

APPLICATION

I. USE OF THE FORM

The National Flood Insurance Program (NFIP) Flood Insurance Application form, or a similar form for Write Your Own (WYO) Companies, must be used for all flood insurance policies except the Preferred Risk Policy (PRP). For a Scheduled Building Policy, an Application must be completed for each building and/or contents for which coverage is requested. See the Scheduled Building Policy subsection in this section.

This section includes important guidance to carry out the regulatory intent and instructions for the rating of different building types.

The flood insurance rate to be applied to a building insured under the NFIP is determined by establishing the following:

- Whether the building is Post-FIRM construction or Pre-FIRM construction.
- The building description with regard to:
 - Building occupancy;
 - Building type;
 - Basement type;
 - Elevated building type.
- The flood risk zone.
- The elevation of the building.

II. COMPLETING PART 1 OF THE FLOOD INSURANCE APPLICATION FORM

The following are instructions for completing Part 1 of the Flood Insurance Application form.

A. Policy Status

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

Check the appropriate box to indicate if the Application is for a NEW policy or RENEWAL of an existing policy. If the Application is for a renewal, enter the current 10-digit policy number.

B. Policy Term

POLICY TERM	DIRECT BILL INSTRUCTIONS:	
	<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	

Check the appropriate box to indicate who should receive the renewal bill. If BILL FIRST MORTGAGEE is checked, complete "Mortgagee" section. If BILL SECOND MORTGAGEE, BILL LOSS PAYEE, or BILL OTHER is checked, complete the "Second Mortgagee/Other" section.

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"/> MAP REVISION (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)

Enter the policy effective date and policy expiration date (month/day/year). Check the box for the applicable waiting period. The effective date of the policy is determined by adding the appropriate waiting period, if applicable, to the date of application listed in the "Signature" section. The standard waiting period is 30 days.

NOTE: Refer to the Effective Date subsection of the General Rules section in this manual for exceptions to the standard waiting period.

C. Agent Information

AGENT INFORMATION	NAME, ADDRESS OF LICENSED PROPERTY OR CASUALTY INSURANCE AGENT OR BROKER:	
	AGENCY NO.: _____	AGENT'S TAX ID: _____
	PHONE NO.: _____	FAX NO.: _____

Enter the agent's/producer's name, agency name and number, street address, city, state, ZIP Code, phone number, and fax number. Enter the agent's/producer's Tax I.D. Number.

D. Insured Mailing Address

INSURED MAILING ADDRESS	NAME, MAILING ADDRESS, AND PHONE NO. OF INSURED:
	PHONE NO.: _____

Enter the name, mailing address, city, state, ZIP Code, and telephone number of the insured.

If the insured's mailing address is a post office box or a rural route number, or if the address of the property to be insured is different from the mailing address, the "Property Location" section of the Application must be completed. If there is more than 1 building at the property location, see "F. Property Location" for further instructions.

E. Disaster Assistance

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): _____	
	ENTER CASE FILE NO.: _____	

Check YES if flood insurance is being required for disaster assistance. Identify the Government (disaster) agency and enter the insured's case file number.

If NO is checked, no further information is required.

F. Property Location

PROPERTY LOCATION	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, DESCRIBE PROPERTY LOCATION (DO NOT USE P.O. BOX).

Check YES if the location of the property being insured is the same as the insured's mailing address entered in the "Insured Mailing Address" section. Leave the rest of the section blank unless there is more than 1 building at the property location.

If NO is checked, provide the address or location of the property to be insured.

If the insured's mailing address is a post office box or rural route number, give the street address, legal description, or geographic location of the property.

If more than 1 building is at the location of the insured property, use the "Property Location" section to specifically identify the building. An example would be where 5 buildings with the same mailing address and location are insured with separate policies. Describe briefly the building (barn, silo, etc.) in this section or submit a sketch showing the location of the insured building to assist the NFIP in matching the policy number to the specific building insured. A clear description of the insured's property is important.

G. Mortgagee

MORTGAGEE	NAME AND ADDRESS OF FIRST MORTGAGEE:
	LOAN NO.: _____ PHONE NO.: _____ FAX NO.: _____

Enter the name, mailing address, city, state, ZIP Code, telephone number, and fax number of the first mortgagee. Enter the loan number. If any of this information is not available at the time of application, add it to the policy by submitting a change request.

For condominium association applications, do not enter the mortgagees for the individual condominium unit owners.

H. Second Mortgagee/Other

2ND MORTGAGEE/ OTHER	IF SECOND MORTGAGEE, LOSS PAYEE OR OTHER IS TO BE BILLED, COMPLETE THE FOLLOWING, INCLUDING THE NAME AND ADDRESS: <input type="checkbox"/> 2ND MORTGAGEE <input type="checkbox"/> DISASTER AGENCY <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> IF OTHER, PLEASE SPECIFY:
	LOAN NO.: _____ PHONE NO.: _____ FAX NO.: _____

Identify the second mortgagee or the loss payee by checking the appropriate box and entering the loan number and the mortgagee's name, mailing address, telephone number, and fax number.

For condominium association applications, do not enter the mortgagees for the individual condominium unit owners.

If more than 1 additional mortgagee or disaster assistance agency exists, provide the requested information on the insurance agency's letterhead and attach the letterhead to the Application form.

I. Community

COMMUNITY	RATING MAP INFORMATION
	NAME OF COUNTY/PARISH: _____
	COMMUNITY NO./PANEL NO. AND SUFFIX: _____ - _____
	FIRM ZONE: _____ COMMUNITY PROGRAM TYPE IS: <input type="checkbox"/> REGULAR <input type="checkbox"/> EMERGENCY

Enter the Flood Insurance Rate Map (FIRM) information that will be used for rating. Use the current map information, unless the grandfathering rule applies.

Enter name of the county or parish where the property is located. (Not all communities that have been assigned NFIP community numbers are participating in the NFIP. Policies may not be written in non-participating communities.)

Enter the community identification number, map panel number, and revision suffix of the map that will be used for rating for the community where the building is located. When there is only 1 panel (i.e., a flat map), the community number will consist of only 6 digits. Use the FIRM in effect and that has been published at the time of presentment of premium and completion of the Application.

NOTE: The postal address of the insured building may not reflect the community where the property is located. Therefore, do not rely on the postal address when determining community status and identification.

In addition, because of possible changes in the FIRM, do not rely on information from a prior policy as accurately reflecting the current FIRM information.

The current community number may also be obtained from a flood zone determination or by checking the NFIP Community Status Book online (<http://www.fema.gov/fema/csb.shtm>) or contacting the insurer or a local community official.

Enter the FIRM zone in the space provided. If the program type is Emergency, leave this area blank.

If the community program type is Regular and the building is Pre-FIRM construction, enter the FIRM zone, if known; otherwise, enter UNKNOWN and follow the Alternative Rating procedure explained in the Rating section of this manual. UNKNOWN cannot be used for manufactured homes or other buildings located in a community having flood zones V or V1-V30 (VE).