## https://useanvil.com u.s. department of homeland security | federal emergency management agency

# National Flood Insurance Program

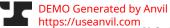
### FLOOD INSURANCE APPLICATION, PAGE 1 (0F 2)

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)

MPORTANT—PLEASE PRINT OR TYPE; ENTER DATES AS MM/DD/YYYY.			PRIOR POLICY #: Prior Policy Number		
N BILLING	☐ FIRST MORTGAGEE ☐ 01	ISS PAYEE THER (AS SPECIFIED IN THE "2ND ORTGAGEE/OTHER" BOX BELOW) UCER:	POLICY PERIOD	POLICY PERIOD IS FROM 2,34,8,34,5 12, WAITING PERIOD: 34,5   STANDARD 30-DAY (12:01 A.M. LOCAL TIME  MAP REVISION — 1-DAY (12:01 A.M. LOCAL  LOAN TRANSACTION — NO WAITING PERIOD  POST-WILDFIRE — 1-DAY (12:01 A.M. LOCAL	345 TIME, THE NEXT CALENDAR DAY) (EFFECTIVE AT TIME OF LOAN CLOSING)
AGENT/PRODUCER INFORMATION	Lorem ipsum dolor sit amet, consectetur adipiscing elit, sed do eiusmod tempor.  AGENCY NO.: Agent Number AGENT NO.: Agent Number 2 PHONE NO.: (555) 444-3333 EMAIL ADDRESS: testy@example.com		2ND MORTGAGEE/ OTHER	NAME AND MAILING ADDRESS OF:     2ND MORTGAGEE	
POLICYHOLDER INFORMATION	PHONE NO.:(555) 444-3333 EMAIL ADDRESS:testy@example.com		CATION COMMUNITY INFORMATION	CURRENT FIRM ZONE: CUrrent Communint  MAP DATE 2,343,345,12. ty/Panel Suffix  COMMUNITY PROGRAM TROUS AREGULAR FOLICY  IS THE PROPERTY LOCATION THE SAME AS THE POLICYHOLDER MAILING ADDRESS?  YES NO (IF NO, ENTER PROPERTY ADDRESS AND TYPE.)  PROPERTY ADDRESS TYPE: STREET OTHER: Property Address  FOR AN ADDRESS WITH MULTIPLE BUILDINGS AND/OR FOLIC WITH ADDITIONS  OR EXTENSIONS, DESCRIBE THE INSURED BUILDING: SPROFFET ADDRESS  LATITUDE: Latitude LONGITUDE: SBUILDING LOCATED IN A CBRS SYSTEM UNIT OR OPA? 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	
1ST MORTGAGEE PO			BUILDING LO		
BUILDING INFORMATION	1. BUILDING OCCUPANCY (CHECK ONE)  SINGLE-FAMILY HOME  RESIDENTIAL MANUFACTURED/ MOBILE HOME  RESIDENTIAL UNIT  TWO-TO-FOUR FAMILY BUILDING  OTHER RESIDENTIAL BUILDING  NON-RESIDENTIAL BUILDING  NON-RESIDENTIAL MANUFACTURED/ MOBILE BUILDING  NON-RESIDENTIAL WIT  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)	Non-Residential  AGRICULTURAL BUILDING  COMMERCIAL  DETACHED GARAGE  GOVERNMENT-OWNED  HOUSE OF WORSHIP  RECREATION BUILDING  STORAGE/TOOL SHED  OTHER NON-RESIDENTIAL TYPE: 12,  FOUNDATION TYPE  SLAB ON GRADE (Non-Elevated) 5.  BASEMENT (Non-Elevated) 67  CRAWLSPACE (Elevated or Non-Elevated Sub-Grade Crawlspace)  ELEVATED WITHOUT ENCLOSURE ON POSTS, PILES, OR PIERS  ELEVATED WITH ENCLOSURE NOT 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 12,345  TOTAL AREA OF ALL PERMANENT OPENINGS:  \$12. SQUARE INCHES	TOTAL ENCLOSED AREA: 12,345  SQUARE FEET  4. FIRST FLOOR HEIGHT DETERMINATION ELEVATION CERTIFICATE (OPTIONAL): If Using Section C:  LOWEST ADJACENT GRADE (IN FEED): 345 FIRST FLOOR HEIGHT (IN FEED): 345 FIRST FLOOR HEIGHT (IN FEED): 345 FIRST FLOOR HEIGHT (IN FEET): 345 FIRST FLOOR HEIGHT (IN FEET): 345 FIRST FLOOR HEIGHT (IN FEET): 345 METHOD USED TO DETERMINE FIRST FLOOR HEIGHT: X  5. BUILDING CHARACTERISTICS IS BUILDING GHARACTERISTICS IS BUILDING GHARACTERISTICS IS BUILDING THE BUILDING: SUBSTANTIALITYS-IMPROVED? X YES NO  IF YES, ENTER SUBSTANTIALITY IMPROVED DATE? X YES NO  IF YES, ENTER SUBSTANTIALITY IMPROVED DATE? X YES NO  IF YES, ENTER SUBSTANTIALITY IMPROVED DATE? X YES NO  IF YES, ENTER SUBSTANTIALITY IMPROVED DATE? X YES NO  IF YES, ENTER SUBSTANTIALITY IMPROVED DATE? X YES NO  IF YES, ENTER SUBSTANTIALITY IMPROVED DATE? X YES NO  IF YES, ENTER SUBSTANTIALITY IMPROVED DATE? X YES NO  IF YES, ENTER SUBSTANTIALITY IMPROVED DATE? X YES NO  IF YES, ENTER SUBSTANTIALITY IMPROVED DATE? X YES NO  IF YES, ENTER SUBSTANTIALITY IMPROVED DATE? X YES NO  IF YES, ENTER SUBSTANTIALITY IMPROVED DATE? X YES NO  IF YES, ENTER SUBSTANTIALITY IMPROVED DATE? X YES NO  IF YES, ENTER SUBSTANTIALITY IMPROVED DATE? X YES NO  IF YES, ENTER SUBSTANTIALITY IMPROVED DATE? X YES NO  IF YES, ENTER SUBSTANTIALITY IMPROVED DATE? X YES NO  IF YES, ENTER SUBSTANTIALITY IMPROVED DATE? X YES NO  IF YES, ENTER SUBSTANTIALITY IMPROVED DATE? X YES NO  IF YES NO		

(05/2021)



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

OMB No. 1660-0006 | Expires February 28, 2027

### **FLOOD INSURANCE APPLICATION**, PAGE 2 (0F 2)

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

NEW ☐ RENEWAL ☐ ENDORSEMENT ☐ TRANSFER (NFIP POLICIES ONLY) POLICY #: Policy Number				
POLICY #: _Policy Number PRIOR POLICY #: _Prior Policy Number				

COVERAGES AND DEDUCTIBLES	DISCOUNTS		
SFIP Form: 🛮 Dwelling 🗆 General Property 🗀 RCBAP	Did the applicant have a prior NFIP policy for the building that received a Newly Mapped discount and lapsed? ☐ Yes ☐ No		
Amount of Insurance:			
Building \$ _\$12,345.67 Contents \$ _\$12,345.67	If yes, did the lapse occur for a valid reason?		
Deductible	Is the property eligible for the Newly Mapped discount? 🛛 Yes 🗆 No		
Building \$\$12,345.67	Did the applicant have a prior NFIP policy for the building that received		
Rate Category: X Rating Engine Provisional Rate	a Pre-FIRM discount and lapsed?		
	If yes, did the lapse occur for a valid reason? ☐ Yes ☐ No		
I declare under penalty of perjury that the foregoing is true and correc	t.		
	4.2		
	12, 245 12 245		
SIGNATURE OF INSURANCE AGENT/PRODUCER	12, 345, 12,345		
	12, 12,345		
SIGNATURE OF BOLICYHOLDER (ORTIONAL)	12, / 12, /		
SIGNATURE OF TOLIGHTOLDER (OF HOME)	over-Amily on Palin		
	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		

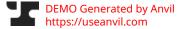
COMPONENTS OF THE TOTAL AMOUNT DUE					
Building Premium	+ \$12,345.67	\$ \$12,345.67			
Contents Premium	+ \$12,345.67	\$ \$12,345.67			
Increased Cost of Compliance (ICC) Premium	+ \$12,345.67	\$ \$12,345.67			
Mitigation Discount	- \$12,345.67	\$ \$12,345.67			
Community Rating System Discount	- \$12,345.67	\$ \$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:

Lorem ipsum dolor sit amet, consectetur adipiscing elit, sed do eiusmod tempor.

ADDITIONAL INFORMATION

TOTAL AMOUNT DUE



# 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 086-0-1)

#### **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.