



NATIONAL FLOOD INSURANCE PROGRAM

FLOOD INSURANCE GENERAL CHANGE ENDORSEMENT

REASON FOR CHANGE (ATTACH MEMO IF ADDITIONAL SPACE IS NEEDED)		IMPORTANT - PLEASE PRINT OR TYPE		POLICY # FL	
LICENSED PROPERTY OR CASUALTY INSURANCE AGENT OR BROKER ADDRESS		ADDRESS CHANGED? <input type="checkbox"/> YES <input type="checkbox"/> NO		CHANGE DIRECT BILL INSTRUCTIONS TO:	
AGENCY NO: _____ FAX (A/C, No): _____ PHONE (A/C, No, Ext): _____		NEW AGENT? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, THE INSURED MUST SIGN THIS FORM		<input type="checkbox"/> BILL INSURED <input type="checkbox"/> BILL FIRST MORTGAGEE <input type="checkbox"/> BILL SECOND MTGEE <input type="checkbox"/> BILL LOSS PAYEE <input type="checkbox"/> BILL OTHER	
AGENT'S TAX ID: _____		INSURED'S NAME, MAILING ADDRESS AND PHONE #		POLICY EFF DATE _____ POLICY EXP DATE _____ 12:01 A.M. LOCAL TIME AT THE INSURED PROPERTY LOCATION ENDORSEMENT EFFECTIVE DATE FOR ADDED COVERAGE, INCL THE WAITING PD FROM THE ENDORSEMENT APPLICATION WAITING PERIOD: <input type="checkbox"/> LOAN-NO WAITING <input type="checkbox"/> STANDARD 30-DAY MAP REV (ZONE CHANGE FROM NON-SFHA TO SFHA)-- ONE DAY	
IS INSURANCE REQUIRED FOR DISASTER ASSISTANCE? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES: <input type="checkbox"/> SBA <input type="checkbox"/> FEMA <input type="checkbox"/> FMHA <input type="checkbox"/> OTHER (PLEASE SPECIFY): _____		PROPERTY LOCATION THE LOCATION OF INSURED PROPERTY CANNOT BE CHANGED BY ENDORSEMENT - A NEW APPLICATION IS REQUIRED IS INSURED PROPERTY LOCATION SAME AS INSURED MAILING ADDRESS? <input type="checkbox"/> YES <input type="checkbox"/> NO IF NO, ENTER PROPERTY ADDRESS. IF RURAL, DESCRIBE PROPERTY LOCATION (DO NOT USE P.O. BOX)			
ENTER CASE FILE NUMBER: _____		IF SECOND MORTGAGEE, LOSS PAYEE OR OTHER IS TO BE BILLED, THE FOLLOWING MUST BE COMPLETED, INCLUDING THE NAME AND ADDRESS:			
FIRST MORTGAGEE'S NAME AND ADDRESS		<input type="checkbox"/> SECOND MORTGAGEE <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> DISASTER AGENCY <input type="checkbox"/> OTHER (PLEASE SPECIFY): _____			
LOAN NO: _____ FAX (A/C, No): _____ PHONE (A/C, No, Ext): _____		LOAN NO: _____ FAX (A/C, No): _____ PHONE (A/C, No, Ext): _____			
NAME OF COUNTY / PARISH: _____		LOCATED IN AN UNINCORPORATED AREA OF THE COUNTY ?		<input type="checkbox"/> YES <input type="checkbox"/> NO	
COMMUNITY NO / PANEL NO AND SUFFIX FOR LOCATION OF PROPERTY INSURED: _____		COMMUNITY PROGRAM TYPE IS:		<input type="checkbox"/> REGULAR <input type="checkbox"/> EMERGENCY	
IS BUILDING IN A SPECIAL FLOOD HAZARD AREA? <input type="checkbox"/> YES <input type="checkbox"/> NO		FLOOD INSURANCE RATE MAP ZONE:			

CONSTRUCTION

BUILDING OCCUPANCY RESIDENTIAL <input type="checkbox"/> SINGLE FAMILY <input type="checkbox"/> 2 - 4 FAMILY <input type="checkbox"/> OTHER RESIDENTIAL NON-RESIDENTIAL (INC HOTEL/MOTEL)		# FLOORS IN ENTIRE BLDG (INC BASEMENT/ENCLOSED AREA, IF ANY) OR BLDG TYPE <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 OR MORE <input type="checkbox"/> SPLIT-LEVEL TOWNHOUSE/ROWHOUSE (RCBAP LOWRISE ONLY) <input type="checkbox"/> MANUFACTURED MOBILE HOME / TRAVEL TRAILER ON FOUNDATION		RESIDENTIAL CONDOMINIUM BUILDING ASSOCIATION POLICY ONLY TOTAL # UNITS (INCLUDE NON-RES) <input type="checkbox"/> HIGH-RISE <input type="checkbox"/> LOW-RISE		DEDUCTIBLE <input type="checkbox"/> BUILDING \$ _____ <input type="checkbox"/> CONTENTS \$ _____		DESCRIBE BUILDING AND USE IF NOT A 1-4 FAMILY DWELLING.	
BASEMENT OR ENCLOSED AREA BELOW AN ELEVATED BUILDING <input type="checkbox"/> NONE <input type="checkbox"/> FINISHED <input type="checkbox"/> UNFINISHED		IF NOT A SINGLE FAMILY DWELLING, THE NUMBER OF OCCUPANCIES (UNITS) IS _____		ESTIMATED REPLACEMENT COST AMOUNT \$ _____		DEDUCTIBLE BUYBACK? <input type="checkbox"/> YES <input type="checkbox"/> NO			
DOES INSURED QUALIFY AS A SMALL BUSINESS RISK? <input type="checkbox"/> YES <input type="checkbox"/> NO		CONDO COVERAGE IS FOR: <input type="checkbox"/> UNIT <input type="checkbox"/> ENTIRE BUILDING		IS THIS BUILDING IN THE COURSE OF CONSTRUCTION? <input type="checkbox"/> YES <input type="checkbox"/> NO		IS BUILDING INSURED'S PRINCIPAL RESIDENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO		IS BUILDING ELEVATED? <input type="checkbox"/> YES <input type="checkbox"/> NO	
IS BUILDING POST-FIRM CONSTRUCTION? <input type="checkbox"/> YES <input type="checkbox"/> NO		BUILDING DIAGRAM NUMBER _____		IS "YES", AREA BELOW IS: <input type="checkbox"/> FREE OF OBSTRUCTION <input type="checkbox"/> WITH OBSTRUCTION		IF BUILDING IS ELEVATED, COMPLETE PART 2 OF THE FLOOD INSURANCE APPLICATION		IS THE INSURED PROPERTY OWNED BY STATE GOVERNMENT? <input type="checkbox"/> YES <input type="checkbox"/> NO	
CONTENTS LOCATED IN <input type="checkbox"/> BASEMENT / ENCLOSURE <input type="checkbox"/> BASEMENT / ENCLOSURE AND ABOVE <input type="checkbox"/> LOWEST FLOOR ABOVE GROUND LEVEL AND HIGHER		IS PERSONAL PROPERTY HOUSEHOLD CONTENTS? <input type="checkbox"/> YES <input type="checkbox"/> NO IF "NO", PLEASE DESCRIBE: _____		IS THIS BUILDING IN THE COURSE OF CONSTRUCTION? <input type="checkbox"/> YES <input type="checkbox"/> NO		IF "YES", AREA BELOW IS: <input type="checkbox"/> FREE OF OBSTRUCTION <input type="checkbox"/> WITH OBSTRUCTION			
ALL BUILDINGS - CHECK ONE OF FIVE BLOCKS <input type="checkbox"/> BUILDING PERMIT DATE _____ (MM/DD/YY) <input type="checkbox"/> DATE OF CONSTRUCTION _____ (MM/DD/YY) <input type="checkbox"/> SUBSTANTIAL IMPROVEMENT DATE _____ (MM/DD/YY)		MANUFACTURED (MOBILE) HOMES / TRAVEL TRAILERS LOCATED IN A MOBILE HOME PARK OR SUBDIVISION: _____ (MM/DD/YY) CONSTRUCTION DATE OF MOBILE HOME PARK OR SUBDIVISION FACILITIES _____ (MM/DD/YY) MANUFACT. (MOBILE) HOMES / TRAVEL TRAILERS LOCATED OUTSIDE A MOBILE HOME PARK OR SUBDIVISION: _____ (MM/DD/YY) DATE OF PERMANENT PLACEMENT _____ (MM/DD/YY)		IS BUILDING POST-FIRM CONSTRUCTION? <input type="checkbox"/> YES <input type="checkbox"/> NO		BUILDING DIAGRAM NUMBER _____		LOWEST ADJACENT GRADE (LAG) _____	
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 CERTIFICATION. SEE FLOOD INSURANCE MANUAL FOR CERTIFICATION FORM		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 FLOOD-PROOFED? <input type="checkbox"/> YES <input type="checkbox"/> NO		ELEVATION CERTIFICATION DATE _____	

COVERAGE AND RATING

TO INCREASE/DECREASE COVERAGE, COMPLETE SECTIONS A & B.				FOR A RATE CHANGE, COMPLETE SECTION A ONLY.			
INSURANCE COVERAGE	SECTION A CURRENT COVERAGE			SECTION B DECREASED COVERAGE ONLY			NEW PREMIUM
	AMOUNT	RATE	PREMIUM	AMOUNT	RATE	PREMIUM	
BUILDING BASIC							
BUILDING ADD'L							
CONTENTS BASIC							
CONTENTS ADD'L							
IF CHANGING AMOUNT OF INSURANCE, ENTER NEW TOTAL AMOUNT BELOW							SUBTOTAL
BUILDING COVERAGE			CONTENTS COVERAGE				
BASIC	ADDITIONAL	TOTAL	BASIC	ADDITIONAL	TOTAL	DED DISCOUNT / SURCHARGE	
						SUBTOTAL	
IF RETURN PREMIUM, MAIL REFUND TO <input type="checkbox"/> INSURED <input type="checkbox"/> AGENT <input type="checkbox"/> PAYOR							ICC PREMIUM
PAYMENT OPTION <input type="checkbox"/> CREDIT CARD <input type="checkbox"/> OTHER							SUBTOTAL
THE ABOVE STATEMENTS ARE CORRECT TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT ANY FALSE STATEMENTS MAY BE PUNISHABLE BY FINE OR IMPRISONMENT UNDER APPLICABLE FEDERAL LAW.							CRS PREMIUM DISC _____ %
SIGNATURE OF INSURED _____							SUBTOTAL
DATE (MM/DD/YY) _____							PREMIUM PREVIOUSLY PAID (Excludes Probation Surcharge / Federal Policy Fee)
SIGNATURE OF INSURANCE AGENT/BROKER _____							DIFFERENCE _____ (+/-)
DATE (MM/DD/YY) _____							PRO RATA FACTOR
							TOTAL _____ (+/-)

**FLOOD INSURANCE
GENERAL CHANGE ENDORSEMENT
FEMA FORM 81-18**

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 Repetitive Loss Target Group (RLTG) property owners and Preferred Risk Policy (PRP) owners for the purpose of property loss history evaluation; to the American Red Cross for verification of nonduplication of benefits following a flood 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

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NOTE: Do not send your completed form to this address.