

Fax to : 888-329-4684



NATIONAL FLOOD SERVICES, INC.

P.O. Box 2057 Kalispell, MT 59903-2057
 TEL 800-637-3846 FAX 406-257-2008

STANDARD FLOOD INSURANCE APPLICATION

PLEASE PRINT OR TYPE THIS FORM

RENEWAL BILLING INSTRUCTIONS <input type="checkbox"/> Insured <input type="checkbox"/> 1st Mortgagee <input type="checkbox"/> Agent/Producer <input type="checkbox"/> 2nd Mortgagee <input type="checkbox"/> Loss Payee <input type="checkbox"/> Other		<input type="checkbox"/> NEW <input type="checkbox"/> RENEWAL	IF RENEWAL, CURRENT POLICY #	WAITING PERIOD <input type="checkbox"/> Standard 30-Day <input type="checkbox"/> Loan Closing-No Wait <input type="checkbox"/> Map Revision-One Day		IF Lender Required <input type="checkbox"/> SFHA-No Wait <input type="checkbox"/> Non SFHA-30 Day	POLICY EFFECTIVE DATE 12:01 a.m. Local Time at the Insured Property Location
AGENT/ PRODUCER #			AGENT/PRODUCER NAME				
AGENCY NAME			AGENCY MAILING ADDRESS				
AGENCY PHONE NUMBER							
INSURED PHONE NUMBER			INSURED SOCIAL SECURITY #				
FIRST NAMED INSURED			ADDITIONAL NAMED INSURED				
INSURED MAILING ADDRESS			INSURED PROPERTY ADDRESS <input type="checkbox"/> Same as Mailing Address				
LOAN NUMBER			LOAN NUMBER				
FIRST MORTGAGEE'S NAME AND MAILING ADDRESS			SECOND MORTGAGEE OR OTHER (DESC.)				

PROPERTY AND BUILDING INFORMATION

Property located in unincorporated area of county? <input type="checkbox"/> Yes <input type="checkbox"/> No				Estimated Replacement Cost of Building \$ _____			Is building Insured's principal residence? <input type="checkbox"/> Yes <input type="checkbox"/> No	
COMM#	PANEL#	SUFFIX	COUNTY/PARISH	FLOOD ZONE	DATE OF CONSTRUCTION	BUILDING IN COURSE OF CONSTRUCTION <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, is building walled and roofed? <input type="checkbox"/> Yes <input type="checkbox"/> No		SUBSTANTIAL IMPROVEMENT DATE (If applicable)
BUILDING OCCUPANCY <input type="checkbox"/> Single Family <input type="checkbox"/> 2-4 Family <input type="checkbox"/> Other Residential <input type="checkbox"/> Non-Residential <input type="checkbox"/> Condo			IF CONDO, IS COVERAGE FOR: <input type="checkbox"/> Unit <input type="checkbox"/> High Rise <input type="checkbox"/> Low Rise Total # of Units in Building: _____			Is building State Government owned? <input type="checkbox"/> Yes <input type="checkbox"/> No Is this policy required for Disaster Assistance? <input type="checkbox"/> Yes <input type="checkbox"/> No Bldg. Description (If Non-Residential) _____		
BUILDING TYPE (including basement/enclosure) <input type="checkbox"/> 1 Floor <input type="checkbox"/> 2 Floors <input type="checkbox"/> 3 or More Floors <input type="checkbox"/> Split Level <input type="checkbox"/> Townhouse / Rowhouse Unit <input type="checkbox"/> Manufactured/Mobile Home (Complete Section D on reverse.)				CONTENTS LOCATION <input type="checkbox"/> Basement Only <input type="checkbox"/> Basement & Above <input type="checkbox"/> Lowest Floor Only Above Ground Level <input type="checkbox"/> Lowest Floor Above Ground & Higher Floors <input type="checkbox"/> Above Ground Level more than 1 Full Floor <input type="checkbox"/> In Mobile Home (Complete section D on reverse.)				

FOUNDATION INFORMATION

Built on slab at ground level? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is any portion of building below ground level on all sides? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, complete Section A on reverse.)	Is building elevated? (includes above-grade crawlspace) <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, complete Section B on reverse.)	Is garage attached to building? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, complete Section C on reverse.)
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ELEVATION INFORMATION

IF POST-FIRM CONSTRUCTION IN ZONES A, A1-A30, AE, AO, AH, V, V1-V30, VE, OR IF PRE-FIRM CONSTRUCTION IS ELEVATION-RATED, SUBMIT ELEVATION CERTIFICATE AND COMPLETE ELEVATION DATA BELOW. (CERTIFICATE IS OPTIONAL FOR NON-BASEMENT/NON-ENCLOSURE BUILDINGS IN ZONE A, AO, AND AH.)

Building Diagram #	Lowest Floor Elevation	Base Flood Elevation	=	Elevation Difference (Nearest Ft +/-)	Lowest Adjacent Grade	Elevation Certificate Date
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REQUESTED COVERAGES (ONE BUILDING PER POLICY - BLANKET COVERAGE NOT PERMITTED)

COVERAGE	TOTAL AMOUNT OF INSURANCE	BASIC LIMITS			ADDITIONAL LIMITS (REGULAR PROGRAM ONLY)			DEDUCTIBLE REDUCE/INCREASE	TOTAL PREMIUM
		AMOUNT OF INSURANCE	RATE	ANNUAL PREMIUM	AMOUNT OF INSURANCE	RATE	ANNUAL PREMIUM		
Building	.00	.00		.00	.00		.00	.00	
Contents	.00	.00		.00	.00		.00	.00	
DEDUCTIBLE-Building \$		DEDUCTIBLE-Contents \$		ANNUAL SUBTOTAL				.00	
PAYMENT TYPE <input type="checkbox"/> Check <input type="checkbox"/> Visa or MasterCard (Authorization must be attached.)							+ INCREASED COST OF COMPLIANCE		.00
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.								SUBTOTAL	.00
Signature of Agent / Producer (Required) _____ Date _____ Signature of Insured (Optional) _____ Date _____								- COMM RATING SYSTEM DISCOUNT	.00
								+ PROBATION SURCHARGE	.00
								+ FEDERAL POLICY FEE	.00
								TOTAL PREMIUM AMOUNT	.00

FULL PREMIUM MUST ACCOMPANY APPLICATION!

SECTION A - Subgrade Area (Basement) Information (Includes below-grade crawlspace)

Subgrade Area is: <input type="checkbox"/> Finished <input type="checkbox"/> Unfinished	Is there machinery or equipment in the Subgrade Area? <input type="checkbox"/> Yes <input type="checkbox"/> No	Subgrade Area contains: <input type="checkbox"/> Washer <input type="checkbox"/> Dryer <input type="checkbox"/> Food Freezer <input type="checkbox"/> Other Machinery or Equipment (Specify) _____
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SECTION B - Elevated Building Information (Includes above-grade crawlspace)

Lowest floor elevated by means of: <input type="checkbox"/> Piles or Posts <input type="checkbox"/> Solid Perimeter Walls <input type="checkbox"/> Columns <input type="checkbox"/> Masonry or Concrete Piers <input type="checkbox"/> Concrete Shear Walls <input type="checkbox"/> Other _____	Area below elevated floor enclosed? <input type="checkbox"/> Yes <input type="checkbox"/> No Enclosure size: _____ If A - A Numbered Zone: Enclosure has: <input type="checkbox"/> Proper Openings <input type="checkbox"/> No Openings If Proper Openings: Number of openings within 1' above adjacent grade: _____ Area of all permanent openings: _____ If V-V numbered Zone: Enclosure type: <input type="checkbox"/> Break Away Walls <input type="checkbox"/> Lattice	Area below elevated floor contains: <input type="checkbox"/> Washer <input type="checkbox"/> Dryer <input type="checkbox"/> Food Freezer <input type="checkbox"/> Other Machinery or Equipment (Specify) _____ Is the enclosed area used for any purpose other than parking, building access or storage? <input type="checkbox"/> Yes <input type="checkbox"/> No
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SECTION C - Garage Information

Is garage attached to or part of building? <input type="checkbox"/> Yes <input type="checkbox"/> No	Garage contains machinery or equipment? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is machinery/equipment elevated to the reference floor level? <input type="checkbox"/> Yes <input type="checkbox"/> No	Garage floor elevation: _____
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SECTION D - Mobile/Manufactured Home Information

Year/Make/Model	Serial #		
Additions or Extensions (Size)	Width	Length	Is home property anchored? <input type="checkbox"/> Yes <input type="checkbox"/> No
Construction Date of Park/Subdivision	Date of Placement outside Park/Subdivision		

NON-DISCRIMINATION

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 application for flood insurance. The authority to collect the information is in Title 42, U.S. Code, Section 4001 to 4028. It is voluntary on your part to furnish the information. It will not be disclosed outside the Federal Emergency Management Agency except to the servicing office acting as the government's fiscal agent, to routine users, to your agent, and any mortgagee named on your policy.

DISCLOSURE OF YOUR SOCIAL SECURITY NUMBER UNDER PUBLIC LAW 9-579 SECTION 7 (B)

Solicitation of the Social Security Number (SSN) is authorized under provisions of E.O. 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.

DISCLOSURE OF BURDEN

Public reporting burden for the collection of information, entitled "National Flood Insurance Program Policy Forms", is estimated to average 10 minutes per response. The estimated burden includes the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the forms. Send comments regarding the burden estimate or any aspect of the collection, including suggestions for reducing the burden to: Information Collection Management, Federal Emergency Management Agency; 500 C Street, SW; Washington, D.C. 20472; and to the Office of Management and Budget, Paperwork Reduction Project (3067-0022); Washington, D.C. 20503.

DISCLOSURE OF GUARANTY FUND NON-PARTICIPATION

In the event the insurer is unable to fulfill its contractual obligation under this policy or contract or application or certificate or evidence of coverage, the policyholder or certificate holder is not protected by an insurance guaranty fund or other solvency protection arrangement. However, this policy is backed by funds in the U.S. Treasury as provided by Federal Law.

Please Note: One Building per Policy - Blanket Coverage not Permitted.