



FLOOD INSURANCE GENERAL CHANGE ENDORSEMENT

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

CONSTRUCTION

BUILDING OCCUPANCY RESIDENTIAL	# FLOORS IN ENTIRE BLDG (INC BASEMENT/ENCLOSED AREA, IF ANY) OR BLDG TYPE	RESIDENTIAL CONDOMINIUM BUILDING ASSOCIATION POLICY ONLY	DEDUCTIBLE	DESCRIBE BUILDING AND USE IF NOT A 1-4 FAMILY DWELLING. FOR MANUFACTURED (MOBILE) HOMES / TRAVEL TRAILERS, COMPLETE PART 2, SECTION III.
<input type="checkbox"/> SINGLE FAMILY	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 OR MORE	TOTAL # UNITS (INCLUDE NON-RES) <input type="checkbox"/> HIGH-RISE <input type="checkbox"/> LOW-RISE	<input type="checkbox"/> BUILDING \$ _____	
<input type="checkbox"/> 2-4 FAMILY	<input type="checkbox"/> TOWNHOUSE/ROWHOUSE (RCBAP LOWRISE ONLY)	ESTIMATED REPLACEMENT COST AMOUNT \$ _____	<input type="checkbox"/> CONTENTS \$ _____	
<input type="checkbox"/> OTHER RESIDENTIAL NON-RESIDENTIAL (INC HOTEL/MOTEL)	<input type="checkbox"/> SPLIT-LEVEL TOWNHOUSE/ROWHOUSE (RCBAP LOWRISE ONLY) MANUFACTURED MOBILE HOME / TRAVEL TRAILER ON FOUNDATION	IS BUILDING INSURED'S PRINCIPAL RESIDENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO	DEDUCTIBLE BUYBACK? <input type="checkbox"/> YES <input type="checkbox"/> NO	
BASEMENT OR ENCLOSED AREA BELOW AN ELEVATED BUILDING	IF NOT A SINGLE FAMILY DWELLING, THE NUMBER OF OCCUPANCIES (UNITS) IS _____	IS THIS BUILDING IN THE COURSE OF CONSTRUCTION? <input type="checkbox"/> YES <input type="checkbox"/> NO	IS BUILDING ELEVATED? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF BUILDING IS ELEVATED, COMPLETE PART 2 OF THE FLOOD INSURANCE APPLICATION
<input type="checkbox"/> NONE	CONDO COVERAGE IS FOR: <input type="checkbox"/> UNIT <input type="checkbox"/> ENTIRE BUILDING	IF "YES", AREA BELOW IS:	IF BUILDING IS ELEVATED, COMPLETE PART 2 OF THE FLOOD INSURANCE APPLICATION	
<input type="checkbox"/> FINISHED		IS THE INSURED PROPERTY OWNED BY STATE GOVERNMENT? <input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> FREE OF OBSTRUCTION	
<input type="checkbox"/> UNFINISHED			<input type="checkbox"/> WITH OBSTRUCTION	
DOES INSURED QUALIFY AS A SMALL BUSINESS RISK? <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 ONLY ABOVE GROUND LEVEL		
<input type="checkbox"/> LOWEST FLOOR ABOVE GROUND LEVEL AND HIGHER		<input type="checkbox"/> ABOVE GROUND LEVEL MORE THAN ONE FULL FLOOR (IF SINGLE FAMILY CONTENTS ARE RATED THROUGHOUT THE BUILDING)		
IS PERSONAL PROPERTY HOUSEHOLD CONTENTS? <input type="checkbox"/> YES <input type="checkbox"/> NO IF "NO", PLEASE DESCRIBE: _____				
ALL BUILDINGS - CHECK ONE OF FIVE BLOCKS				
<input type="checkbox"/> BUILDING PERMIT DATE _____ (MM/DD/YY)	<input type="checkbox"/> MANUFACTURED (MOBILE) HOMES / TRAVEL TRAILERS LOCATED IN A MOBILE HOME PARK OR SUBDIVISION: _____ (MM/DD/YY)			
<input type="checkbox"/> DATE OF CONSTRUCTION _____ (MM/DD/YY)	<input type="checkbox"/> CONSTRUCTION DATE OF MOBILE HOME PARK OR SUBDIVISION FACILITIES _____ (MM/DD/YY)			
<input type="checkbox"/> SUBSTANTIAL IMPROVEMENT DATE _____ (MM/DD/YY)	<input type="checkbox"/> MANUFACT. (MOBILE) HOMES / TRAVEL TRAILERS LOCATED OUTSIDE A MOBILE HOME PARK OR SUBDIVISION: _____ (MM/DD/YY)			
<input type="checkbox"/> 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			+ INCREASED	SECTION B DECREASED COVERAGE ONLY		NEW PREMIUM TOTALS
	AMOUNT	RATE	PREMIUM		AMOUNT	RATE	
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			DED DISCOUNT / SURCHARGE	
BASIC	ADDITIONAL	TOTAL	BASIC	ADDITIONAL	TOTAL	SUBTOTAL	
						ICC PREMIUM	
IF RETURN PREMIUM, MAIL REFUND TO			PAYMENT OPTION			SUBTOTAL	
<input type="checkbox"/> INSURED	<input type="checkbox"/> AGENT	<input type="checkbox"/> PAYOR	<input type="checkbox"/> CREDIT CARD	<input type="checkbox"/> OTHER	CRS PREMIUM DISC %		
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.							SUBTOTAL
SIGNATURE OF INSURED _____							PREMIUM PREVIOUSLY PAID (EXCLUDES PROBATION SURCHARGE / EXPENSE CONSTANT / FEDERAL POLICY FEE)
DATE (MM/DD/YY) _____							DIFFERENCE (+/-)
SIGNATURE OF INSURANCE AGENT/BROKER _____							PRO RATA FACTOR
DATE (MM/DD/YY) _____							TOTAL (+/-)

PLEASE ATTACH TO COPY OF THE ENDORSEMENT A CHECK OR MONEY ORDER FOR THE TOTAL ADDITIONAL PREMIUM MADE PAYABLE TO THE NATIONAL FLOOD INSURANCE PROGRAM

**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. 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.