

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 #: APP000007855
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)	POLICY PERIOD	POLICY PERIOD IS FROM <u>01/10/2025</u> TO <u>01/10/2026</u> 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)
	AGENT/PRODUCER INFORMATION		NAME AND MAILING ADDRESS OF AGENT/PRODUCER: <u>Laura Petty</u> <u>100 Financial Dr.</u> <u>Kalispell, MT 55901</u> AGENCY NO.: _____ AGENT NO.: _____ PHONE NO.: _____ EMAIL ADDRESS: <u>laura.petty@solstice.tech</u>
POLICYHOLDER INFORMATION		NAME(S) AND MAILING ADDRESS OF POLICYHOLDER(S): <u>Laura Lavergne</u> <u>805 Childers Ct</u> <u>La Vergne, TN 37086</u> PHONE NO.: <u>(406) 555-1212</u> EMAIL ADDRESS: <u>laura.petty@solstice.tech</u> 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	COMMUNITY INFORMATION
	1ST MORTGAGEE	NAME AND MAILING ADDRESS OF FIRST MORTGAGEE: LOAN 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 <u>0</u> TOTAL AREA OF ALL PERMANENT OPENINGS: _____ SQUARE INCHES	4. FIRST FLOOR HEIGHT DETERMINATION ELEVATION CERTIFICATE (OPTIONAL): ELEVATION CERTIFICATE DATE: _____ BUILDING DIAGRAM NUMBER: _____ If Using Section C: LOWEST ADJACENT GRADE (IN FEET): <u>588.0</u> LOWEST FLOOR ELEVATION (IN FEET): <u>587.5</u> FIRST FLOOR HEIGHT (IN FEET): <u>-0.5</u> 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: <u>01/01/1998</u> HAS THE BUILDING BEEN SUBSTANTIALLY IMPROVED? ☒ YES ☐ NO IF YES, ENTER SUBSTANTIALLY IMPROVED DATE: <u>01/01/2010</u> CONSTRUCTION TYPE: ☒ FRAME ☐ MASONRY ☐ OTHER: _____

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)

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

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

POLICY #: APP000007855

PRIOR POLICY #:

COVERAGES AND DEDUCTIBLES

SFIP Form: ☒ Dwelling☐ General Property☐ RCBAP

Amount of Insurance:
Building \$ 220000 Contents \$ 100000

Deductible:
Building \$ 2000 Contents \$ 2000

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	+ 343.2	0
Contents Premium	+ \$327.00	\$899.00
Increased Cost of Compliance (ICC) Premium	+ \$17.00	\$916.00
Mitigation Discount	\$-36.00	\$880.00
Community Rating System Discount	\$0.00	\$685.00
FULL RISK PREMIUM	=	\$685.00
STATUTORY DISCOUNTS		
Annual Increase Cap	\$0.00	\$685.00
Pre-FIRM Discount	\$0.00	\$685.00
Newly Mapped Discount	\$-195.00	\$490.00
Other Statutory Discounts	\$0.00	\$490.00
DISCOUNTED PREMIUM	=	0
Reserve Fund Assessment	+ \$123.00	\$613.00
HFIAA Surcharge	+ \$25.00	\$638.00
Federal Policy Fee	+ \$47.00	\$685.00
Probation Surcharge	+ \$0.00	\$685.00
TOTAL AMOUNT DUE	=	\$880.00

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-O-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.