U.S. DEPARTMENT OF HOMELAND SECURITY FEDERAL EMERGENCY MANAGEMENT AGENCY

O.M.B. No. 1660-0006 Expires November 30, 2016

National Flood Insurance Program FLOOD INSURANCE GENERAL CHANGE ENDORSEMENT, PART 1 (OF 2)

POLICY #: _ IMPORTANT—PLEASE PRINT OR TYPE; ENTER DATES AS MM/DD/YYYY.

CHANGE	REASON FOR CHANGE (CHECK ALL THAT APPLY) MORTGAGEE MAILING ADDRESS INCREASE COVERAGE BILLING BUILDING INFORMATION AGENT/PRODUCER INSURED INFORMATION		REASON FOR ASSIGNMENT: NEW PURCHASE DATE OF PURCHASE:/		BILLING	SECOND MORTGAGEE MORTGAGEE/OTHER" BOX BELOW)				
POLICY	POLICY PERIOD IS FROM / / TO /					NAME AND MAILING ADDRESS OF INSURED: PHONE NO.:				
AGENT/PRODUCER INFORMATION	AGENCY NO.: AGENT'S TAX ID: FAX NO.:				PROPERTY LOCATION	NOTE: ONE BUILDING PER POLICY — BLANKET COVERAGE NOT PERMITTED. IS INSURED PROPERTY LOCATION SAME AS INSURED MAILING ADDRESS? IF NO, ENTER PROPERTY ADDRESS. IF RURAL, ENTER LEGAL DESCRIPTION, OR GEOGRAPHIC LOCATION OF PROPERTY (DO NOT USE P.O. BOX). FOR AN ADDRESS WITH MULTIPLE BUILDINGS AND/OR FOR A BUILDING WITH ADDITIONS OR EXTENSIONS, DESCRIBE THE INSURED BUILDING:				
1ST MORTGAGEE	NAME AND MAILING ADDRESS OF FIRST MORTGAGEE: LOAN NO.:				2ND MORTGAGEE/ OTHER	NAME AND MAILING ADDRESS OF: □ 2ND MORTGAGEE □ LOSS PAYEE □ OTHER (SPECIFY):				
COMMUNITY	RATING MAP INFORMATION NAME OF COUNTY/PARISH:				GRAN □ CO CURRI	GRANDFATHERING INFORMATION GRANDFATHERED? ☐ YES ☐ NO IF YES, ☐ BUILT IN COMPLIANCE OR ☐ CONTINUOUS COVERAGE PRIOR POLICY NO.: CURRENT COMMUNITY NO./PANEL NO. AND SUFFIX: CURRENT FIRM ZONE: CURRENT BFE: CURRENT BFE:				
BUILDING	BUILDING OCCUPANCY SINGLE FAMILY OTHER RESIDENTIAL (INCLUDING HOTEL/MOTEL) BUILDING PURPOSE 100% RESIDENTIAL 100% NON-RESIDENTIAL MIXED-USE — SPECIFY BUILDING OCCUPANCY NONE — SAMELYPACE SAMELSPACE UNIFINISHED BASEMENT/ENCLOSURE UNIFINISHED BASEMENT/ENCLOSURE UNIFINISHED BASEMENT/ENCLOSURE INDING HORION INSTINISHED BASEMENT/ENCLOSURE UNIFINISHED BASEMENT/ENCLOSURE INDING HORION INSTINISHED BASEMENT/ENCLOSURE UNIFINISHED BASEMEN					IS THE INSURED A TENANT? IT TES IND IF YES, IS THE TENANT REQUESTING BUILDING COVERAGE? YES NO IF YES, SEE NOTICE BELOW. DOES THE BUILDING HAVE ANY ADDITIONS OF EXTENSIONS? YES NO				
	PERCENTAGE OF RESIDENTIAL USE:					CONSTRUCTION DATE:/				
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.				 :D	CHECK ONE OF THE FOLLOWING: BUILDING PERMIT SUBSTANTIAL IMPROVEMENT FOR MANUFACTURED (MOBILE) HOMES/TRAVEL TRAILERS LOCATED HOMES/TRAVEL TRAILERS LOCATED IN A MOBILE HOME PARK OR SUBDIVISION: DATE OF PERMANENT PLACEMENT SUBDIVISION FACILITIES				
ELEVATION DATA	IS BUILDING POST-FIRM CONSTRUCTION? BUILDING DIAGRAM NO.: LOWEST ADJACENT GRADE (LAG): ELEVATION CERTIFICATION DATE: // /									
	ESTIMATED BUILDING REPLACEMENT COST (INCLUDING FOUNDATION): \$ DEDUCTIBLE*: BUILDING \$ CONTENTS \$ * THE PRP PROVIDES THE STANDARD DEDUCTIBLES ON! TO INCREASE/DECREASE COVERAGE, COMPLETE SECTIONS A & B. FOR RATE CHANGE, COMPLETE SECTION A ONLY.							LES ONLY.		
COVERAGE AND RATING	SECTION A - CURREN INSURANCE COVERAGE AMOUNT RATE		ON A – CURRENT LII RATE	MITS PREMIUN		SECTION B – NEW LIMITS AMOUNT RATE P		A + B PREMIUM		
	BUILDING BASIC LIMIT BUILDING ADDITIONAL LIMIT CONTENTS BASIC LIMIT									
	CONTENTS ADDITIONAL LIMIT FOR PRP ONLY, ENTER LIMITS FROM THE NFIP FLOOD INSURANCE MANUAL		BUILDING	CONTENTS PF			CONTENTS	PREMIUM		
	IF CHANGING AMOUNT OF INSURANCE, ENTER NEW TOTAL AMOUNT BELOW BUILDING COVERAGE CONTENTS COVERAGE			E	PAYMENT METHOD:	SUBTOTAL DEDUCTIBLE DISCOUNT/SURCHARGE				
	BASIC ADDITIONAL TOTAL BASIC ADDITIONAL			TOTAL	☐ CREDIT CARD	SUBTOTAL				
SIGNATURE	IF RETURN PREMIUM, MAIL REFUND TO: ☐ INSURED ☐ AGENT/PRODUCER ☐ PAYOR					OTHER: ICC PREMIUM SUBTOTAL				
	NOTICE: BUILDING COVERAGE BENEFITS — EXCEPT FOR A RESIDENTIAL CONDOMINIUM BUILDING — ARE NO BUILDING COVERAGE HAS BEEN PURCHASED BY THE APPLICANT OR ANY OTHER PARTY FOR THE SAME BUILD THE ABOVE STATEMENTS ARE CORRECT TO THE BEST OF MY KNOWLEGGE. I UNDERSTAND THAT ANY FALSE S BY FINE AND/OR IMPRISONMENT UNDER APPLICABLE FEDERAL LAW. SEE REVERSE SIDE OF COPIES 2, 3, AND				E BUILDING. ALSE STATEME		CRS PREMIUM DISCOUNT % SUBTOTAL RESERVE FUND % SUBTOTAL			
					DATE (MM/DD/	,	PREMIUM PREVIOUSLY PAID (Excludes Probation Surcharge/Federal Policy Fee)			
					DATE (MM/DD/		DIFFERENCE (+/-) PRO-RATA FACTOR			
	SIGNATURE OF ASSIGNEE (FOR ASSIGNMENT ONLY) DATE (M				DATE (MM/DD/	O/YMM) / TOTAL AMOUNT DUE (+/-)				

U.S. DEPARTMENT OF HOMELAND SECURITY FEDERAL EMERGENCY MANAGEMENT AGENCY

National Flood Insurance Program

O.M.B. No. 1660-0006 Expires November 30, 2016

FLOOD INSURANCE GENERAL CHANGE

FLOOD INSURANCE GENERAL CHANGE ENDORSEMENT, PART 2 (0F 2)

ALL DATA PROVIDED BY THE INSURED OR OBTAINED FROM THE ELEVATION CERTIFICATE SHOULD BE REVIEWED AND TRANSCRIBED BELOW. THIS PART OF POLICY #: _ THE APPLICATION MUST BE COMPLETED FOR ALL BUILDINGS. **SECTION I – ALL BUILDING TYPES** 1. Building Use: f) Does the garage have more than 20 linear feet of finished interior wall, paneling, etc.? TYES NO ☐ Main house/building ☐ Detached guest house □ Detached garage ☐ Agricultural building \square Warehouse $\hfill\Box$ Tool/storage shed Basement/Subgrade Crawlspace ☐ Poolhouse, clubhouse, recreation building a) Is the basement/subgrade crawlspace floor below grade on all sides? Other: 2. Garage b) If yes, does the basement/subgrade crawlspace contain machinery and/or a) Is there a garage attached to or part of the building? equipment? YES NO ☐ YES ☐ NO If yes, check the applicable items: If the answer to 2a is YES, answer 2b through 2f. ☐ Heat pump ☐ Air conditioner ☐ Furnace Fuel tank
Washer & dryer ☐ Cistern
☐ Food freezer ☐ Water heater b) Total area of the garage: square feet. Elevator equipment c) Are there any openings (excluding doors) that are designed to allow the $\hfill \Box$ Other machinery and/or equipment servicing the building (describe): passage of floodwaters through the garage? $\hfill\square$ YES $\hfill\square$ NO If yes, number of permanent flood openings within 1 foot $% \left(1\right) =\left(1\right) \left(1\right) \left($ above the adjacent grade: __ 4. Additions and Extensions (if Applicable) _. Total area of all permanent openings: square inches. Coverage is for: d) Is the garage used solely for parking of vehicles, building \square Building including addition(s) and extension(s) access, and/or storage? ☐ YES ☐ NO ☐ Building excluding addition(s) and extension(s) e) Does the garage contain machinery and/or equipment? \qed YES \qed NO Provide policy number for addition or extension: If yes, check the applicable items: $\hfill \square$ Addition or extension only (include description in the Property Location ☐ Heat pump ☐ Furnace ☐ Air conditioner box in Part 1) Water heater ☐ Fuel tank Cistern Provide policy number for building excluding addition(s) or extension(s): Food freezer ☐ Washer & dryer Elevator equipment \square Other machinery and/or equipment servicing the building (describe): **SECTION II – ELEVATED BUILDINGS** (Including Manufactured [Mobile] Homes/Travel Trailers) 1. Elevating Foundation Type ☐ Solid wood frame walls (non-breakaway) Piers, posts, or piles ☐ Masonry walls (if breakaway, submit certification documentation) Reinforced masonry piers or concrete piers or columns ☐ Masonry walls (non-breakaway) Reinforced concrete shear walls Other (describe): ☐ Solid foundation walls (Note: Not approved for elevating in d) If enclosed with a material other than insect screening or light wood Zones V1-V30, VE, or V.) lattice, provide size of enclosed area: | | | | square feet. 2. Machinery and Equipment Below the Elevated Floor Does the area below the elevated floor contain machinery e) Is the enclosed area used for any purpose other than solely for parking of and/or equipment? \square YES \square NO vehicles, building access, and/or storage? \square YES \square NO If yes, check the applicable items: If ves. describe: _ ☐ Furnace ☐ Heat pump ☐ Air conditioner ☐ Water heater ☐ Fuel tank Cistern ☐ Washer & dryer ☐ Food freezer ☐ Elevator equipment f) Does the enclosed area have more than 20 linear feet of \square Other machinery and/or equipment servicing the building (describe): finished interior wall, paneling, etc.? \square YES 3. Area Below the Elevated Floor a) Is the enclosed area/crawlspace constructed with openings a) Is the area below the elevated floor enclosed? \square YES \square NO (excluding doors) to allow the passage of floodwaters through the If yes, check one of the following: \square Fully \square Partially enclosed area? \square YES \square NO b) Does the area below the elevated floor contain elevators? If yes, indicate number of permanent flood openings within 1 foot ☐ YES ☐ NO If yes, how many? _ above adjacent grade: _ If the answer to 3a or 3b is YES, answer 3c through 4b. Total area of all permanent flood openings: c) Indicate material used for enclosure: ☐ Insect screening Light wood lattice b) Are flood openings engineered? ☐ Solid wood frame walls (if breakaway, submit certification documentation) \square YES \square NO If yes, submit certification. SECTION III - MANUFACTURED (MOBILE) HOMES/TRAVEL TRAILERS 1. Manufactured (Mobile) Home/Travel Trailer Data 2. Anchoring The manufactured (mobile) home/travel trailer anchoring Year of manufacture: system utilizes: (Check all that apply.) Over-the-top ties ☐ Ground anchors ☐ Frame ties ☐ Slab anchors Model number: | | | | | | | | | | | | | | | | | ☐ Frame connectors Other (describe): _ Serial number: 3 Installation The manufactured (mobile) home/travel trailer was installed in accordance with: (Check all that apply.) Are there any permanent additions and/or extensions? \square YES \square NO ☐ Manufacturer's specifications Local floodplain management standards ☐ State and/or local building standards 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. SIGNATURE OF INSURANCE AGENT/PRODUCER DATE (MM/DD/YYYY) SIGNATURE OF INSURED (OPTIONAL) DATE (MM/DD/YYYY)

National Flood Insurance Program

FLOOD INSURANCE GENERAL CHANGE ENDORSEMENT FEMA Form 086-0-3

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 9 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, 1800 South Bell Street, Arlington VA 20598-3005, Paperwork Reduction Project (1660-0033). **NOTE: Do not send your completed form to this address.**