

National Flood Insurance Program
FLOOD INSURANCE APPLICATION, PAGE 1 (OF 2)

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.

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

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

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

BILLING: FOR RENEWAL, BILL: POLICYHOLDER, FIRST MORTGAGEE, SECOND MORTGAGEE, LOSS PAYEE, OTHER (AS SPECIFIED IN THE "2ND MORTGAGEE/OTHER" BOX BELOW)
AGENT/PRODUCER INFORMATION: NAME AND MAILING ADDRESS OF AGENT/PRODUCER, AGENCY NO., AGENT NO., PHONE NO., EMAIL ADDRESS
POLICY PERIOD: POLICY PERIOD IS FROM TO, WAITING PERIOD: STANDARD 30-DAY, MAP REVISION, LOAN TRANSACTION, POST-WILDFIRE, TRANSFER
2ND MORTGAGEE/OTHER: NAME AND MAILING ADDRESS OF: 2ND MORTGAGEE, LOSS PAYEE, OTHER, LOAN NO.
POLICYHOLDER INFORMATION: NAME(S) AND MAILING ADDRESS OF POLICYHOLDER(S), PHONE NO., EMAIL ADDRESS, IS THE POLICYHOLDER A TENANT?, IS THE POLICYHOLDER A CONDOMINIUM ASSOCIATION?, IS THE POLICYHOLDER A SMALL BUSINESS?, IS THE POLICYHOLDER A NON-PROFIT ENTITY?, IS THE POLICY FORCE-PLACED BY A LENDER?
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?, 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, IS BUILDING LOCATED IN A CBRS SYSTEM UNIT OR OPA?, YEAR SYSTEM UNIT OR OPA ADDED TO CBRS, IF IN BUFFER ZONE, DID USFWS ISSUE AN OFFICIAL DETERMINATION SHOWING BUILDING OUTSIDE SYSTEM UNIT OR OPA?, IF IN OPA, IS BUILDING USE CONSISTENT WITH PROTECTED AREA PURPOSE?
BUILDING INFORMATION: 1. BUILDING OCCUPANCY (CHECK ONE), 2. BUILDING DESCRIPTION (CHECK ONE), 3. FOUNDATION TYPE, 4. FIRST FLOOR HEIGHT DETERMINATION, 5. BUILDING CHARACTERISTICS, TOTAL ENCLOSED AREA, SQUARE FEET, IS THE BUILDING OVER WATER?, IS THE BUILDING PROPERLY FLOODPROOFED?, IS THE BUILDING ELIGIBLE FOR THE MACHINERY AND EQUIPMENT MITIGATION DISCOUNT?, 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?, IS BUILDING THE POLICYHOLDER'S PRIMARY RESIDENCE?, IF MANUFACTURED/MOBILE HOME OR BUILDING (INCLUDING TRAVEL TRAILER) PROVIDE IDENTIFICATION NUMBER:

U.S. DEPARTMENT OF HOMELAND SECURITY | FEDERAL EMERGENCY MANAGEMENT AGENCY
National Flood Insurance Program

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

FLOOD INSURANCE APPLICATION, PAGE 2 (OF 2)

<input type="checkbox"/> NEW <input type="checkbox"/> RENEWAL <input type="checkbox"/> ENDORSEMENT <input type="checkbox"/> TRANSFER (NFIP POLICIES ONLY) POLICY #: _____ PRIOR POLICY #: _____

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

COVERAGE, DEDUCTIBLES, AND DISCOUNTS	<p>COVERAGES AND DEDUCTIBLES</p> SFIP Form: <input type="checkbox"/> Dwelling <input type="checkbox"/> General Property <input type="checkbox"/> RCBAP Amount of Insurance: Building \$ _____ Contents \$ _____ Deductible: Building \$ _____ Contents \$ _____ Rate Category: <input type="checkbox"/> Rating Engine <input type="checkbox"/> Provisional Rate	<p>DISCOUNTS</p> Did the applicant have a prior NFIP policy for the building that received a Newly Mapped discount and lapsed? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes , did the lapse occur for a valid reason? <input type="checkbox"/> Yes <input type="checkbox"/> No Is the property eligible for the Newly Mapped discount? <input type="checkbox"/> Yes <input type="checkbox"/> No Did the applicant have a prior NFIP policy for the building that received a Pre-FIRM discount and lapsed? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes , did the lapse occur for a valid reason? <input type="checkbox"/> Yes <input type="checkbox"/> No
---------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

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

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

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:
-------------------------------	-----------------------------------

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