

# ACORD™ FLOOD INSURANCE GENERAL CHANGE ENDORSEMENT

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

PRODUCER PHONE (A/C, No, Ext):	POLICY TYPE <input type="checkbox"/> STANDARD <input type="checkbox"/> PREFERRED	CURRENT POLICY # FL	POLICY EFF DATE	POLICY EXP DATE
ADDRESS CHANGED? <input type="checkbox"/> YES <input type="checkbox"/> NO		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		12:01 A.M. LOCAL TIME AT THE INSURED PROPERTY LOCATION ENDORSEMENT EFFECTIVE DATE
AGENT'S TAX ID SOCIAL SECURITY #	NEW AGENT? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, THE INSURED MUST SIGN THIS FORM		
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: <input type="checkbox"/> 1. SBA <input type="checkbox"/> 2. FEMA <input type="checkbox"/> 3. FMHA <input type="checkbox"/> 4. OTHER (SPECIFY):		
PRIOR INSURED MUST SIGN THIS FORM TO ASSIGN THE POLICY TO NEW OWNER WITH TRANSFER OF INSURED PROPERTY		CASE NUMBER OR SOCIAL SECURITY #:		
ADD CHANGE DELETE	IF SECOND MORTGAGEE, LOSS PAYEE OR OTHER IS TO BE BILLED, THE FOLLOWING MUST BE COMPLETED:	ADD CHANGE DELETE	SECOND MORTGAGEE OR OTHER	
FIRST MORTGAGEE'S NAME, TELEPHONE NUMBER AND ADDRESS		SECOND MORTGAGEE LOSS PAYEE DISASTER AGENCY OTHER (SPECIFY)		
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 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 IS BUILDING ELEVATED (INCLUDES CRAWL SPACE BUILDINGS)? <input type="checkbox"/> YES <input type="checkbox"/> NO
LOC IN UNINCORP AREA OF COUNTY? <input type="checkbox"/> YES <input type="checkbox"/> NO UNIT IS INSURED PROP OWNED BY STATE GOV? <input type="checkbox"/> YES <input type="checkbox"/> NO ENTIRE BUILDING	CONDO COVERAGE IS FOR: <input type="checkbox"/> 1 <input type="checkbox"/> 3 OR MORE <input type="checkbox"/> 2 <input type="checkbox"/> SPLIT-LEVEL <input type="checkbox"/> TOWNHOUSE/ROWHOUSE (RCBAP LOWRISE ONLY) <input type="checkbox"/> MANUFACTURED MOBILE HOME ON FOUNDATION	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
FLOOD ZONE MONTH & YEAR BUILT/ SUBSTANTIAL IMPROVEMENT DATE 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	# FLOORS IN ENTIRE BLDG (INC BASEMENT/ENCLOSED AREA, IF ANY) OR BLDG TYPE IS BLDG PRINCIPAL RESIDENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO	DOES AREA BELOW ELEVATED FLOOR CONTAIN MACHINERY & EQPT? <input type="checkbox"/> YES <input type="checkbox"/> NO IS THERE A WASHER, DRYER OR FOOD FREEZER? <input type="checkbox"/> YES <input type="checkbox"/> NO NOTE: THERE IS LIMITED COV BELOW THE LOWEST ELEV FLOOR - REVIEW THE POLICY
BUILDING OCCUPANCY <input type="checkbox"/> SINGLE FAMILY <input type="checkbox"/> OTHER RESIDENTIAL NONRES (INC HOTEL/MOTEL) <input type="checkbox"/> 2-4 FAMILY	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 <input type="checkbox"/> LOWEST FLOOR ONLY - ABOVE GROUND LEVEL <input type="checkbox"/> ONE FULL FLOOR OR MORE <input type="checkbox"/> MANUFACTURED/MOBILE HOME	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) <input type="checkbox"/> YES <input type="checkbox"/> NO 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
ARE CONTENTS HOUSEHOLD PERSONAL PROPERTY? <input type="checkbox"/> YES <input type="checkbox"/> NO CONTENTS OTHER THAN HOUSEHOLD PERSONAL PROPERTY	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	+ INCREASED AMOUNT	- DECREASED RATE	PREMIUM	
BUILDING BASIC							
BUILDING ADD'L							
CONTENTS BASIC							
CONTENTS ADD'L							