



NATIONAL FLOOD INSURANCE PROGRAM FLOOD INSURANCE APPLICATION

PART 1 (OF 2) OF FLOOD INSURANCE APPLICATION

IMPORTANT - PLEASE PRINT OR TYPE

LICENSED PROPERTY OR CASUALTY INSURANCE AGENT OR BROKER ADDRESS B&E Insurance Associates Inc. 18514 US Hwy 19 North Suite D2		DIRECT BILL INSTRUCTIONS <input type="checkbox"/> BILL INSURED <input type="checkbox"/> BILL FIRST MORTGAGEE <input type="checkbox"/> BILL SECOND MTGEE <input type="checkbox"/> BILL LOSS PAYEE <input type="checkbox"/> BILL OTHER	NEW <input type="checkbox"/> RNWL <input type="checkbox"/> FL	CURRENT POLICY # FL
AGENCY NO: PHONE (A/C, No., Ext): 727-531-9369	FAX (A/C, No.): 727-531-9379	WAITING PERIOD: <input type="checkbox"/> STANDARD 30-DAY <input type="checkbox"/> MAP REV (ZONE CHANGE FROM NON-SFHA TO SFHA) - ONE DAY	<input type="checkbox"/> LOAN - NO WAITING LENDER REQUIRED - NO WAITING	
AGENT'S TAX ID:		POLICY PERIOD IS FROM: TO:		12:01 A.M. LOCAL TIME AT THE INSURED PROPERTY LOCATION

INSURED'S NAME, MAILING ADDRESS AND PHONE #	PROPERTY LOCATION 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)
IS INSURANCE REQUIRED FOR DISASTER ASSISTANCE? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES: SBA <input type="checkbox"/> FEMA <input type="checkbox"/> FMHA <input type="checkbox"/> OTHER (SPECIFY):	

ENTER CASE FILE NUMBER: FIRST MORTGAGEE'S NAME AND ADDRESS	IF SECOND MORTGAGEE, LOSS PAYEE OR OTHER IS TO BE BILLED, THE FOLLOWING MUST BE COMPLETED, INCLUDING THE NAME AND ADDRESS: <input type="checkbox"/> SECOND MORTGAGEE <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> DISASTER AGENCY <input type="checkbox"/> OTHER (SPECIFY):
LOAN NO: PHONE (A/C, No., Ext):	LOAN NO: PHONE (A/C, No., Ext):
NAME OF COUNTY / PARISH:	LOCATED IN AN UNINCORPORATED AREA OF THE COUNTY? <input type="checkbox"/> YES <input type="checkbox"/> NO
COMMUNITY NO / PANEL NO AND SUFFIX FOR LOCATION OF PROPERTY INSURED: -	COMMUNITY PROGRAM TYPE IS: <input type="checkbox"/> REGULAR <input type="checkbox"/> EMERGENCY
IS BUILDING IN A SPECIAL FLOOD HAZARD AREA? <input type="checkbox"/> YES <input type="checkbox"/> NO	FLOOD INSURANCE RATE MAP ZONE:

CONSTRUCTION	
BUILDING OCCUPANCY RESIDENTIAL <input type="checkbox"/> SINGLE FAMILY <input type="checkbox"/> 2 - 4 FAMILY <input type="checkbox"/> OTHER RESIDENTIAL NON-RESIDENTIAL (INC HOTEL/MOTEL)	# FLOORS IN ENTIRE BLDG (INC BASEMENT/ENCLOSED AREA, IF ANY) OR BLDG TYPE <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 OR MORE <input type="checkbox"/> SPLIT-LEVEL TOWNHOUSE/ROWHOUSE (RCBAP LOWRISE ONLY) <input type="checkbox"/> MANUFACTURED MOBILE HOME / TRAVEL TRAILER ON FOUNDATION
BASEMENT OR ENCLOSED AREA BELOW AN ELEVATED BUILDING <input type="checkbox"/> NONE <input type="checkbox"/> FINISHED <input type="checkbox"/> UNFINISHED	IF NOT A SINGLE FAMILY DWELLING, THE NUMBER OF OCCUPANCIES (UNITS) IS
DOES INSURED QUALIFY AS A SMALL BUSINESS RISK? <input type="checkbox"/> YES <input type="checkbox"/> NO	CONDO COVERAGE IS FOR: <input type="checkbox"/> UNIT <input type="checkbox"/> ENTIRE BUILDING
RESIDENTIAL CONDOMINIUM BUILDING ASSOCIATION POLICY ONLY TOTAL # UNITS (INCLUDE NON-RES) <input type="checkbox"/> HIGH-RISE <input type="checkbox"/> LOW-RISE	ESTIMATED REPLACEMENT COST IF SINGLE FAMILY PRINCIPAL RESIDENCE, RCBAP, OR ANY V-ZONE BUILDING AMOUNT \$
DEDUCTIBLE <input type="checkbox"/> BUILDING \$ <input type="checkbox"/> CONTENTS \$	DEDUCTIBLE BUYBACK? <input type="checkbox"/> YES <input type="checkbox"/> NO
IS BUILDING ELEVATED? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF BUILDING IS ELEVATED, COMPLETE PART 2 OF THE FLOOD INSURANCE APPLICATION
IF "YES", AREA BELOW IS: <input type="checkbox"/> FREE OF OBSTRUCTION <input type="checkbox"/> WITH OBSTRUCTION	IS THE INSURED PROPERTY OWNED BY STATE GOVERNMENT? <input type="checkbox"/> YES <input type="checkbox"/> NO

CONTENTS LOCATED IN <input type="checkbox"/> BASEMENT / ENCLOSURE <input type="checkbox"/> BASEMENT / ENCLOSURE AND ABOVE <input type="checkbox"/> LOWEST FLOOR ONLY ABOVE GROUND LEVEL <input type="checkbox"/> ABOVE GROUND LEVEL MORE THAN ONE FULL FLOOR (IF SINGLE FAMILY, CONTENTS ARE RATED THROUGHOUT THE BUILDING)	IS PERSONAL PROPERTY HOUSEHOLD CONTENTS? <input type="checkbox"/> YES <input type="checkbox"/> NO IF "NO", PLEASE DESCRIBE:
ALL BUILDINGS - CHECK ONE OF FIVE BLOCKS <input type="checkbox"/> BUILDING PERMIT DATE (MM/DD/YY) <input type="checkbox"/> CONSTRUCTION DATE OF MOBILE HOME PARK OR SUBDIVISION: (MM/DD/YY) <input type="checkbox"/> DATE OF CONSTRUCTION (MM/DD/YY) <input type="checkbox"/> MANUFACTURED (MOBILE) HOMES LOCATED OUTSIDE A MOBILE HOME PARK OR SUBDIVISION: DATE OF PERMANENT PLACEMENT: (MM/DD/YY) <input type="checkbox"/> SUBSTANTIAL IMPROVEMENT DATE (MM/DD/YY)	
IS BUILDING POST-FIRM CONSTRUCTION? <input type="checkbox"/> YES <input type="checkbox"/> NO	BUILDING DIAGRAM NUMBER
LOWEST ADJACENT GRADE (LAG)	
IF POST-FIRM CONSTRUCTION IN ZONES A, A1- A30, AE, AO, AH, V, V1- V30, VE OR IF PRE-FIRM CONSTRUCTION IS ELEVATION RATED, ATTACH CERTIFICATION. LOWEST FLOOR ELEVATION _____ (-) BASE FLOOD ELEVATION _____ (=) DIFFERENCE TO NEAREST FOOT _____ (+ OR -) IN ZONES V AND V1- V30 ONLY DOES BASE FLOOD ELEVATION INCLUDE EFFECTS OF WAVE ACTION? <input type="checkbox"/> YES <input type="checkbox"/> NO IS BUILDING FLOOD-PROOFED? <input type="checkbox"/> YES <input type="checkbox"/> NO ELEVATION CERTIFICATION DATE _____ SEE FLOOD INSURANCE MANUAL FOR CERTIFICATION FORM	

COVERAGE AND RATING	
COVERAGE REQUESTED - CHECK ONE BLOCK <input type="checkbox"/> BUILDING AND CONTENTS <input type="checkbox"/> BUILDING ONLY <input type="checkbox"/> CONTENTS ONLY	
COVERAGE	BASIC LIMITS AMOUNT OF INSURANCE RATE ANNUAL PREMIUM
	ADDITIONAL LIMITS (REGULAR PROGRAM ONLY) AMOUNT OF INSURANCE RATE ANNUAL PREMIUM
	DEDUCTIBLE PREM REDUC / INCREASE
	BASIC AND ADDITIONAL TOTAL AMOUNT OF INSURANCE
	TOTAL PREMIUM
BUILDING	.00
CONTENTS	.00
RATE TYPE (ONE BUILDING PER POLICY - BLANKET COVERAGE NOT PERMITTED)	
<input type="checkbox"/> MANUAL <input type="checkbox"/> ALTERNATIVE <input type="checkbox"/> MORTGAGE PORTFOLIO PROTECTION PROGRAM	<input type="checkbox"/> SUBMIT FOR RATING <input type="checkbox"/> V-ZONE RISK FACTOR RATING FORM <input type="checkbox"/> PROVISIONAL RATING
PAYMENT OPTION <input type="checkbox"/> CREDIT CARD <input type="checkbox"/> OTHER:	
ANNUAL SUBTOTAL \$	
ICC PREMIUM	
SUBTOTAL	
CRS PREMIUM DISCOUNT _____ %	
SUBTOTAL	
PROBATION SURCHARGE +	
FED POLICY FEE +	
TOTAL PREPAID AMOUNT \$	

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. SEE REVERSE SIDE.

SIGNATURE OF INSURANCE AGENT/BROKER

DATE (MM/DD/YY)

PLEASE ATTACH TO NFIP COPY OF THE APPLICATION THE CHECK OR MONEY ORDER FOR THE TOTAL PREPAID PREMIUM MADE PAYABLE TO THE NATIONAL FLOOD INSURANCE PROGRAM
IMPORTANT - COMPLETE PART 1 AND, IF REQUIRED, PART 2 BEFORE SENDING APPLICATION TO THE NFIP

**FLOOD INSURANCE
FLOOD INSURANCE APPLICATION
FEMA FORM 81-16**

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 Act, on the grounds of race, color, creed, sex, age or national origin.

PRIVACY ACT

The information requested is necessary to process your Flood Insurance Application for a flood insurance policy. The authority to collect the information is Title 42, U.S. Code, Sections 4001 to 4028. Disclosures of this information may be made: to federal, state, tribal, and local government agencies, fiscal agents, your agent, mortgage servicing companies, insurance or other companies, lending institutions, and contractors working for us, for the purpose of carrying out the National Flood Insurance Program; to current Repetitive Loss Target Group (RLTG) property owners and Preferred Risk Policy (PRP) owners for the purpose of property loss history evaluation; to the American Red Cross for verification of nonduplication of benefits following a flood event or disaster; to law enforcement agencies or professional organizations when there may be a violation or potential violation of law; to a federal, state or local agency when we request information relevant to an agency decision concerning issuance of a grant or other benefit, or in certain circumstances when a federal agency requests such information for a similar purpose from us; to a Congressional office in response to an inquiry made at the request of an individual; to the Office of Management and Budget (OMB) in relation to private relief legislation under OMB Circular A-19; and to the National Archives and Records Administration in records management inspections. Providing the information is voluntary, but failure to do so may delay or prevent issuance of the flood insurance policy.

GENERAL

This information is provided pursuant to Public Law 96-511 (Paperwork Reduction Act of 1980, as amended) dated December 11, 1980, to allow the public to participate more fully and meaningfully in the Federal paperwork review process.

AUTHORITY

Public Law 96-511, amended, 44 U.S.C. 3507; and 5 CFR 1320.

PAPERWORK BURDEN DISCLOSURE NOTICE

Public reporting burden for this form is estimated to average 12 minutes per response. Burden means the time, effort, and financial resources expended by persons to generate, maintain, retain, disclose, or to provide information to us. You may send comments regarding the burden estimate or any aspect of the form, including suggestions for reducing the burden to: U.S. Department of Homeland Security, Emergency Preparedness and Response Directorate, Federal Emergency Management Agency, 500 C Street, SW, Washington, DC 20472, Paperwork Reduction Project (1660-0006).

NOTE: Do not send your completed form to this address.

PART 2 (OF 2) OF FLOOD INSURANCE APPLICATION

IMPORTANT - PLEASE PRINT OR TYPE

ALL APPROPRIATE DATA PROVIDED BY THE INSURED OR OBTAINED FROM THE ELEVATION CERTIFICATE SHOULD BE REVIEWED AND TRANSCRIBED BELOW. THIS PART OF THE APPLICATION MUST BE COMPLETED FOR THE FOLLOWING BUILDING TYPES:

<input type="checkbox"/> NEW	CURRENT POLICY # _____
<input type="checkbox"/> RNWL	FL _____
	IF NEW, LEAVE BLANK

- Post-FIRM construction located in Zones A, A1- A30, AE, AH, AO, V, V1- V30 and VE.
- Pre-FIRM construction located in Zones A, A1- A30, AE, AH, AO, V, V1- V30 and VE when using optional Post-FIRM rating.

SECTION I - ALL BUILDING TYPES

<p>1. Diagram number selected from Building Diagram 1 - 8: _____</p> <p>2. The lowest floor is (round to the nearest foot): _____ feet <input type="checkbox"/> above <input type="checkbox"/> below (check one) the lowest ground (grade) immediately next to the building.</p> <p>3. The garage floor (if applicable) or elevated floor (if applicable) is (round to the nearest foot): _____ feet <input type="checkbox"/> above <input type="checkbox"/> below (check one) the lowest ground (grade) immediately next to the building.</p> <p>4. Machinery or equipment located at a level lower than the lowest floor is (round to the nearest foot): _____ feet below the lowest floor.</p> <p>5. Site Location a) Approximate distance of site location to the nearest shoreline: <input type="checkbox"/> Less than 200 feet <input type="checkbox"/> 500 to 1000 feet <input type="checkbox"/> 200 to 500 feet <input type="checkbox"/> More than 1000 feet b) Source of Flooding <input type="checkbox"/> Ocean <input type="checkbox"/> River / Stream <input type="checkbox"/> Lake <input type="checkbox"/> Other: _____</p> <p>6. Basement / Subgrade Crawl Space a) Is the basement / subgrade crawl space floor below grade on all sides? <input type="checkbox"/> YES <input type="checkbox"/> NO b) Does the basement / subgrade crawl space contain machinery or equipment? <input type="checkbox"/> YES <input type="checkbox"/> NO</p>	<p>If yes, check the appropriate items:</p> <table border="0"> <tr> <td><input type="checkbox"/> Furnace</td> <td><input type="checkbox"/> Heat Pump</td> <td><input type="checkbox"/> Air Conditioner</td> </tr> <tr> <td><input type="checkbox"/> Hot Water Heater</td> <td><input type="checkbox"/> Fuel Tank</td> <td><input type="checkbox"/> Cistern</td> </tr> <tr> <td><input type="checkbox"/> Elevator Equipment</td> <td><input type="checkbox"/> Washer & Dryer</td> <td><input type="checkbox"/> Food Freezer</td> </tr> <tr> <td colspan="3"><input type="checkbox"/> Other Equipment or Machinery Servicing the Building</td> </tr> </table> <p>7. Garage a) Is the garage attached to or part of the building? <input type="checkbox"/> YES <input type="checkbox"/> NO b) Total area of the garage: _____ square feet c) Are there any openings (excluding doors) that are designed to allow the passage of flood waters through the garage? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, number of permanent openings (flood vent) within one (1) foot above the adjacent grade: _____ Total area of all permanent openings (flood vents): _____ square inches. d) Is the garage used solely for parking of vehicles, building access, and/or storage? <input type="checkbox"/> YES <input type="checkbox"/> NO e) Does the garage contain machinery or equipment? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, check the appropriate items:</p> <table border="0"> <tr> <td><input type="checkbox"/> Furnace</td> <td><input type="checkbox"/> Heat Pump</td> <td><input type="checkbox"/> Air Conditioner</td> </tr> <tr> <td><input type="checkbox"/> Hot Water Heater</td> <td><input type="checkbox"/> Fuel Tank</td> <td><input type="checkbox"/> Cistern</td> </tr> <tr> <td><input type="checkbox"/> Elevator Equipment</td> <td><input type="checkbox"/> Washer & Dryer</td> <td><input type="checkbox"/> Food Freezer</td> </tr> <tr> <td colspan="3"><input type="checkbox"/> Other Equipment or Machinery Servicing the Building</td> </tr> </table>	<input type="checkbox"/> Furnace	<input type="checkbox"/> Heat Pump	<input type="checkbox"/> Air Conditioner	<input type="checkbox"/> Hot Water Heater	<input type="checkbox"/> Fuel Tank	<input type="checkbox"/> Cistern	<input type="checkbox"/> Elevator Equipment	<input type="checkbox"/> Washer & Dryer	<input type="checkbox"/> Food Freezer	<input type="checkbox"/> Other Equipment or Machinery Servicing the Building			<input type="checkbox"/> Furnace	<input type="checkbox"/> Heat Pump	<input type="checkbox"/> Air Conditioner	<input type="checkbox"/> Hot Water Heater	<input type="checkbox"/> Fuel Tank	<input type="checkbox"/> Cistern	<input type="checkbox"/> Elevator Equipment	<input type="checkbox"/> Washer & Dryer	<input type="checkbox"/> Food Freezer	<input type="checkbox"/> Other Equipment or Machinery Servicing the Building		
<input type="checkbox"/> Furnace	<input type="checkbox"/> Heat Pump	<input type="checkbox"/> Air Conditioner																							
<input type="checkbox"/> Hot Water Heater	<input type="checkbox"/> Fuel Tank	<input type="checkbox"/> Cistern																							
<input type="checkbox"/> Elevator Equipment	<input type="checkbox"/> Washer & Dryer	<input type="checkbox"/> Food Freezer																							
<input type="checkbox"/> Other Equipment or Machinery Servicing the Building																									
<input type="checkbox"/> Furnace	<input type="checkbox"/> Heat Pump	<input type="checkbox"/> Air Conditioner																							
<input type="checkbox"/> Hot Water Heater	<input type="checkbox"/> Fuel Tank	<input type="checkbox"/> Cistern																							
<input type="checkbox"/> Elevator Equipment	<input type="checkbox"/> Washer & Dryer	<input type="checkbox"/> Food Freezer																							
<input type="checkbox"/> Other Equipment or Machinery Servicing the Building																									

**SECTION II - ELEVATED BUILDINGS
(Including Manufactured [Mobile] Homes / Travel Trailers)**

<p>8. Elevating foundation of the building: <input type="checkbox"/> Piers, posts or piles <input type="checkbox"/> Reinforced masonry piers or concrete piers or columns <input type="checkbox"/> Reinforced concrete shear walls <input type="checkbox"/> Solid perimeter walls Note : (This is not an approved method for elevating in Zones V1- V30, VE or V).</p> <p>9. Does the area below the elevated floor contain machinery or equipment? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, check the appropriate items: <input type="checkbox"/> Furnace <input type="checkbox"/> Heat Pump <input type="checkbox"/> Air Conditioner <input type="checkbox"/> Hot Water Heater <input type="checkbox"/> Fuel Tank <input type="checkbox"/> Cistern <input type="checkbox"/> Elevator Equipment <input type="checkbox"/> Washer & Dryer <input type="checkbox"/> Food Freezer <input type="checkbox"/> Other Equipment or Machinery Servicing the Building</p> <p>10. Area below the elevated floor a) Is the area below the elevated floor enclosed? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, check one of the following: <input type="checkbox"/> Partially <input type="checkbox"/> Fully If 10a is "NO", do not answer 10b through 10f b) If enclosed, estimate size of enclosed area / crawl space: _____ square feet</p>	<p>c) Is the area below the elevated floor using materials other than insect screening or light wood lattice? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, check one of the following: <input type="checkbox"/> Breakaway walls <input type="checkbox"/> Solid wood frame walls <input type="checkbox"/> Masonry walls <input type="checkbox"/> Other: _____</p> <p>d) Is the enclosed area / crawl space constructed with openings (excluding doors) to allow the passage of flood waters through the enclosed area? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, number of permanent openings (flood vent) within one (1) foot above the adjacent grade: _____ Total area of all permanent openings (flood vents): _____ square inches.</p> <p>e) Is the enclosed area / crawl space used for any purpose other than solely for parking of vehicles, building access or storage? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, describe: _____ _____</p> <p>f) Does the enclosed area / crawl space have more than twenty (20) linear feet of finished wall, panelling, etc.? <input type="checkbox"/> YES <input type="checkbox"/> NO</p>
--	---

SECTION III - MANUFACTURED (MOBILE) HOMES / TRAVEL TRAILERS

<p>11. Manufactured (Mobile) Home Data Make: _____ Year of Manufacture: _____ Model Number: _____ Serial Number: _____</p> <p>12. Manufactured (mobile) home dimensions: _____ X _____ feet</p> <p>13. Are there any permanent additions or extensions to the manufactured (mobile) home? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, the dimensions are: _____ X _____ feet</p>	<p>14. The manufactured (mobile) home's anchoring system utilizes: <input type="checkbox"/> Over-the-top ties <input type="checkbox"/> Ground Anchors <input type="checkbox"/> Frame ties <input type="checkbox"/> Slab Anchors <input type="checkbox"/> Frame connectors <input type="checkbox"/> Other: _____</p> <p>15. The manufactured (mobile) home was installed in accordance with: <input type="checkbox"/> Manufacturer's specifications <input type="checkbox"/> Local floodplain management standards <input type="checkbox"/> State and/or local building standards</p> <p>16. Is the manufactured (mobile) home located in a manufactured (mobile) home park/subdivision? <input type="checkbox"/> YES <input type="checkbox"/> NO</p>
--	---

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.

SIGNATURE OF INSURANCE AGENT/BROKER _____

DATE (MM/DD/YY) _____

**FLOOD INSURANCE
FLOOD INSURANCE APPLICATION
FEMA FORM 81-16**

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 Act, on the grounds of race, color, creed, sex, age or national origin.

PRIVACY ACT

The information requested is necessary to process your Flood Insurance Application for a flood insurance policy. The authority to collect the information is Title 42, U.S. Code, Sections 4001 to 4028. Disclosures of this information may be made: to federal, state, tribal, and local government agencies, fiscal agents, your agent, mortgage servicing companies, insurance or other companies, lending institutions, and contractors working for us, for the purpose of carrying out the National Flood Insurance Program; to current Repetitive Loss Target Group (RLTG) property owners and Preferred Risk Policy (PRP) owners for the purpose of property loss history evaluation; to the American Red Cross for verification of nonduplication of benefits following a flood event or disaster; to law enforcement agencies or professional organizations when there may be a violation or potential violation of law; to a federal, state or local agency when we request information relevant to an agency decision concerning issuance of a grant or other benefit, or in certain circumstances when a federal agency requests such information for a similar purpose from us; to a Congressional office in response to an inquiry made at the request of an individual; to the Office of Management and Budget (OMB) in relation to private relief legislation under OMB Circular A-19; and to the National Archives and Records Administration in records management inspections. Providing the information is voluntary, but failure to do so may delay or prevent issuance of the flood insurance policy.

GENERAL

This information is provided pursuant to Public Law 96-511 (Paperwork Reduction Act of 1980, as amended) dated December 11, 1980, to allow the public to participate more fully and meaningfully in the Federal paperwork review process.

AUTHORITY

Public Law 96-511, amended, 44 U.S.C. 3507; and 5 CFR 1320.

PAPERWORK BURDEN DISCLOSURE NOTICE

Public reporting burden for this form is estimated to average 12 minutes per response. Burden means the time, effort, and financial resources expended by persons to generate, maintain, retain, disclose, or to provide information to us. You may send comments regarding the burden estimate or any aspect of the form, including suggestions for reducing the burden to: U.S. Department of Homeland Security, Emergency Preparedness and Response Directorate, Federal Emergency Management Agency, 500 C Street, SW, Washington, DC 20472, Paperwork Reduction Project (1660-0006).

NOTE: Do not send your completed form to this address.