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

ACORD

National Flood Insurance Program

FLOOD INSURANCE APPLICATION

OMB No. 1660-0006 | Expires May 31, 2024

We may void your flood insurance policy and deny any claims under that policy if you or your agent conceal or misrepresent any material fact or circumstance, engage in fraudulent conduct, or make false statements when completing this application.

IMPORTANT—PLEASE PRINT OR TYPE; ENTER DATES AS MM/DD/YYYY

☐ NEW ☐ RENEWAL ☐ ENDORSEMENT ☐ TRANSFER (NFIP POLICIES ONLY)

POLICY #: _____

PRIOR POLICY #: _____

BILLING

FOR RENEWAL, BILL:

☐ POLICYHOLDER ☐ LOSS PAYEE

☐ FIRST MORTGAGEE ☐ OTHER (AS SPECIFIED IN THE "2ND

☐ SECOND MORTGAGEE MORTGAGEE/OTHER" BOX BELOW)

AGENT/PRODUCER INFORMATION

NAME AND MAILING ADDRESS OF AGENT/PRODUCER:

AGENCY NO.: _____

AGENT NO.: _____

PHONE NO.: _____

EMAIL ADDRESS: _____

POLICYHOLDER INFORMATION

NAME(S) AND MAILING ADDRESS OF POLICYHOLDER(S):

PHONE NO.: _____

EMAIL ADDRESS: _____

IS THE POLICYHOLDER A TENANT? YES ☐ NO ☐

IS THE POLICYHOLDER A CONDOMINIUM ASSOCIATION? ☐ YES ☐ NO

IS THE POLICYHOLDER A SMALL BUSINESS? ☐ YES ☐ NO

IS THE POLICYHOLDER A NON-PROFIT ENTITY? ☐ YES ☐ NO

IS THE POLICY FORCE-PLACED BY A LENDER? ☐ YES ☐ NO

1ST MORTGAGEE

NAME AND MAILING ADDRESS OF FIRST MORTGAGEE:

LOAN NO.:

POLICY PERIOD

POLICY PERIOD IS FROM _____ TO _____

WAITING PERIOD:

☐ STANDARD 30-DAY (12:01 A.M. LOCAL TIME)

☐ MAP REVISION — 1-DAY (12:01 A.M. LOCAL TIME, THE NEXT CALENDAR DAY)

☐ LOAN TRANSACTION — NO WAITING PERIOD (EFFECTIVE AT TIME OF LOAN CLOSING)

☐ POST-WILDFIRE — 1-DAY (12:01 A.M. LOCAL TIME, THE NEXT CALENDAR DAY)

☐ TRANSFER (NFIP POLICIES ONLY) — NO WAITING PERIOD (12:01 A.M. LOCAL TIME)

2ND MORTGAGEE/ OTHER

NAME AND MAILING ADDRESS OF: ☐ 2ND MORTGAGEE ☐ LOSS PAYEE ☐ OTHER

IF OTHER, SPECIFY: _____

LOAN NO.:

COMMUNITY INFORMATION

CURRENT MAP INFORMATION

CURRENT COMMUNITY NO./PANEL NO. AND SUFFIX: _____ - _____

CURRENT FIRM ZONE: _____

MAP DATE: _____

COMMUNITY PROGRAM TYPE IS: ☐ REGULAR ☐ EMERGENCY

BUILDING LOCATION

NOTE: ONE BUILDING PER POLICY

IS THE PROPERTY LOCATION THE SAME AS THE POLICYHOLDER MAILING ADDRESS?

☐ YES ☐ NO (IF NO, ENTER PROPERTY ADDRESS AND TYPE.)

PROPERTY ADDRESS TYPE: ☐ STREET ☐ OTHER:

FOR AN ADDRESS WITH MULTIPLE BUILDINGS AND/OR FOR A BUILDING WITH ADDITIONS OR EXTENSIONS, DESCRIBE THE INSURED BUILDING: _____

LATITUDE AND LONGITUDE (OPTIONAL): DATUM: ☐ WGS84 ☐ NAD83

LATITUDE: _____ LONGITUDE: _____

IS BUILDING LOCATED IN A CBRS SYSTEM UNIT OR OPA? ☐ SYSTEM UNIT ☐ OPA ☐ NO

YEAR SYSTEM UNIT OR OPA ADDED TO CBRS ☐ 1982 ☐ 1990

IF IN BUFFER ZONE, DID USFWS ISSUE AN OFFICIAL DETERMINATION SHOWING BUILDING OUTSIDE SYSTEM UNIT OR OPA? ☐ YES ☐ NO

IF IN OPA, IS BUILDING USE CONSISTENT WITH PROTECTED AREA PURPOSE? ☐ YES ☐ NO

BUILDING INFORMATION

1. BUILDING OCCUPANCY (CHECK ONE)

☐ SINGLE-FAMILY HOME

☐ RESIDENTIAL MANUFACTURED/ MOBILE HOME

☐ RESIDENTIAL UNIT

☐ TWO-TO-FOUR FAMILY BUILDING

☐ OTHER RESIDENTIAL BUILDING

☐ RESIDENTIAL CONDOMINIUM BUILDING

☐ NON-RESIDENTIAL BUILDING

☐ NON-RESIDENTIAL MANUFACTURED/ MOBILE BUILDING

☐ NON-RESIDENTIAL UNIT

2. BUILDING DESCRIPTION (CHECK ONE)

Residential

☐ ENTIRE APARTMENT BUILDING

☐ APARTMENT UNIT

☐ ENTIRE COOPERATIVE BUILDING

☐ COOPERATIVE UNIT

☐ DETACHED GUEST HOUSE

☐ MAIN DWELLING

☐ ENTIRE RESIDENTIAL CONDOMINIUM BUILDING

☐ RESIDENTIAL CONDOMINIUM UNIT (IN RESIDENTIAL BUILDING)

☐ RESIDENTIAL CONDOMINIUM UNIT (IN NON-RESIDENTIAL BUILDING)

☐ OTHER DWELLING TYPE:

Non-Residential

☐ AGRICULTURAL BUILDING

☐ COMMERCIAL

☐ DETACHED GARAGE

☐ GOVERNMENT-OWNED

☐ HOUSE OF WORSHIP

☐ RECREATION BUILDING

☐ STORAGE/TOOL SHED

☐ OTHER NON-RESIDENTIAL TYPE: _____

3. FOUNDATION TYPE

☐ SLAB ON GRADE (Non-Elevated)

☐ BASEMENT (Non-Elevated)

☐ CRAWLSPACE (Elevated or Non-Elevated Sub-Grade Crawlspace)

☐ ELEVATED WITHOUT ENCLOSURE ON POSTS, PILES, OR PIERS

☐ ELEVATED WITH ENCLOSURE ON POSTS, PILES, OR PIERS

☐ ELEVATED WITH ENCLOSURE NOT ON POSTS, PILES, OR PIERS (Solid Foundation Walls)

IS THE ENCLOSURE/CRAWLSPACE CONSTRUCTED WITH PROPER FLOOD OPENINGS OR ENGINEERED OPENINGS? ☐ YES ☐ NO

IF YES, ENTER THE TOTAL NUMBER OF FLOOD OPENINGS _____

TOTAL AREA OF ALL PERMANENT OPENINGS: _____ SQUARE INCHES

TOTAL ENCLOSED AREA: _____ SQUARE FEET

4. FIRST FLOOR HEIGHT DETERMINATION

ELEVATION CERTIFICATE (OPTIONAL):

ELEVATION CERTIFICATE DATE: _____

BUILDING DIAGRAM NUMBER: _____

If Using Section C:

LOWEST ADJACENT GRADE (IN FEET): _____

LOWEST FLOOR ELEVATION (IN FEET): _____

FIRST FLOOR HEIGHT (IN FEET): _____

If Using Section E:

FIRST FLOOR HEIGHT (IN FEET): _____

FIRST FLOOR HEIGHT USED (IN FEET): _____

METHOD USED TO DETERMINE FIRST FLOOR HEIGHT: _____

5. BUILDING CHARACTERISTICS

IS BUILDING UNDER CONSTRUCTION? ☐ YES ☐ NO

DATE OF CONSTRUCTION: _____

HAS THE BUILDING BEEN SUBSTANTIALLY IMPROVED? ☐ YES ☐ NO

IF YES, ENTER SUBSTANTIALLY IMPROVED DATE: _____

CONSTRUCTION TYPE: ☐ FRAME ☐ MASONRY ☐ OTHER: _____

IS THE BUILDING OVER WATER? ☐ NO ☐ PARTIALLY ☐ ENTIRELY

IS THE BUILDING PROPERLY FLOODPROOFED? ☐ YES ☐ NO

IS THE BUILDING ELIGIBLE FOR THE MACHINERY AND EQUIPMENT MITIGATION DISCOUNT? YES ☐ NO ☐

BUILDING SQUARE FOOTAGE: _____

NUMBER OF DETACHED STRUCTURES ON PROPERTY: _____

NUMBER OF ELEVATORS: _____

NUMBER OF FLOORS IN BUILDING (EXCLUDING BASEMENT/ENCLOSED AREA, IF ANY): _____

IF THE COVERAGE IS FOR A UNIT, INDICATE THE FLOOR WHERE THE UNIT IS LOCATED: _____

TOTAL NUMBER OF UNITS IN THE BUILDING: _____

BUILDING REPLACEMENT COST (INCLUDING FOUNDATION): $ _____

IS THE BUILDING A RENTAL PROPERTY? ☐ YES ☐ NO

IS BUILDING THE POLICYHOLDER'S PRIMARY RESIDENCE? ☐ YES ☐ NO

IF MANUFACTURED/MOBILE HOME OR BUILDING (INCLUDING TRAVEL TRAILER) PROVIDE IDENTIFICATION NUMBER:

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IMPORTANT — COMPLETE PAGE 1 AND PAGE 2 BEFORE SENDING APPLICATION TO THE NFIP. — **IMPORTANT**

OMB No. 1660-0006 | Expires May 31, 2024

FLOOD INSURANCE APPLICATION, PAGE 2 (OF 2)

IMPORTANT—PLEASE PRINT OR TYPE; ENTER DATES AS MM/DD/YYYY.

☐ NEW ☐ RENEWAL ☐ ENDORSEMENT ☐ TRANSFER (NFIP POLICIES ONLY)
POLICY #: _____
PRIOR POLICY #: _____

COVERAGE, DEDUCTIBLES, AND DISCOUNTS

COVERAGES AND DEDUCTIBLES

SFIP Form: ☐ Dwelling ☐ General Property ☐ RCBAP

Amount of Insurance:
Building $_____ Contents $_____

Deductible:
Building $ _____ Contents $_____

Rate Category: ☐ Rating Engine ☐ Provisional Rate

DISCOUNTS

Did the applicant have a prior NFIP policy for the building that received a Newly Mapped discount and lapsed? ☐ Yes ☐ No

If **yes**, did the lapse occur for a valid reason? ☐ Yes ☐ No

Is the property eligible for the Newly Mapped discount? ☐ Yes ☐ No

Did the applicant have a prior NFIP policy for the building that received a Pre-FIRM discount and lapsed? ☐ Yes ☐ No

If **yes**, did the lapse occur for a valid reason? ☐ Yes ☐ No

SIGNATURE

I declare under penalty of perjury that the foregoing is true and correct.

_____ _____
SIGNATURE OF INSURANCE AGENT/PRODUCER DATE (MM/DD/YYYY)

_____ _____
SIGNATURE OF POLICYHOLDER (OPTIONAL) DATE (MM/DD/YYYY)

TOTAL AMOUNT DUE

COMPONENTS OF THE TOTAL AMOUNT DUE		
Building Premium	+	$
Contents Premium	+	$
Increased Cost of Compliance (ICC) Premium	+	$
Mitigation Discount	-	$
Community Rating System Discount	-	$
FULL RISK PREMIUM	=	$
STATUTORY DISCOUNTS		
Annual Increase Cap	-	$
Pre-FIRM Discount	-	$
Newly Mapped Discount	-	$
Other Statutory Discounts	-	$
DISCOUNTED PREMIUM		
Reserve Fund Assessment	+	$
HFIAA Surcharge	+	$
Federal Policy Fee	+	$
Probation Surcharge	-	$
TOTAL AMOUNT DUE	=	$

ADDITIONAL INFORMATION

Enter any additional information:

PLEASE SUBMIT TOTAL AMOUNT DUE AND ALL REQUIRED CERTIFICATIONS WITH THE NFIP COPY OF THIS APPLICATION.
IF PAYING BY CHECK OR MONEY ORDER, MAKE PAYABLE TO THE NATIONAL FLOOD INSURANCE PROGRAM.
IMPORTANT — COMPLETE PAGE 1 AND PAGE 2 BEFORE SENDING APPLICATION TO THE NFIP. — **IMPORTANT**

National Flood Insurance Program

FLOOD INSURANCE APPLICATION

FEMA Form FF-206-FY-21-117 (formerly 086-0-1)

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 National Flood Insurance Act of 1968, on the grounds of race, color, creed, sex, age, or national origin.

PRIVACY ACT NOTICE
Authority: 42 U.S.C. 4011 et seq. authorizes the collection of this information.

Purpose: FEMA will use this information to issue flood insurance policies provided through the National Flood Insurance Program.

Routine Uses: The information requested on this form may be shared externally as a "routine use" to other federal agencies, state governments, local governments, tribal governments, certain non-profit entities, private insurance companies participating in the Write Your Own Program, and their contractors to implement the National Flood Insurance Act of 1968. A complete list of the routine uses can be found in the system of records notice associated with this form, "DHS/FEMA-003 National Flood Insurance Program Files" (79 FR 28747). The Department's full list of system of records notices can be found on the Department's website at http://www.dhs.gov/system-records-notices-sorns.

Disclosure: Furnishing this information is voluntary. However, failure to furnish the requested information may delay or prevent the issuance of a flood insurance policy.

PAPERWORK REDUCTION ACT NOTICE
Public reporting burden for this form is estimated to average 8 minutes per response. The burden estimate includes the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and submitting the form. This collection of information is required to obtain or retain benefits. You are not required to submit to this collection of information unless it displays a valid OMB control number. Send comments regarding the accuracy of the burden estimate and any suggestions for reducing the burden to: Information Collections Management, Department of Homeland Security, Federal Emergency Management Agency (FEMA), 500 C Street SW, Washington, DC 20472, **NOTE**: Do not send your completed form to this address.