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

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

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

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

POLICY #: APP000007857

PRIOR POLICY #:

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:

Laura Petty
100 Financial Dr.
Kalispell, MT 55901

AGENCY NO.:

AGENT NO.:

PHONE NO.:

EMAIL ADDRESS: laura.petty@solstice.tech

POLICYHOLDER INFORMATION

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

Jim Vee
32486 Powell Farm Rd
Frankford, DE 19945

PHONE NO.: (406) 555-1212

EMAIL ADDRESS: laura.petty@solstice.tech

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 01/13/2025 TO 01/13/2026

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: 100029 - K

CURRENT FIRM ZONE: X

MAP DATE: 03/16/2015

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: 38.536115 LONGITUDE: -75.150232

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 0

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): 6.4

LOWEST FLOOR ELEVATION (IN FEET): 8.0

FIRST FLOOR HEIGHT (IN FEET): 1.59999

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: 01/13/1994

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: 2256

NUMBER OF DETACHED STRUCTURES ON PROPERTY: 0

NUMBER OF ELEVATORS: 0

NUMBER OF FLOORS IN BUILDING (EXCLUDING BASEMENT/ENCLOSED AREA, IF ANY): 1

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

TOTAL NUMBER OF UNITS IN THE BUILDING: 1

BUILDING REPLACEMENT COST (INCLUDING FOUNDATION): $ 230637.2

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:

FLOOD INSURANCE APPLICATION, PAGE 2 (OF 2)

☐ NEW ☐ RENEWAL ☐ ENDORSEMENT ☐ TRANSFER (NFIP POLICIES ONLY)
POLICY #: APP000007857
PRIOR POLICY #:

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

COVERAGE, DEDUCTIBLES, AND DISCOUNTS

COVERAGES AND DEDUCTIBLES

SFIP Form: ■ Dwelling ☐ General Property ☐ RCBAP

Amount of Insurance:
Building $ 200000 Contents $ 75000

Deductible:
Building $ 1250 Contents $ 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/PRODUCER — DATE (MM/DD/YYYY)

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

TOTAL AMOUNT DUE

COMPONENTS OF THE TOTAL AMOUNT DUE		
Building Premium	+ 182.4	0
Contents Premium	+ $181.00	$485.00
Increased Cost of Compliance (ICC) Premium	+ $9.00	$494.00
Mitigation Discount	$0.00	$494.00
Community Rating System Discount	$0.00	$494.00
FULL RISK PREMIUM	=	$494.00
STATUTORY DISCOUNTS		
Annual Increase Cap	$0.00	$494.00
Pre-FIRM Discount	$0.00	$494.00
Newly Mapped Discount	$0.00	$494.00
Other Statutory Discounts	$0.00	$494.00
DISCOUNTED PREMIUM	=	0
Reserve Fund Assessment	+ $89.00	$583.00
HFIAA Surcharge	+ $25.00	$608.00
Federal Policy Fee	+ $47.00	$655.00
Probation Surcharge	+ $0.00	$655.00
TOTAL AMOUNT DUE	=	$655.00

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**

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.