



NATIONAL FLOOD INSURANCE PROGRAM

FLOOD INSURANCE PREFERRED RISK POLICY APPLICATION

IMPORTANT - PLEASE PRINT OR TYPE

LICENSED PROPERTY OR CASUALTY INSURANCE AGENT OR BROKER ADDRESS		DIRECT BILL INSTRUCTIONS		NEW	CURRENT POLICY # (IF NEW, LEAVE BLANK)	
		<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		RNWL	FL	
AGENCY NO: PHONE (A/C, No, Ext):		FAX (A/C, No):		WAITING PERIOD:		
				<input type="checkbox"/> STANDARD 30-DAY <input type="checkbox"/> LOAN - NO WAITING		
AGENT'S TAX ID:				POLICY PERIOD IS FROM:		TO: 12:01 A.M. LOCAL TIME AT THE INSURED PROPERTY LOCATION
INSURED'S NAME, MAILING ADDRESS AND PHONE #				PROPERTY LOCATION		
				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)		
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"/> FHA <input type="checkbox"/> HHS <input type="checkbox"/> OTHER (PLEASE SPECIFY):						
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, SPECIFY				
LOAN NO: PHONE (A/C, No, Ext):		FAX (A/C, No):		OTHER (PLEASE SPECIFY)		LOAN NO: PHONE (A/C, No, Ext):
						FAX (A/C, No):
NAME OF COUNTY / PARISH:				LOCATED IN AN UNINCORPORATED AREA OF THE COUNTY ? <input type="checkbox"/> YES <input type="checkbox"/> NO		
COMMUNITY NO AND SUFFIX FOR LOCATION OF PROPERTY INSURED:				FLOOD INSURANCE RATE MAP ZONE:		
INFORMATION SOURCE:		COMMUNITY OFFICIAL		FLOOD MAP		MORTGAGEE
						OTHER, SPECIFY:

CONSTRUCTION INFORMATION

BUILDING OCCUPANCY	BUILDING TYPE (INCLUDING BASEMENT / ENCLOSURE)	CONTENTS LOCATED IN:	INSURED'S PRINCIPAL RESIDENCE?
<input type="checkbox"/> SINGLE FAMILY <input type="checkbox"/> 2 - 4 FAMILY <input type="checkbox"/> OTHER RESIDENTIAL NON-RESIDENTIAL (INC HOTEL/MOTEL)	<input type="checkbox"/> ONE FLOOR <input type="checkbox"/> SPLIT LEVEL <input type="checkbox"/> TWO FLOORS <input type="checkbox"/> THREE OR MORE FLOORS <input type="checkbox"/> MANUFACTURED (MOBILE) HOME / TRAVEL TRAILER ON FOUNDATION	<input type="checkbox"/> ENCLOSURE ONLY (BASEMENT ONLY NOT ELIGIBLE) <input type="checkbox"/> BASEMENT / ENCLOSURE AND ABOVE <input type="checkbox"/> LOWEST FLOOR ONLY ABOVE GROUND LEVEL <input type="checkbox"/> LOWEST FLOOR ONLY ABOVE GROUND LEVEL AND HIGHER FLOORS ABOVE GROUND LEVEL MORE THAN ONE FULL FLOOR	<input type="checkbox"/> YES <input type="checkbox"/> NO
CONSTRUCTION DATE	IS BUILDING:		ESTIMATED REPLACEMENT COST AMOUNT
	CONDO UNIT	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$
	TOWNHOUSE / ROWHOUSE CONDO UNIT	<input type="checkbox"/> YES <input type="checkbox"/> NO	

MAKE, MODEL AND SERIAL NUMBER OF MANUFACTURED (MOBILE) HOME / TRAVEL TRAILER:

ELIGIBILITY INFORMATION

THE FOLLOWING CONDITIONS SHOULD BE USED TO DETERMINE A BUILDING'S ELIGIBILITY FOR A PRP

A) IS THE BUILDING LOCATED IN A SPECIAL FLOOD HAZARD AREA ON A FLOOD HAZARD BOUNDARY MAP, OR ON A FLOOD INSURANCE RATE MAP ZONE A, AE, A1- A30, AO, AH, A99, V, VE, V1- V30, AR, AR DUAL ZONES AR/AE, AR/AH, AR/AO, AR/A1- A30, OR AR/A? YES NO

B) DO ANY OF THESE CONDITIONS, ARISING FROM ONE OR MORE OCCURRENCES EXIST?

- TWO (2) LOSS PAYMENTS, EACH MORE THAN \$1,000? YES NO
- THREE (3) OR MORE LOSS PAYMENTS, REGARDLESS OF AMOUNT? YES NO
- TWO (2) FEDERAL DISASTER PAYMENTS, EACH MORE THAN \$1,000? YES NO
- THREE (3) FEDERAL DISASTER PAYMENTS, REGARDLESS OF AMOUNT? YES NO
- ONE (1) FLOOD INSURANCE CLAIM PAYMENT AND ONE (1) DISASTER RELIEF PAYMENT (INCLUDING LOANS AND GRANTS), EACH MORE THAN \$1,000? YES NO

INSURANCE IS AVAILABLE UNDER THIS APPLICATION ONLY IF THE ANSWERS TO THESE QUESTIONS ARE "NO"

PREMIUM

ENTER SELECTED OPTION FROM THE PREMIUM TABLES ON THE BACK OF THIS FORM

BUILDING AND CONTENTS COMBINATION	
BUILDING	\$
CONTENTS	\$
PREMIUM	\$
CONTENTS - ONLY COVERAGE	
AMOUNT	\$
PREMIUM	\$

SIGNATURE

(ONE BUILDING PER POLICY -- BLANKET COVERAGE NOT PERMITTED)

THE ABOVE STATEMENTS ARE CORRECT TO THE BEST OF MY KNOWLEDGE. THE PROPERTY OWNER AND I UNDERSTAND THAT ANY FALSE STATEMENTS MAY BE PUNISHABLE BY FINE OR IMPRISONMENT UNDER APPLICABLE FEDERAL LAW. SEE REVERSE SIDE.

SIGNATURE OF INSURANCE AGENT/BROKER

DATE (MM/DD/YY)

SEND ORIGINAL TO NFIP, KEEP SECOND COPY FOR YOUR RECORDS, GIVE THIRD COPY TO INSURED AND FOURTH COPY TO MORTGAGEE

PLEASE ATTACH TO THE NFIP COPY OF THE APPLICATION THE CHECK OR MONEY ORDER FOR THE TOTAL PREPAID PREMIUM MADE PAYABLE TO THE NATIONAL FLOOD INSURANCE PROGRAM

PREVIOUS EDITIONS ARE OBSOLETE

**FLOOD INSURANCE
PREFERRED RISK POLICY APPLICATION
FEMA FORM 81-67**

WARNING TO AGENTS AND INSURANCE APPLICANTS

The National Flood Insurance Act of 1968, as amended, prohibits a flood insurance policy from being newly issued or renewed on a property officially declared as being in violation of Section 1316 of the Act.

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 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 15 minutes per response. Burden means the time, effort, and financial resources expended by persons to generate, maintain, retain, disclose, or to provide information to us. You may send comments regarding the burden estimate or any aspect of the form, including suggestions for reducing the burden to: U.S. Department of Homeland Security, Emergency Preparedness and Response Directorate, Federal Emergency Management Agency, 500 C Street, SW, Washington, DC 20472, Paperwork Reduction Project (1660-0006).

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