

**U.S. DEPARTMENT OF HOMELAND SECURITY
FEDERAL EMERGENCY MANAGEMENT AGENCY**

O.M.B. No. 1660-0006 Expires July 31, 2006

National Flood Insurance Program

FLOOD INSURANCE GENERAL CHANGE ENDORSEMENT

IMPORTANT— PLEASE PRINT OR TYPE

POLICY NUMBER _____
FL _____

REASON FOR CHANGE:
(ATTACH MEMO IF ADDITIONAL SPACE IS NEEDED).

CHANGE DIRECT BILL INSTRUCTIONS TO:
 BILL INSURED BILL FIRST MORTGAGEE
 BILL SECOND MORTGAGEE
 BILL LOSS PAYEE BILL OTHER

POLICY PERIOD IS FROM _____ TO _____
 12:01 A.M. LOCAL TIME AT THE INSURED PROPERTY LOCATION
 WAITING PERIOD: STANDARD 30-DAY
 LOAN— NO WAITING MAP REV. (ZONE CHANGE FROM NON-SHFA TO SHFA)— ONE DAY
 ENDORSEMENT EFFEC. DATE _____ FOR ADDED COVERAGE, INCLUDE THE WAITING PERIOD FROM THE ENDORSEMENT APPLICATION DATE

ADDRESS OF LICENSED PROPERTY OR CASUALTY INSURANCE AGENT OR BROKER: _____
 ADDRESS CHANGED? YES NO
 AGENCY NO.: _____
 AGENTS TAX ID _____
 T OR SSN S _____
 NEW AGENT? YES NO
 IF YES, THE INSURED MUST SIGN THIS FORM

NAME, MAILING ADDRESS, AND TELEPHONE NO. OF INSURED: _____
 INSURED'S SOCIAL SECURITY NUMBER: _____

IS INSURANCE REQUIRED FOR DISASTER ASSISTANCE YES NO IF YES, CHECK THE GOVERNMENT AGENCY: SBA FEMA FMHA
 ENTER CASE FILE NUMBER OR INSURED'S SOCIAL SECURITY NUMBER _____ OTHER _____ (PLEASE SPECIFY)

NAME AND ADDRESS OF FIRST MORTGAGEE _____
 LOAN NO.: _____
 PHONE NO.: _____ FAX NO.: _____

IF SECOND MORTGAGEE, LOSS PAYEE OR OTHER IS TO BE BILLED, THE FOLLOWING MUST BE COMPLETED, INCLUDING THE NAME AND ADDRESS
 2ND MORTGAGEE DISASTER AGENCY
 LOSS PAYEE IF OTHER PLEASE SPECIFY: _____

IS INSURED PROPERTY LOCATION SAME AS INSURED MAILING ADDRESS? YES NO
 IF NO, ENTER PROPERTY ADDRESS, IF RURAL, DESCRIBE PROPERTY LOCATION (DO NOT USE P.O. BOX)

THE LOCATION OF INSURED PROPERTY CANNOT BE CHANGED BY ENDORSEMENT— A NEW APPLICATION IS **REQUIRED**

LOAN NO.: _____
 PHONE NO.: _____
 FAX NO.: _____

NAME OF COUNTY/PARISH? _____ LOCATED IN AN UNINCORPORATED AREA OF THE COUNTY? YES NO
 COMMUNITY NO./PANEL NO. AND SUFFIX FOR LOCATION OF PROPERTY INSURED _____ COMMUNITY PROGRAM TYPE IS: R REGULAR E EMERGENCY
 IS BUILDING IN SPECIAL FLOOD HAZARD AREA? YES NO FLOOD INSURANCE RATE MAP ZONE _____

BUILDING OCCUPANCY <input type="checkbox"/> SINGLE FAMILY <input type="checkbox"/> 2-4 FAMILY <input type="checkbox"/> OTHER RESIDENTIAL <input type="checkbox"/> NON-RESIDENTIAL (INCLUDING HOTEL/MOTEL)	NUMBER OF FLOORS IN ENTIRE BUILDING (INCLUDE BASEMENT/ENCLOSED AREA, IF ANY) OR BUILDING TYPE <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 OR MORE <input type="checkbox"/> SPLIT LEVEL <input type="checkbox"/> TOWNHOUSE/ROWHOUSE (RCBAP LOWRISE ONLY) <input type="checkbox"/> MANUFACTURED (MOBILE) HOME/TRAVEL TRAILER ON FOUNDATION	RESIDENTIAL CONDOMINIUM BUILDING ASSOCIATION POLICY ONLY. TOTAL NUMBER OF 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. FOR MANUFACTURED (MOBILE) HOMES/TRAVEL TRAILERS, COMPLETE PART 2, SECTION III.
		ESTIMATED REPLACEMENT COST AMOUNT \$ _____	DEDUCTIBLE BUYBACK? <input type="checkbox"/> YES <input type="checkbox"/> NO	
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 _____	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 INSURED PROPERTY OWNED BY STATE GOVERNMENT? <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	IF BUILDING IS ELEVATED, COMPLETE PART 2 OF THE FLOOD INSURANCE APPLICATION. IF YES, AREA BELOW IS: <input type="checkbox"/> FREE OF OBSTRUCTION <input type="checkbox"/> WITH OBSTRUCTION	

CONTENTS LOCATED IN: BASEMENT/ENCLOSURE BASEMENT/ENCLOSURE AND ABOVE LOWEST FLOOR ONLY ABOVE GROUND LEVEL
 LOWEST FLOOR ABOVE GROUND LEVEL AND HIGHER
 ABOVE GROUND LEVEL MORE THAN ONE FULL FLOOR (IF SINGLE FAMILY, CONTENTS ARE RATED THROUGHOUT THE BUILDING)
 IS PERSONAL PROPERTY HOUSEHOLD CONTENTS? YES NO IF NO, PLEASE DESCRIBE: _____

ALL BUILDINGS: CHECK ONE OF THE FIVE BLOCKS: BUILDING PERMIT DATE OR DATE OF CONSTRUCTION ____/____/____ (MM/DD/YY)
 SUBSTANTIAL IMPROVEMENT DATE ____/____/____ (MM/DD/YY) MANUFACTURED (MOBILE) HOMES/TRAVEL TRAILERS LOCATED IN A MOBILE HOME PARK OR SUBDIVISION:
 CONSTRUCTION DATE OF MOBILE HOME PARK OR SUBDIVISION FACILITIES ____/____/____ (MM/DD/YY)
 MANUFACTURED (MOBILE) HOMES/TRAVEL TRAILERS LOCATED OUTSIDE A MOBILE HOME PARK OR SUBDIVISION: DATE OF PERMANENT PLACEMENT ____/____/____ (MM/DD/YY)

IS BUILDING POST-FIRM CONSTRUCTION YES 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.
 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? YES NO IS BUILDING FLOOD-PROOFED? YES NO
 (SEE FLOOD INSURANCE MANUAL FOR CERTIFICATION FORM) ELEVATION CERTIFICATION DATE _____

TO INCREASE/DECREASE COVERAGE, COMPLETE SECTIONS A & B. FOR RATE CHANGE, COMPLETE SECTION A ONLY.

INSURANCE COVERAGE	SECTION A CURRENT COVERAGE			SECTION B + INCREASED / - DECREASED COVERAGE ONLY			NEW PREMIUM TOTALS
	AMOUNT	RATE	PREMIUM	AMOUNT	RATE	PREMIUM	
BUILDING BASIC							
BUILDING ADDITIONAL							
CONTENTS BASIC							
CONTENTS ADDITIONAL							
IF CHANGING AMOUNT OF INSURANCE, ENTER NEW TOTAL AMOUNT BELOW				PAYMENT OPTION: <input type="checkbox"/> CREDIT CARD <input type="checkbox"/> OTHER: _____	SUBTOTAL		
BUILDING COVERAGE					DEDUCT. DISCOUNT/SURCHARGE		
CONTENTS COVERAGE				SUBTOTAL			
BASIC	ADDITIONAL	TOTAL	BASIC	ADDITIONAL	TOTAL	ICC PREMIUM	
						SUBTOTAL	
						CRS PREMIUM DISCOUNT _____ %	
						SUBTOTAL	
IF RETURN PREMIUM, MAIL REFUND TO: <input type="checkbox"/> INSURED <input type="checkbox"/> AGENT <input type="checkbox"/> PAYOR. 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.						PREMIUM PREVIOUSLY PAID (Excludes Probation Surcharge/Expense Constant/ Federal Policy Fee)	
SIGNATURE OF INSURED AND DATE _____						DIFFERENCE _____ (+/-)	
SIGNATURE OF INSURANCE AGENT/BROKER _____						PRO RATA FACTOR _____	
DATE (MM/DD/YY) _____						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 flooding 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. Solicitation of your Social Security Number (SSN) is authorized under Executive Order 9397. Providing the SSN, as well as the other information, is voluntary, but failure to do so may delay or prevent issuance of the flood insurance policy.

DISCLOSURE OF YOUR SOCIAL SECURITY NUMBER UNDER PUBLIC LAW 93-579 SECTION 7(B)

Solicitation of the Social Security Number (SSN) is authorized under provisions of Executive Order 9397, dated November 22, 1943. The disclosure of your SSN is voluntary. However, since many persons appearing in the Government's administrative records possess identical names, the use of your SSN would provide for your precise identification.

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 9 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.**