

# ACORD™ FLOOD INSURANCE GENERAL CHANGE ENDORSEMENT

## REASON FOR CHANGE (ATTACH MEMO IF ADDITIONAL SPACE IS NEEDED)

PRODUCER <input type="checkbox"/> PHONE (A/C, No, Ext): <input type="checkbox"/> AGENT'S TAX ID <input type="checkbox"/> SOCIAL SECURITY # <input type="checkbox"/> NEW AGENT? <input type="checkbox"/> YES <input type="checkbox"/> NO	POLICY TYPE <input type="checkbox"/> STANDARD <input type="checkbox"/> PREFERRED ADDRESS CHANGED? <input type="checkbox"/> YES <input type="checkbox"/> NO	CURRENT POLICY # FL	POLICY EFF DATE POLICY EXP DATE	DIRECT BILL TO <input type="checkbox"/> INSURED <input type="checkbox"/> FIRST MORTGAGEE <input type="checkbox"/> SECOND MTGEE <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> OTHER
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 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)		
NAME OF INSURED IS CHANGED OR CORRECTED AS SHOWN ADDRESS OF NAMED INSURED IS CHANGED AS SHOWN		IS INSURANCE REQUIRED FOR DISASTER ASSISTANCE? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES: 1. SBA <input type="checkbox"/> 2. FEMA <input type="checkbox"/> 3. FMHA <input type="checkbox"/> 4. OTHER (SPECIFY):		
FIRST MORTGAGEE'S NAME, TELEPHONE NUMBER AND ADDRESS ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE <input type="checkbox"/>		IF SECOND MORTGAGEE, LOSS PAYEE OR OTHER IS TO BE BILLED, THE FOLLOWING MUST BE COMPLETED: ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE <input type="checkbox"/>		
LOAN NUMBER:		LOAN NUMBER:		

## CONSTRUCTION AND COMMUNITY INFORMATION

COUNTY/PARISH COMM # PANEL # SUFFIX	RCBAP POLICY ONLY TOTAL # UNITS (INCLUDE NON-RES) <input type="checkbox"/> HIGH-RISE <input type="checkbox"/> LOW-RISE	MANUFACTURED/MOBILE HOME ONLY: YEAR/MAKE/MODEL: WIDTH LEN SERIAL NUMBER: IS HOME A DOUBLEWIDE? <input type="checkbox"/> YES <input type="checkbox"/> NO IS HOME PROPERLY ANCHORED? <input type="checkbox"/> YES <input type="checkbox"/> NO
LOC IN UNINCORP AREA OF COUNTY? <input type="checkbox"/> YES <input type="checkbox"/> NO IS INSURED PROP OWNED BY STATE GOV? <input type="checkbox"/> YES <input type="checkbox"/> NO	CONDO COVERAGE IS FOR: UNIT ENTIRE BUILDING	BASEMENT BELOW GRND ON ALL SIDES? <input type="checkbox"/> NONE <input type="checkbox"/> FINISHED <input type="checkbox"/> UNFINISHED IS THERE EQUIPMENT (FURNACE, AIR CONDITIONER, HEAT PUMP, HOT WATER HEATER, ETC) IN THE BASEMENT OR ATTACHED GARAGE? <input type="checkbox"/> YES <input type="checkbox"/> NO
FLOOD ZONE MONTH & YEAR BUILT/ SUBSTANTIAL IMPROVEMENT DATE	# FLOORS IN ENTIRE BLDG (INC BASEMENT/ENCLOSED AREA, IF ANY) OR BLDG TYPE 1 <input type="checkbox"/> 3 OR MORE 2 <input type="checkbox"/> SPLIT-LEVEL	IS BUILDING ELEVATED (INCLUDES CRAWL SPACE BUILDINGS)? <input type="checkbox"/> YES <input type="checkbox"/> NO LOWEST FLOOR WHICH INCLUDES LIVING AREA IS OFF GROUND BY MEANS OF: <input type="checkbox"/> PILES <input type="checkbox"/> PIERS <input type="checkbox"/> SOLID PERIMETER WALLS <input type="checkbox"/> OTHER <input type="checkbox"/> POSTS <input type="checkbox"/> COLUMNS <input type="checkbox"/> PARALLEL SHEAR WALLS
IS BUILDING SUBSTANTIALLY IMPROVED? <input type="checkbox"/> YES <input type="checkbox"/> NO IS BLDG IN COURSE OF CONSTRUCTION? <input type="checkbox"/> YES <input type="checkbox"/> NO	BUILDING OCCUPANCY <input type="checkbox"/> SINGLE FAMILY <input type="checkbox"/> OTHER RESIDENTIAL NONRES (INC HOTEL/MOTEL) <input type="checkbox"/> 2-4 FAMILY	IS BLDG PRINCIPAL RESIDENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO TOWNHOUSE/ROWHOUSE (RCBAP LOWRISE ONLY) MANUFACTURED MOBILE HOME ON FOUNDATION
LOCATION OF CONTENTS OWNED BY APPLICANT <input type="checkbox"/> BASEMENT ONLY (LIMITED COV) <input type="checkbox"/> LOWEST FLOOR ABOVE GROUND LEVEL & HIGHER FLOORS <input type="checkbox"/> BASEMENT & ABOVE <input type="checkbox"/> ABOVE GROUND LEVEL ONE FULL FLOOR OR MORE <input type="checkbox"/> LOWEST FLOOR ONLY - ABOVE GROUND LEVEL <input type="checkbox"/> MANUFACTURED/MOBILE HOME	ARE CONTENTS HOUSEHOLD PERSONAL PROPERTY? <input type="checkbox"/> YES <input type="checkbox"/> NO CONTENTS OTHER THAN HOUSEHOLD PERSONAL PROPERTY	IS THE AREA BELOW THE ELEVATED FLOOR ENCLOSED? <input type="checkbox"/> YES <input type="checkbox"/> NO SOLID PERIMETER WITH OPENINGS ACCORDING TO CODE, SUCH AS VENTS (GARAGE DOORS ARE NOT PERMANENT OPENINGS) AREA IS: <input type="checkbox"/> FINISHED (20 OR MORE LINEAR FEET OF FINISHED WALLS) <input type="checkbox"/> UNFINISHED SQ FT AREA ENCLOSURE # FEET ELEVATED FLR ABOVE GRND TYPE OF ENCLOSURE WALLS <input type="checkbox"/> BREAK-AWAY <input type="checkbox"/> LATTICE <input type="checkbox"/> SOLID PERIMETER <input type="checkbox"/> OTHER (DESC): AREA IS USED FOR <input type="checkbox"/> PARKING/STORAGE/ACCESS <input type="checkbox"/> OTHER (DESC): ESTIMATED REPLACEMENT COST, SINGLE FAM PRIN RES, RCBAP & ALL V-ZONE BLDGS \$

## COVERAGE AND RATING

PREFERRED RISK PREMIUM CALCULATION							
	CURRENT COVERAGE	ANNUAL PREMIUM	NEW COVERAGE	ANNUAL PREMIUM	DIFFERENCE	PRO RATA FACTOR	PRO RATA AMOUNT
BUILDING							
CONTENTS							
STANDARD POLICY PREMIUM CALCULATION							
TO INCREASE/DECREASE COVERAGE, COMPLETE SECTIONS A & B.				FOR A RATE CHANGE, COMPLETE SECTION A ONLY.			
INSURANCE COVERAGE	SECTION A CURRENT COVERAGE			SECTION B - DECREASED COVERAGE ONLY			NEW PREMIUM TOTALS
	AMOUNT	RATE	PREMIUM	AMOUNT	RATE	PREMIUM	
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			DEDUCTIBLE DISC ____ %	
BASIC	ADDITIONAL	TOTAL	BASIC	ADDITIONAL	TOTAL	SUBTOTAL	
DEDUCTIBLES: BUILDING \$ _____ CONTENTS \$ _____			IF RETURN PREMIUM, MAIL REFUND TO				
RATE TYPE			5. MPPP <input type="checkbox"/> INSURED <input type="checkbox"/> AGENT <input type="checkbox"/> PAYOR			SUBTOTAL	
1. MANUAL <input type="checkbox"/> 3. ALTERNATIVE <input type="checkbox"/> 6. PROV RATING <input type="checkbox"/>			PAYMENT OPTION			CRS PREMIUM DISC ____ %	
2. SUBMIT <input type="checkbox"/> 4. V-ZONE RISK FACTOR <input type="checkbox"/> 7. PREFERRED RISK <input type="checkbox"/>			CREDIT CARD <input type="checkbox"/> OTHER <input type="checkbox"/>			SUBTOTAL	
IF POST-FIRM CONSTRUCTION IN ZONES A, A1-A30, AE, AO, AH, V, V1-V30, VE, OR IF PRE-FIRM CONSTRUCTION IS ELEVATION-RATED, SUBMIT ELEVATION CERTIFICATION AND COMPLETE THE ELEVATION DATA BELOW: (CERTIFICATE IS OPTIONAL FOR NON-BASEMENT BUILDINGS IN ZONES A, AO AND AH.)				3 YEARS SUBTOTAL			
BUILDING DIAGRAM#	LOWEST FLOOR ELEVATION	BASE FLOOD ELEVATION	ELEV DIFF (NEAREST FOOT +/-)	IS BUILDING FLOOD PROOFED?	LOWEST ADJ GRADE (LAG)	PREMIUM PREVIOUSLY PAID (EXCLUDES PROBATION SURCHARGE/EXPENSE CONSTANT/FEDERAL POLICY FEE)	
				<input type="checkbox"/> YES <input type="checkbox"/> NO		DIFFERENCE (+/-)	
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.						PRO RATA FACTOR	
SIGNATURE OF INSURED _____ DATE (MM/DD/YY) _____						TOTAL (+/-)	
SIGNATURE OF INSURANCE AGENT/BROKER _____ DATE (MM/DD/YY) _____							