

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 #: APP000007856
PRIOR POLICY #: _____

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

BILLING	FOR RENEWAL, BILL: <input checked="" type="checkbox"/> POLICYHOLDER <input type="checkbox"/> FIRST MORTGAGEE <input type="checkbox"/> SECOND MORTGAGEE	<input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> OTHER (AS SPECIFIED IN THE "2ND MORTGAGEE/OTHER" BOX BELOW)
AGENT/PRODUCER INFORMATION	NAME AND MAILING ADDRESS OF AGENT/PRODUCER: Laura Petty 100 Financial Dr. Kalispell, MT 55901	POLICY PERIOD POLICY PERIOD IS FROM <u>01/13/2025</u> TO <u>01/13/2026</u> WAITING PERIOD: <input type="checkbox"/> STANDARD 30-DAY (12:01 A.M. LOCAL TIME) <input type="checkbox"/> MAP REVISION – 1-DAY (12:01 A.M. LOCAL TIME, THE NEXT CALENDAR DAY) <input checked="" type="checkbox"/> LOAN TRANSACTION – NO WAITING PERIOD (EFFECTIVE AT TIME OF LOAN CLOSING) <input type="checkbox"/> POST-WILDFIRE – 1-DAY (12:01 A.M. LOCAL TIME, THE NEXT CALENDAR DAY) <input type="checkbox"/> TRANSFER (NFIP POLICIES ONLY) – NO WAITING PERIOD (12:01 A.M. LOCAL TIME)
	AGENCY NO.: _____ AGENT NO.: _____ PHONE NO.: _____ EMAIL ADDRESS: <u>laura.petty@solstice.tech</u>	2ND MORTGAGEE/OTHER NAME AND MAILING ADDRESS OF: <input type="checkbox"/> 2ND MORTGAGEE <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> OTHER IF OTHER, SPECIFY: _____ LOAN NO.: _____
POLICYHOLDER INFORMATION	NAME(S) AND MAILING ADDRESS OF POLICYHOLDER(S): Jim Beach 3264 Sandfiddler Rd Virginia Beach, VA 23456	COMMUNITY INFORMATION CURRENT MAP INFORMATION CURRENT COMMUNITY NO./PANEL NO. AND SUFFIX: <u>515531</u> - <u>G</u> CURRENT FIRM ZONE: <u>VE</u> MAP DATE: <u>01/16/2015</u> COMMUNITY PROGRAM TYPE IS: <input checked="" type="checkbox"/> REGULAR <input type="checkbox"/> EMERGENCY
	PHONE NO.: <u>(406) 555-1212</u> EMAIL ADDRESS: <u>laura.petty@solstice.tech</u> IS THE POLICYHOLDER A TENANT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO IS THE POLICYHOLDER A CONDOMINIUM ASSOCIATION? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO IS THE POLICYHOLDER A SMALL BUSINESS? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO IS THE POLICYHOLDER A NON-PROFIT ENTITY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO IS THE POLICY FORCE-PLACED BY A LENDER? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	BUILDING LOCATION NOTE: ONE BUILDING PER POLICY IS THE PROPERTY LOCATION THE SAME AS THE POLICYHOLDER MAILING ADDRESS? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (IF NO, ENTER PROPERTY ADDRESS AND TYPE.) PROPERTY ADDRESS TYPE: <input checked="" type="checkbox"/> STREET <input type="checkbox"/> 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: <input type="checkbox"/> WGS84 <input type="checkbox"/> NAD83 LATITUDE: <u>36.714670</u> LONGITUDE: <u>-75.932215</u> IS BUILDING LOCATED IN A CBRS SYSTEM UNIT OR OPA? <input type="checkbox"/> SYSTEM UNIT <input type="checkbox"/> OPA <input checked="" type="checkbox"/> NO YEAR SYSTEM UNIT OR OPA ADDED TO CBRS: <input type="checkbox"/> 1982 <input type="checkbox"/> 1990 IF IN BUFFER ZONE, DID USFWS ISSUE AN OFFICIAL DETERMINATION SHOWING BUILDING OUTSIDE SYSTEM UNIT OR OPA? <input type="checkbox"/> YES <input type="checkbox"/> NO IF IN OPA, IS BUILDING USE CONSISTENT WITH PROTECTED AREA PURPOSE? <input type="checkbox"/> YES <input type="checkbox"/> NO
1ST MORTGAGEE	NAME AND MAILING ADDRESS OF FIRST MORTGAGEE: LOAN NO.: _____	
BUILDING INFORMATION	1. BUILDING OCCUPANCY (CHECK ONE) <input checked="" type="checkbox"/> SINGLE-FAMILY HOME <input type="checkbox"/> RESIDENTIAL MANUFACTURED/MOBILE HOME <input type="checkbox"/> RESIDENTIAL UNIT <input type="checkbox"/> TWO-TO-FOUR FAMILY BUILDING <input type="checkbox"/> OTHER RESIDENTIAL BUILDING <input type="checkbox"/> RESIDENTIAL CONDOMINIUM BUILDING <input type="checkbox"/> NON-RESIDENTIAL BUILDING <input type="checkbox"/> NON-RESIDENTIAL MANUFACTURED/MOBILE BUILDING <input type="checkbox"/> NON-RESIDENTIAL UNIT	Non-Residential <input type="checkbox"/> AGRICULTURAL BUILDING <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> DETACHED GARAGE <input type="checkbox"/> GOVERNMENT-OWNED <input type="checkbox"/> HOUSE OF WORSHIP <input type="checkbox"/> RECREATION BUILDING <input type="checkbox"/> STORAGE/TOOL SHED <input type="checkbox"/> OTHER NON-RESIDENTIAL TYPE: _____
	2. BUILDING DESCRIPTION (CHECK ONE) Residential <input type="checkbox"/> ENTIRE APARTMENT BUILDING <input type="checkbox"/> APARTMENT UNIT <input type="checkbox"/> ENTIRE COOPERATIVE BUILDING <input type="checkbox"/> COOPERATIVE UNIT <input type="checkbox"/> DETACHED GUEST HOUSE <input checked="" type="checkbox"/> MAIN DWELLING <input type="checkbox"/> ENTIRE RESIDENTIAL CONDOMINIUM BUILDING <input type="checkbox"/> RESIDENTIAL CONDOMINIUM UNIT (IN RESIDENTIAL BUILDING) <input type="checkbox"/> RESIDENTIAL CONDOMINIUM UNIT (IN NON-RESIDENTIAL BUILDING) <input type="checkbox"/> OTHER DWELLING TYPE: _____	3. FOUNDATION TYPE <input type="checkbox"/> SLAB ON GRADE (Non-Elevated) <input type="checkbox"/> BASEMENT (Non-Elevated) <input type="checkbox"/> CRAWLSPACE (Elevated or Non-Elevated Sub-Grade CrawlSpace) <input type="checkbox"/> ELEVATED WITHOUT ENCLOSURE ON POSTS, PILES, OR PIERS <input checked="" type="checkbox"/> ELEVATED WITH ENCLOSURE ON POSTS, PILES, OR PIERS <input type="checkbox"/> ELEVATED WITH ENCLOSURE NOT ON POSTS, PILES, OR PIERS (Solid Foundation Walls) IS THE ENCLOSURE/CRAWLSPACE CONSTRUCTED WITH PROPER FLOOD OPENINGS OR ENGINEERED OPENINGS? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO IF YES, ENTER THE TOTAL NUMBER OF FLOOD OPENINGS <u>12</u> TOTAL AREA OF ALL PERMANENT OPENINGS: <u>2464</u> SQUARE INCHES
	TOTAL ENCLOSED AREA: <u>2464</u> 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): <u>9.3</u> LOWEST FLOOR ELEVATION (IN FEET): <u>9.3</u> FIRST FLOOR HEIGHT (IN FEET): <u>0</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? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO DATE OF CONSTRUCTION: <u>01/01/1975</u> HAS THE BUILDING BEEN SUBSTANTIALLY IMPROVED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO IF YES, ENTER SUBSTANTIALLY IMPROVED DATE: <u>01/01/1990</u> CONSTRUCTION TYPE: <input checked="" type="checkbox"/> FRAME <input type="checkbox"/> MASONRY <input type="checkbox"/> OTHER: _____	IS THE BUILDING OVER WATER? <input checked="" type="checkbox"/> NO <input type="checkbox"/> PARTIALLY <input type="checkbox"/> ENTIRELY IS THE BUILDING PROPERLY FLOODPROOFED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO IS THE BUILDING ELIGIBLE FOR THE MACHINERY AND EQUIPMENT MITIGATION DISCOUNT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO BUILDING SQUARE FOOTAGE: <u>4010</u> NUMBER OF DETACHED STRUCTURES ON PROPERTY: <u>0</u> NUMBER OF ELEVATORS: <u>0</u> NUMBER OF FLOORS IN BUILDING (EXCLUDING BASEMENT/ENCLOSED AREA, IF ANY): <u>3</u> IF THE COVERAGE IS FOR A UNIT, INDICATE THE FLOOR WHERE THE UNIT IS LOCATED: _____ TOTAL NUMBER OF UNITS IN THE BUILDING: <u>1</u> BUILDING REPLACEMENT COST (INCLUDING FOUNDATION): \$ <u>552012.5</u> IS THE BUILDING A RENTAL PROPERTY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO IS BUILDING THE POLICYHOLDER'S PRIMARY RESIDENCE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO 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)

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

POLICY #: APP000007856

PRIOR POLICY #:

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

COVERAGES AND DEDUCTIBLES

SFIP Form: ☒ Dwelling☐ General Property☐ RCBAP

Amount of Insurance:
Building \$ 240000Contents \$ 75000

Deductible:
Building \$ 1250Contents \$ 1000

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/PRODUCERDATE (MM/DD/YYYY)

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

TOTAL AMOUNT DUE

COMPONENTS OF THE TOTAL AMOUNT DUE		
Building Premium	+ 492	0
Contents Premium	+ \$408.00	\$1,228.00
Increased Cost of Compliance (ICC) Premium	+ \$23.00	\$1,251.00
Mitigation Discount	\$-26.00	\$1,225.00
Community Rating System Discount	\$-154.00	\$1,071.00
FULL RISK PREMIUM	=	\$1,071.00
STATUTORY DISCOUNTS		
Annual Increase Cap	\$0.00	\$1,071.00
Pre-FIRM Discount	\$0.00	\$1,071.00
Newly Mapped Discount	\$0.00	\$1,071.00
Other Statutory Discounts	\$0.00	\$1,071.00
DISCOUNTED PREMIUM	=	0
Reserve Fund Assessment	+ \$193.00	\$1,264.00
HFIAA Surcharge	+ \$25.00	\$1,289.00
Federal Policy Fee	+ \$47.00	\$1,336.00
Probation Surcharge	+ \$0.00	\$1,336.00
TOTAL AMOUNT DUE	=	\$1,336.00

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.