/> <input type="checkbox"/> Over-the-top ties    <input type="checkbox"/> Ground Anchors<br/> <input type="checkbox"/> Frame ties    <input type="checkbox"/> Slab Anchors<br/> <input type="checkbox"/> Frame connectors    <input type="checkbox"/> Other: _____</p> <p>15. The manufactured (mobile) home was installed in accordance with:<br/> <input type="checkbox"/> Manufacturer's specifications<br/> <input type="checkbox"/> Local floodplain management standards<br/> <input type="checkbox"/> State and/or local building standards</p> <p>16. Is the manufactured (mobile) home located in a manufactured (mobile) home park/subdivision?<br/> <input type="checkbox"/> YES    <input type="checkbox"/> NO</p> |
|--|---|

**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 \_\_\_\_\_

DATE (MM/DD/YY) \_\_\_\_\_

**FLOOD INSURANCE  
FLOOD INSURANCE APPLICATION  
FEMA FORM 81-16**

**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 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. 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 (SSN) is authorized under provisions of E.O. 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 12 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.**