

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 February 28, 2027

☒ 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: <input checked="" type="checkbox"/> POLICYHOLDER <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 <u>12,348,345 12,</u> TO <u>12,348,345 12,</u> WAITING PERIOD: <u>345</u> <u>345</u> <input checked="" type="checkbox"/> STANDARD 30-DAY (12:01 A.M. LOCAL TIME) <input type="checkbox"/> MAP REVISION – 1-DAY (12:01 A.M. LOCAL TIME, THE NEXT CALENDAR DAY) <input type="checkbox"/> LOAN TRANSACTION – NO WAITING PERIOD (EFFECTIVE AT TIME OF LOAN CLOSING) <input type="checkbox"/> POST-WILDFIRE – 1-DAY (12:01 A.M. LOCAL TIME, THE NEXT CALENDAR DAY) <input type="checkbox"/> TRANSFER (NFIP POLICIES ONLY) – NO WAITING PERIOD (12:01 A.M. LOCAL TIME)	
AGENT/PRODUCER INFORMATION	NAME AND MAILING ADDRESS OF AGENT/PRODUCER: <u>Lorem ipsum dolor sit amet, consectetur adipiscing elit, sed do eiusmod tempor.</u> AGENCY NO.: <u>Agent Number 1</u> AGENT NO.: <u>Agent Number 2</u> PHONE NO.: <u>Agent Number 3</u> EMAIL ADDRESS: <u>testy@example.com</u>		2ND MORTGAGEE/OTHER	NAME AND MAILING ADDRESS OF: <input checked="" type="checkbox"/> 2ND MORTGAGEE <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> OTHER IF OTHER, SPECIFY: <u>2nd Mortgagee/Loss Payee/Other</u> <u>Name Specification</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? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO IS THE POLICYHOLDER A CONDOMINIUM ASSOCIATION? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO IS THE POLICYHOLDER A SMALL BUSINESS? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO IS THE POLICYHOLDER A NON-PROFIT ENTITY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO IS THE POLICY FORCE-PLACED BY A LENDER? <input checked="" type="checkbox"/> YES <input type="checkbox"/> 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</u> <u>nt</u> MAP DATE: <u>12,348,345 12,</u> <u>ty</u> <u>Panel</u> COMMUNITY PROGRAM TYPE: <input checked="" type="checkbox"/> REGULAR <input type="checkbox"/> EMERGENCY <u>Number</u> <u>Num-</u> <u>ber</u>	
1ST MORTGAGEE	NAME AND MAILING ADDRESS OF FIRST MORTGAGEE: <u>Lorem ipsum dolor sit amet, consectetur adipiscing elit, sed do eiusmod tempor.</u> LOAN NO.: <u>First Mortgagee Loan Number</u>		BUILDING LOCATION	<p>NOTE: ONE BUILDING PER POLICY</p> <p>IS THE PROPERTY LOCATION THE SAME AS THE POLICYHOLDER MAILING ADDRESS? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (IF NO, ENTER PROPERTY ADDRESS AND TYPE.)</p> <p>PROPERTY ADDRESS TYPE: <input checked="" type="checkbox"/> STREET <input type="checkbox"/> OTHER: <u>Property Address</u> <u>Type Other</u> FOR AN ADDRESS WITH MULTIPLE BUILDINGS AND/OR FOR A BUILDING WITH ADDITIONS OR EXTENSIONS, DESCRIBE THE INSURED BUILDING: <u>Building Latitude</u> <u>Building Longitude</u> LATITUDE AND LONGITUDE (OPTIONAL): DATUM: <input checked="" type="checkbox"/> WGS84 <input type="checkbox"/> NAD83 LATITUDE: <u>Building</u> LONGITUDE: <u>Building</u> IS BUILDING LOCATED IN SYSTEM UNIT OR OPA? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO YEAR SYSTEM UNIT OR OPA ADDED TO CBRS: <input checked="" type="checkbox"/> 1982 <input type="checkbox"/> 1990 IF IN BUFFER ZONE, DID USFWS ISSUE AN OFFICIAL DETERMINATION SHOWING BUILDING OUTSIDE SYSTEM UNIT OR OPA? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO IF IN OPA, IS BUILDING USE CONSISTENT WITH PROTECTED AREA PURPOSE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</p>	
BUILDING INFORMATION	<div><div>1. BUILDING OCCUPANCY (CHECK ONE)</div><div><input checked="" type="checkbox"/> SINGLE-FAMILY HOME <input checked="" type="checkbox"/> RESIDENTIAL MANUFACTURED/MOBILE HOME <input checked="" type="checkbox"/> RESIDENTIAL UNIT <input checked="" type="checkbox"/> TWO-TO-FOUR FAMILY BUILDING <input checked="" type="checkbox"/> OTHER RESIDENTIAL BUILDING <input checked="" type="checkbox"/> RESIDENTIAL CONDOMINIUM BUILDING <input checked="" type="checkbox"/> NON-RESIDENTIAL BUILDING <input checked="" type="checkbox"/> NON-RESIDENTIAL MANUFACTURED/MOBILE BUILDING <input checked="" type="checkbox"/> NON-RESIDENTIAL UNIT</div><div>2. BUILDING DESCRIPTION (CHECK ONE)</div><div><div>Residential</div><div><input checked="" type="checkbox"/> ENTIRE APARTMENT BUILDING <input checked="" type="checkbox"/> APARTMENT UNIT <input checked="" type="checkbox"/> ENTIRE COOPERATIVE BUILDING <input checked="" type="checkbox"/> COOPERATIVE UNIT <input checked="" type="checkbox"/> DETACHED GUEST HOUSE <input checked="" type="checkbox"/> MAIN DWELLING <input checked="" type="checkbox"/> ENTIRE RESIDENTIAL CONDOMINIUM BUILDING <input checked="" type="checkbox"/> RESIDENTIAL CONDOMINIUM UNIT (IN RESIDENTIAL BUILDING) <input checked="" type="checkbox"/> RESIDENTIAL CONDOMINIUM UNIT (IN NON-RESIDENTIAL BUILDING) <input checked="" type="checkbox"/> OTHER DWELLING TYPE: <u>12,</u> <u>345.67</u></div><div>Non-Residential</div><div><input checked="" type="checkbox"/> AGRICULTURAL BUILDING <input checked="" type="checkbox"/> COMMERCIAL <input checked="" type="checkbox"/> DETACHED GARAGE <input checked="" type="checkbox"/> GOVERNMENT-OWNED <input checked="" type="checkbox"/> HOUSE OF WORSHIP <input checked="" type="checkbox"/> RECREATION BUILDING <input checked="" type="checkbox"/> STORAGE/TOOL SHED <input checked="" type="checkbox"/> OTHER NON-RESIDENTIAL TYPE: <u>12,</u> <u>34-</u> <u>5.</u> <u>67</u></div><div>3. FOUNDATION TYPE</div><div><input checked="" type="checkbox"/> SLAB ON GRADE (Non-Elevated) <input checked="" type="checkbox"/> BASEMENT (Non-Elevated) <input checked="" type="checkbox"/> CRAWLSPACE (Elevated or Non-Elevated Sub-Grade Crawlpace) <input checked="" type="checkbox"/> ELEVATED WITHOUT ENCLOSURE ON POSTS, PILES, OR PIERS <input checked="" type="checkbox"/> ELEVATED WITH ENCLOSURE ON POSTS, PILES, OR PIERS <input checked="" type="checkbox"/> ELEVATED WITH ENCLOSURE NOT ON POSTS, PILES, OR PIERS (Solid Foundation Walls)</div><div>IS THE ENCLOSURE/CRAWLSPACE CONSTRUCTED WITH PROPER FLOOD OPENINGS OR ENGINEERED OPENINGS? <input checked="" type="checkbox"/> YES <input checked="" type="checkbox"/> NO</div><div>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</div></div></div> <div><div>TOTAL ENCLOSED AREA: <u>12,345</u> SQUARE FEET</div><div>4. FIRST FLOOR HEIGHT DETERMINATION</div><div>ELEVATION CERTIFICATE (OPTIONAL): ELEVATION CERTIFICATE DATE: <u>12,348,345 12,</u> BUILDING DIAGRAM NUMBER: <u>345</u> <div>If Using Section C: LOWEST ADJACENT GRADE (IN FEET): <u>12,345.67</u> LOWEST FLOOR ELEVATION (IN FEET): <u>12,</u> FIRST FLOOR HEIGHT (IN FEET): <u>Ng-</u> <div>If Using Section F: FIRST FLOOR HEIGHT (IN FEET): <u>345</u></div></div><div>FIRST FLOOR HEIGHT USED (IN FEET): <u>Method Used to Determine First Floor Height</u></div><div>METHOD USED TO DETERMINE FIRST FLOOR HEIGHT: <u>Used to Determine First Floor Height</u></div><div>5. BUILDING CHARACTERISTICS</div><div>IS BUILDING UNDER CONSTRUCTION? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO DATE OF CONSTRUCTION: <u>12,345 12,</u> HAS THE BUILDING BEEN SUBSTANTIALLY IMPROVED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO IF YES, ENTER SUBSTANTIALLY IMPROVED DATE: <u>X / - / Ma</u> CONSTRUCTION TYPE: <input checked="" type="checkbox"/> FRAME <input type="checkbox"/> MASONRY <input type="checkbox"/> OTHER: <u>12,345</u></div><div>IS THE BUILDING OVER WATER? <input checked="" type="checkbox"/> NO <input type="checkbox"/> PARTIALLY <input type="checkbox"/> ENTIRELY</div><div>IS THE BUILDING PROPERLY FLOODPROOFED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</div><div>IS THE BUILDING ELIGIBLE FOR THE MACHINERY AND EQUIPMENT MITIGATION DISCOUNT? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</div><div>BUILDING SQUARE FOOTAGE: <u>12,345</u></div><div>NUMBER OF DETACHED STRUCTURES ON PROPERTY: <u>12,345</u></div><div>NUMBER OF ELEVATORS: <u>12,345</u></div><div>NUMBER OF FLOORS IN BUILDING (EXCLUDING BASEMENT/ENCLOSED AREA): <u>12,345</u></div><div>IF THE COVERAGE IS FOR A UNIT, INDICATE THE FLOOR WHERE THE UNIT IS LOCATED: <u>Improved Substantially</u></div><div>TOTAL NUMBER OF UNITS IN THE BUILDING: <u>Improved Substantially</u></div><div>BUILDING REPLACEMENT COST (INCLUDING FOUNDATION): \$ <u>12,345.67</u></div><div>IS THE BUILDING A RENTAL PROPERTY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</div><div>IS BUILDING THE POLICYHOLDER'S PRIMARY RESIDENCE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</div><div>IF MANUFACTURED/MOBILE HOME OR BUILDING (INCLUDING TRAVEL TRAILER) PROVIDE IDENTIFICATION NUMBER: <u>12,345</u></div></div></div>				

FLOOD INSURANCE APPLICATION, PAGE 2 (OF 2)

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

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

POLICY #: Policy Number

PRIOR POLICY #: Prior Policy Number

COVERAGES AND DEDUCTIBLES

SFIP Form: ☒ Dwelling ☐ General Property ☐ RCBAP

Amount of Insurance:

Building \$ \$12,345.67 Contents \$ \$12,345.67

Deductible:

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

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

SIGNATURE OF INSURANCE AGENT/PRODUCER

$\frac{12}{345} / \frac{12,}{345} / \frac{12,345}{}$

SIGNATURE OF POLICYHOLDER (OPTIONAL)

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

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

Enter any additional information:

Enter any additional information:

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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: FEMA is authorized to collect the information requested on this form pursuant to the National Flood Insurance Act of 1968, as amended, 42 U.S.C. 4011 et seq. which will enable interested persons to purchase insurance against loss resulting from physical damage to or loss of real property or personal property related thereto arising from any flood occurring in the United States. 42 U.S. Code § 4102 – Criteria for land management and use. 42 U.S. Code § 4104c – Mitigation assistance.

Purpose: The purpose of the information requested on this document and any supporting documents is 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 <https://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.