

National Flood Insurance Program

FLOOD INSURANCE APPLICATION, PAGE 1 (OF 2)

We may void your flood insurance policy and deny any claims under that policy if you or your agent conceal or misrepresent any material fact or circumstance, engage in fraudulent conduct, or make false statements when completing this application.

OMB No. 1660-0006 | Expires May 31, 2024

☒ NEW ☐ RENEWAL ☐ ENDORSEMENT ☐ TRANSFER (NFIP POLICIES ONLY)

POLICY #: Policy Number

PRIOR POLICY #: Prior Policy Number

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

BILLING	FOR RENEWAL, BILL: ☒ POLICYHOLDER ☐ LOSS PAYEE ☐ FIRST MORTGAGEE ☐ OTHER (AS SPECIFIED IN THE "2ND MORTGAGEE/OTHER" BOX BELOW) ☐ SECOND MORTGAGEE		POLICY PERIOD	POLICY PERIOD IS FROM <u>12,348,345 12,</u> TO <u>12,348,345 12,</u> WAITING PERIOD: <u>345</u> <u>345</u> ☒ STANDARD 30-DAY (12:01 A.M. LOCAL TIME) ☐ MAP REVISION – 1-DAY (12:01 A.M. LOCAL TIME, THE NEXT CALENDAR DAY) ☐ LOAN TRANSACTION – NO WAITING PERIOD (EFFECTIVE AT TIME OF LOAN CLOSING) ☐ POST-WILDFIRE – 1-DAY (12:01 A.M. LOCAL TIME, THE NEXT CALENDAR DAY) ☐ TRANSFER (NFIP POLICIES ONLY) – NO WAITING PERIOD (12:01 A.M. LOCAL TIME)	
AGENT/PRODUCER INFORMATION	NAME AND MAILING ADDRESS OF AGENT/PRODUCER: <u>123 Main St, San Francisco CA, 94106</u> AGENCY NO.: <u>Agent Number</u> AGENT NO.: <u>Agent Number 2</u> PHONE NO.: <u>(555) 444-3333</u> EMAIL ADDRESS: <u>testy@example.com</u>		2ND MORTGAGEE/OTHER	NAME AND MAILING ADDRESS OF: ☒ 2ND MORTGAGEE ☐ LOSS PAYEE ☐ OTHER IF OTHER, SPECIFY: <u>2nd Mortgagee/Loss Payee/Other</u> <u>Specify</u> LOAN NO.: <u>Loan Number</u>	
POLICYHOLDER INFORMATION	NAME(S) AND MAILING ADDRESS OF POLICYHOLDER(S): PHONE NO.: <u>(555) 444-3333</u> EMAIL ADDRESS: <u>testy@example.com</u> IS THE POLICYHOLDER A TENANT? ☒ YES ☐ NO IS THE POLICYHOLDER A CONDOMINIUM ASSOCIATION? ☒ YES ☐ NO IS THE POLICYHOLDER A SMALL BUSINESS? ☒ YES ☐ NO IS THE POLICYHOLDER A NON-PROFIT ENTITY? ☒ YES ☐ NO IS THE POLICY FORCE-PLACED BY A LENDER? ☒ YES ☐ NO		COMMUNITY INFORMATION	CURRENT MAP INFORMATION CURRENT COMMUNITY NO./PANEL NO. AND SUFFIX: <u>Current</u> - <u>Current</u> CURRENT FIRM ZONE: <u>Current</u> <u>Communi- nt</u> MAP DATE: <u>12,348,345 12,</u> <u>ty</u> <u>Com-</u> COMMUNITY PROGRAM TYPE: ☒ REGULAR ☐ EMERGENCY <u>Number/ communi-</u>	
1ST MORTGAGEE	NAME AND MAILING ADDRESS OF FIRST MORTGAGEE: <u>123 Main St, San Francisco CA, 94106</u> LOAN NO.: <u>First Mortgagee Loan Number</u>		BUILDING LOCATION	NOTE: ONE BUILDING PER POLICY IS THE PROPERTY LOCATION THE SAME AS THE POLICYHOLDER'S MAILING ADDRESS? ☒ YES ☐ NO (IF NO, ENTER PROPERTY ADDRESS AND TYPE.) PROPERTY ADDRESS TYPE: ☒ STREET ☐ OTHER: <u>Property Address</u> FOR AN ADDRESS WITH MULTIPLE BUILDINGS AND/OR FOR A BUILDING WITH ADDITIONS OR EXTENSIONS, DESCRIBE THE INSURED BUILDING: <u>Type Other Specify</u> <u>Latitude and</u> LATITUDE AND LONGITUDE (OPTIONAL): DATUM: ☒ WGS84 <u>Datum</u> LATITUDE: <u>Latitude</u> LONGITUDE: <u>Longitude</u> IS BUILDING LOCATED IN A CBRS SYSTEM UNIT OR OPA? ☒ SYSTEM UNIT ☐ OPA ☐ NO YEAR SYSTEM UNIT OR OPA ADDED TO CBRS: ☐ 1982 ☒ 1990 IF IN BUFFER ZONE, DID USFWS ISSUE AN OFFICIAL DETERMINATION SHOWING BUILDING OUTSIDE SYSTEM UNIT OR OPA? ☐ YES ☒ NO IF IN OPA, IS BUILDING USE CONSISTENT WITH PROTECTED AREA PURPOSE? ☒ YES ☐ NO	
BUILDING INFORMATION	1. BUILDING OCCUPANCY (CHECK ONE) ☒ SINGLE-FAMILY HOME ☒ RESIDENTIAL MANUFACTURED/MOBILE HOME ☒ RESIDENTIAL UNIT ☒ TWO-TO-FOUR FAMILY BUILDING ☒ OTHER RESIDENTIAL BUILDING ☒ RESIDENTIAL CONDOMINIUM BUILDING ☒ NON-RESIDENTIAL BUILDING ☒ NON-RESIDENTIAL MANUFACTURED/MOBILE BUILDING ☒ NON-RESIDENTIAL UNIT 2. BUILDING DESCRIPTION (CHECK ONE) Residential ☒ ENTIRE APARTMENT BUILDING ☒ APARTMENT UNIT ☒ ENTIRE COOPERATIVE BUILDING ☒ COOPERATIVE UNIT ☒ DETACHED GUEST HOUSE ☒ MAIN DWELLING ☒ ENTIRE RESIDENTIAL CONDOMINIUM BUILDING ☒ RESIDENTIAL CONDOMINIUM UNIT (IN RESIDENTIAL BUILDING) ☒ RESIDENTIAL CONDOMINIUM UNIT (IN NON-RESIDENTIAL BUILDING) ☒ OTHER DWELLING TYPE: <u>12,345</u> Non-Residential ☒ AGRICULTURAL BUILDING ☒ COMMERCIAL ☒ DETACHED GARAGE ☒ GOVERNMENT-OWNED ☒ HOUSE OF WORSHIP ☒ RECREATION BUILDING ☒ STORAGE/TOOL SHED ☒ OTHER NON-RESIDENTIAL TYPE: <u>12,</u> <u>34-</u> 3. FOUNDATION TYPE ☒ SLAB ON GRADE (Non-Elevated) <u>5.</u> ☒ BASEMENT (Non-Elevated) <u>67</u> ☒ CRAWLSPACE (Elevated or Non-Elevated Sub-Grade CrawlSpace) ☒ ELEVATED WITHOUT ENCLOSURE ON POSTS, PILES, OR PIERS ☒ ELEVATED WITH ENCLOSURE ON POSTS, PILES, OR PIERS ☒ ELEVATED WITH ENCLOSURE NOT ON POSTS, PILES, OR PIERS (Solid Foundation Walls) IS THE ENCLOSURE/CRAWLSPACE CONSTRUCTED WITH PROPER FLOOD OPENINGS OR ENGINEERED OPENINGS? ☒ YES ☒ NO IF YES, ENTER THE TOTAL NUMBER OF FLOOD OPENINGS: <u>12,345</u> TOTAL AREA OF ALL PERMANENT OPENINGS: <u>12,345</u> SQUARE INCHES		TOTAL ENCLOSED AREA: <u>12,345</u> SQUARE FEET 4. FIRST FLOOR HEIGHT DETERMINATION ELEVATION CERTIFICATE (OPTIONAL): ELEVATION CERTIFICATE DATE: <u>12,348,345 12,</u> BUILDING DIAGRAM NUMBER: <u>345</u> If Using Section C: LOWEST ADJACENT GRADE (IN FEET): <u>12,345.67</u> LOWEST FLOOR ELEVATION (IN FEET): <u>12,345.67</u> FIRST FLOOR HEIGHT (IN FEET): <u>12,</u> If Using Section E: FIRST FLOOR HEIGHT (IN FEET): <u>345</u> FIRST FLOOR HEIGHT USED (IN FEET): <u>12,</u> METHOD USED TO DETERMINE FIRST FLOOR HEIGHT: <u>\$12,345.67</u> 5. BUILDING CHARACTERISTICS IS BUILDING UNDER CONSTRUCTION? ☒ YES ☒ NO DATE OF CONSTRUCTION: <u>12,345 12,</u> HAS THE BUILDING BEEN SUBSTANTIALLY IMPROVED? ☒ YES ☐ NO IF YES, ENTER SUBSTANTIALLY IMPROVED DATE: <u>12,345 12,</u> CONSTRUCTION TYPE: ☒ MASONRY ☐ OTHER: <u>12,345</u> IS THE BUILDING OVER WATER? ☒ NO ☐ PARTIALLY ☐ ENTIRELY IS THE BUILDING PROPERLY FLOODPROOFED? ☒ YES ☐ NO IS THE BUILDING ELIGIBLE FOR THE MACHINERY AND EQUIPMENT MITIGATION DISCOUNT? ☒ YES ☐ NO BUILDING SQUARE FOOTAGE: <u>Buildi-</u> NUMBER OF DETACHED STRUCTURES ON PROPERTY: <u>12,345</u> NUMBER OF ELEVATORS: <u>12,345</u> NUMBER OF FLOORS IN BUILDING (EXCLUDING BASEMENT/ENCLOSURE AREA, IF ANY): <u>12,345</u> IF THE COVERAGE IS FOR A UNIT, INDICATE THE FLOOR WHERE THE UNIT IS LOCATED: <u>Floor Where Unit is Located</u> TOTAL NUMBER OF UNITS IN THE BUILDING: <u>12,345</u> BUILDING REPLACEMENT COST (INCLUDING FOUNDATION): <u>\$ 12,345</u> IS THE BUILDING A RENTAL PROPERTY? ☒ YES ☐ NO IS BUILDING THE POLICYHOLDER'S PRIMARY RESIDENCE? ☒ YES ☐ NO IF MANUFACTURED/MOBILE HOME OR BUILDING (INCLUDING TRAVEL TRAILER) PROVIDE IDENTIFICATION NUMBER: <u>12,345</u>		

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U.S. DEPARTMENT OF HOMELAND SECURITY | FEDERAL EMERGENCY MANAGEMENT AGENCY
National Flood Insurance Program

OMB No. 1660-0006 | Expires May 31, 2024

FLOOD INSURANCE APPLICATION, PAGE 2 (OF 2)

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

COVERAGE, DEDUCTIBLES, AND DISCOUNTS

COVERAGES AND DEDUCTIBLES

SFIP Form: ☒ Dwelling ☐ General Property ☐ RCBAP

Amount of Insurance:
Building \$ \$12,345.67 Contents \$ \$12,345.67

Deductible:
Building \$ \$12,345.67 Contents \$ \$12,345.67

Rate Category: ☒ Rating Engine ☐ Provisional Rate

DISCOUNTS

Did the applicant have a prior NFIP policy for the building that received a Newly Mapped discount and lapsed? ☒ Yes ☐ No

If yes, did the lapse occur for a valid reason? ☒ Yes ☐ No

Is the property eligible for the Newly Mapped discount? ☒ Yes ☐ No

Did the applicant have a prior NFIP policy for the building that received a Pre-FIRM discount and lapsed? ☒ Yes ☐ No

If yes, did the lapse occur for a valid reason? ☒ Yes ☐ No

SIGNATURE

I declare under penalty of perjury that the foregoing is true and correct.

SIGNATURE OF INSURANCE AGENT/PRODUCER

12, 12, 12,345
345 / 345 /
DATE (MM/DD/YYYY)

SIGNATURE OF POLICYHOLDER (OPTIONAL)

12, 12, 12,345
345 / 345 /
DATE (MM/DD/YYYY)

TOTAL AMOUNT DUE

COMPONENTS OF THE TOTAL AMOUNT DUE		
Building Premium	+ \$12,345.67	\$ \$12,345.67
Contents Premium	+ \$12,345.67	\$ \$12,345.67
Increased Cost of Compliance (ICC) Premium	+ \$12,345.67	\$ \$12,345.67
Mitigation Discount	- \$12,345.67	\$ \$12,345.67
Community Rating System Discount	- \$12,345.67	\$ \$12,345.67
FULL RISK PREMIUM	= \$12,345.67	\$ \$12,345.67
STATUTORY DISCOUNTS		
Annual Increase Cap	- \$12,345.67	\$ \$12,345.67
Pre-FIRM Discount	- \$12,345.67	\$ \$12,345.67
Newly Mapped Discount	- \$12,345.67	\$ \$12,345.67
Other Statutory Discounts	- \$12,345.67	\$ \$12,345.67
DISCOUNTED PREMIUM	= \$12,345.67	\$ \$12,345.67
Reserve Fund Assessment	+ \$12,345.67	\$ \$12,345.67
HFIAA Surcharge	+ \$12,345.67	\$ \$12,345.67
Federal Policy Fee	+ \$12,345.67	\$ \$12,345.67
Probation Surcharge	+ \$12,345.67	\$ \$12,345.67
TOTAL AMOUNT DUE	= \$12,345.67	\$ \$12,345.67

ADDITIONAL INFORMATION

Enter any additional information:
Lorem ipsum dolor sit amet, consectetur adipiscing elit, sed do eiusmod tempor.

FEMA Form FF-206-FY-21-117 (formerly 086-0-1)

(05/2021)

PLEASE SUBMIT TOTAL AMOUNT DUE AND ALL REQUIRED CERTIFICATIONS WITH THE NFIP COPY OF THIS APPLICATION.
IF PAYING BY CHECK OR MONEY ORDER, MAKE PAYABLE TO THE NATIONAL FLOOD INSURANCE PROGRAM.
IMPORTANT — COMPLETE PAGE 1 AND PAGE 2 BEFORE SENDING APPLICATION TO THE NFIP. — IMPORTANT



U.S. DEPARTMENT OF HOMELAND SECURITY | FEDERAL EMERGENCY MANAGEMENT AGENCY
National Flood Insurance Program

FLOOD INSURANCE APPLICATION

FEMA Form FF-206-FY-21-117 (formerly 086-O-1)

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 National Flood Insurance Act of 1968, on the grounds of race, color, creed, sex, age, or national origin.

PRIVACY ACT NOTICE

Authority: 42 U.S.C. 4011 et seq. authorizes the collection of this information.

Purpose: FEMA will use this information to issue flood insurance policies provided through the National Flood Insurance Program.

Routine Uses: The information requested on this form may be shared externally as a “routine use” to other federal agencies, state governments, local governments, tribal governments, certain non-profit entities, private insurance companies participating in the Write Your Own Program, and their contractors to implement the National Flood Insurance Act of 1968. A complete list of the routine uses can be found in the system of records notice associated with this form, “DHS/FEMA-003 National Flood Insurance Program Files” (79 FR 28747). The Department’s full list of system of records notices can be found on the Department’s website at <http://www.dhs.gov/system-records-notices-sorns>.

Disclosure: Furnishing this information is voluntary. However, failure to furnish the requested information may delay or prevent the issuance of a flood insurance policy.

PAPERWORK REDUCTION ACT NOTICE

Public reporting burden for this form is estimated to average 8 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 submit to this collection of information unless it displays a valid OMB control number. 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 (FEMA), 500 C Street SW, Washington, DC 20472, **NOTE:** Do not send your completed form to this address.