

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

IMPORTANT—PLEASE PRINT OR TYPE; ENTER DATES AS MM/DD/YYYY.

POLICY #: _____

CHANGE	REASON FOR CHANGE (CHECK ALL THAT APPLY) <input type="checkbox"/> MORTGAGEE <input type="checkbox"/> MAILING ADDRESS <input type="checkbox"/> INCREASE COVERAGE <input type="checkbox"/> BILLING <input type="checkbox"/> BUILDING INFORMATION <input type="checkbox"/> AGENT/PRODUCER <input type="checkbox"/> INSURED INFORMATION <input type="checkbox"/> OTHER (SPECIFY): _____	ASSIGNMENT	REASON FOR ASSIGNMENT: <input type="checkbox"/> NEW PURCHASE DATE OF PURCHASE: _____ / _____ / _____ <input type="checkbox"/> OTHER (SPECIFY): _____	BILLING	FOR RENEWAL, BILL: <input type="checkbox"/> INSURED <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> FIRST MORTGAGEE <input type="checkbox"/> OTHER (AS SPECIFIED IN THE *2ND MORTGAGEE/OTHER* BOX BELOW) <input type="checkbox"/> SECOND MORTGAGEE																																																						
POLICY PERIOD	POLICY PERIOD IS FROM _____ / _____ / _____ TO _____ / _____ / _____ 12:01 A.M. LOCAL TIME AT THE INSURED PROPERTY LOCATION. ENDORSEMENT EFFECTIVE DATE: _____ / _____ / _____ FOR ADDED COVERAGE, INDICATE THE APPLICABLE WAITING PERIOD: <input type="checkbox"/> STANDARD 30-DAY <input type="checkbox"/> REQUIRED FOR LOAN TRANSACTION – NO WAITING <input type="checkbox"/> MAP REVISION (ZONE CHANGE FROM NON-SFHA TO SFHA) – 1 DAY			INSURED INFORMATION	NAME AND MAILING ADDRESS OF INSURED: PHONE NO.: _____																																																						
AGENT/PRODUCER INFORMATION	NAME AND MAILING ADDRESS OF AGENT/PRODUCER: AGENCY NO.: _____ AGENT'S TAX ID: _____ PHONE NO.: _____ FAX NO.: _____ EMAIL ADDRESS: _____			PROPERTY LOCATION	NOTE: ONE BUILDING PER POLICY – BLANKET COVERAGE NOT PERMITTED. IS INSURED PROPERTY LOCATION SAME AS INSURED MAILING ADDRESS? <input type="checkbox"/> YES <input type="checkbox"/> NO 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: <input type="checkbox"/> 2ND MORTGAGEE <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> OTHER (SPECIFY): _____ LOAN NO.: _____																																																						
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			GRANDFATHERING INFORMATION GRANDFATHERED? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, <input type="checkbox"/> BUILT IN COMPLIANCE OR <input type="checkbox"/> CONTINUOUS COVERAGE PRIOR POLICY NO.: _____ CURRENT COMMUNITY NO./PANEL NO. AND SUFFIX: _____ - _____ CURRENT FIRM ZONE: _____ CURRENT BFE: _____																																																							
BUILDING	BUILDING OCCUPANCY <input type="checkbox"/> SINGLE FAMILY <input type="checkbox"/> 2-4 FAMILY <input type="checkbox"/> OTHER RESIDENTIAL <input type="checkbox"/> NON-RESIDENTIAL (INCLUDING HOTEL/MOTEL) BUILDING PURPOSE <input type="checkbox"/> 100% RESIDENTIAL <input type="checkbox"/> 100% NON-RESIDENTIAL <input type="checkbox"/> MIXED-USE – SPECIFY PERCENTAGE OF RESIDENTIAL USE: _____ % IS BUILDING A BUSINESS PROPERTY? <input type="checkbox"/> YES <input type="checkbox"/> NO	BASEMENT, ENCLOSURE, CRAWLSPACE <input type="checkbox"/> NONE <input type="checkbox"/> FINISHED BASEMENT/ENCLOSURE <input type="checkbox"/> CRAWLSPACE <input type="checkbox"/> UNFINISHED BASEMENT/ENCLOSURE <input type="checkbox"/> SUBGRADE CRAWLSPACE NUMBER OF FLOORS IN BUILDING (INCLUDING BASEMENT/ENCLOSED AREA, IF ANY) OR BUILDING TYPE <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 OR MORE <input type="checkbox"/> SPLIT LEVEL <input type="checkbox"/> TOWNHOUSE/ROWHOUSE (RCBAP LOW-RISE ONLY) <input type="checkbox"/> MANUFACTURED (MOBILE) HOME/TRAVEL TRAILER ON FOUNDATION IS COVERAGE FOR A CONDO UNIT? <input type="checkbox"/> YES <input type="checkbox"/> NO IS BUILDING IN A CONDOMINIUM FORM OF OWNERSHIP? <input type="checkbox"/> YES <input type="checkbox"/> NO TOTAL NUMBER OF UNITS: _____ <input type="checkbox"/> HIGH-RISE <input type="checkbox"/> LOW-RISE		IS BUILDING WALLED AND ROOFED? <input type="checkbox"/> YES <input type="checkbox"/> NO IS BUILDING IN THE COURSE OF CONSTRUCTION? <input type="checkbox"/> YES <input type="checkbox"/> NO IS BUILDING OVER WATER? <input type="checkbox"/> NO <input type="checkbox"/> PARTIALLY <input type="checkbox"/> ENTIRELY IS BUILDING INSURED'S PRINCIPAL/PRIMARY RESIDENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO IS BUILDING A RENTAL PROPERTY? <input type="checkbox"/> YES <input type="checkbox"/> NO IS THE INSURED A TENANT? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, IS THE TENANT REQUESTING BUILDING COVERAGE? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, SEE NOTICE BELOW. DOES THE BUILDING HAVE ANY ADDITIONS OR EXTENSIONS? <input type="checkbox"/> YES <input type="checkbox"/> NO (ADDITIONS AND EXTENSIONS MAY BE SEPARATELY INSURED.) IS BUILDING ELEVATED? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, AREA BELOW IS: <input type="checkbox"/> FREE OF OBSTRUCTION <input type="checkbox"/> WITH OBSTRUCTION																																																							
CONTENTS	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"/> LOWEST FLOOR ABOVE GROUND LEVEL AND HIGHER <input type="checkbox"/> ABOVE GROUND LEVEL MORE THAN 1 FULL FLOOR		IS PERSONAL PROPERTY HOUSEHOLD CONTENTS? <input type="checkbox"/> YES <input type="checkbox"/> NO IF NO, DESCRIBE: _____ *IF SINGLE FAMILY, CONTENTS ARE RATED THROUGHOUT THE BUILDING.		CONSTRUCTION INFORMATION	CONSTRUCTION DATE: _____ / _____ / _____ CHECK ONE OF THE FOLLOWING: <input type="checkbox"/> BUILDING PERMIT <input type="checkbox"/> SUBSTANTIAL IMPROVEMENT <input type="checkbox"/> CONSTRUCTION <input type="checkbox"/> FOR MANUFACTURED (MOBILE) HOMES/TRAVEL TRAILERS LOCATED IN A MOBILE HOME PARK OR SUBDIVISION: CONSTRUCTION DATE OF MOBILE HOME PARK OR SUBDIVISION FACILITIES <input type="checkbox"/> FOR MANUFACTURED (MOBILE) HOMES/TRAVEL TRAILERS LOCATED OUTSIDE A MOBILE HOME PARK OR SUBDIVISION: DATE OF PERMANENT PLACEMENT																																																					
ELEVATION DATA	IS BUILDING POST-FIRM CONSTRUCTION? <input type="checkbox"/> YES <input type="checkbox"/> NO (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 ELEVATION CERTIFICATE.) BUILDING DIAGRAM NO.: _____ LOWEST ADJACENT GRADE (LAG): _____ ELEVATION CERTIFICATION DATE: _____ / _____ / _____ 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 FLOODPROOFED? <input type="checkbox"/> YES <input type="checkbox"/> NO (SEE THE NFIP FLOOD INSURANCE MANUAL FOR CERTIFICATION FORM.)																																																										
ESTIMATED BUILDING REPLACEMENT COST (INCLUDING FOUNDATION): \$ _____ DEDUCTIBLE*: BUILDING \$ _____ CONTENTS \$ _____ DEDUCTIBLE BUYBACK? <input type="checkbox"/> YES <input type="checkbox"/> NO * THE PRP PROVIDES THE STANDARD DEDUCTIBLES ONLY.																																																											
TO INCREASE/DECREASE COVERAGE, COMPLETE SECTIONS A & B. FOR RATE CHANGE, COMPLETE SECTION A ONLY.																																																											
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2">INSURANCE COVERAGE</th> <th colspan="3">SECTION A - CURRENT LIMITS</th> <th colspan="3">SECTION B - NEW LIMITS</th> <th rowspan="2">A + B PREMIUM</th> </tr> <tr> <th>AMOUNT</th> <th>RATE</th> <th>PREMIUM</th> <th>AMOUNT</th> <th>RATE</th> <th>PREMIUM</th> </tr> </thead> <tbody> <tr> <td>BUILDING BASIC LIMIT</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>BUILDING ADDITIONAL LIMIT</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>CONTENTS BASIC LIMIT</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>CONTENTS ADDITIONAL LIMIT</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>FOR PRP ONLY, ENTER LIMITS FROM THE NFIP FLOOD INSURANCE MANUAL</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>						INSURANCE COVERAGE	SECTION A - CURRENT LIMITS			SECTION B - NEW LIMITS			A + B PREMIUM	AMOUNT	RATE	PREMIUM	AMOUNT	RATE	PREMIUM	BUILDING BASIC LIMIT								BUILDING ADDITIONAL LIMIT								CONTENTS BASIC LIMIT								CONTENTS ADDITIONAL LIMIT								FOR PRP ONLY, ENTER LIMITS FROM THE NFIP FLOOD INSURANCE MANUAL							
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IF RETURN PREMIUM, MAIL REFUND TO: <input type="checkbox"/> INSURED <input type="checkbox"/> AGENT/PRODUCER <input type="checkbox"/> PAYOR																																																											
NOTICE: BUILDING COVERAGE BENEFITS – EXCEPT FOR A RESIDENTIAL CONDOMINIUM BUILDING – ARE NOT AVAILABLE IF OTHER NFIP BUILDING COVERAGE HAS BEEN PURCHASED BY THE APPLICANT OR ANY OTHER PARTY FOR THE SAME BUILDING. 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. SEE REVERSE SIDE OF COPIES 2, 3, AND 4.																																																											
SIGNATURE	SIGNATURE OF INSURANCE AGENT/PRODUCER _____ DATE (MM/DD/YYYY) _____ / _____ / _____		SIGNATURE OF INSURED (IF APPLICABLE) _____ DATE (MM/DD/YYYY) _____ / _____ / _____		SIGNATURE OF ASSIGNEE (FOR ASSIGNMENT ONLY) _____ DATE (MM/DD/YYYY) _____ / _____ / _____																																																						

NFIP COPY

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.**