

ATTACHMENT C

**HFIAA PREMIUM SURCHARGE
LETTER TO VERIFY PRIMARY RESIDENCE AND
UPDATED APPLICATION FORM**

**NATIONAL FLOOD INSURANCE PROGRAM (NFIP)
IMPORTANT NOTICE TO RESIDENTIAL POLICYHOLDERS**

RE: <Named Insured>

Policy # < >

Property Address: < >

Dear Policyholder:

Section 8 of the Homeowner Flood Insurance Affordability Act of 2014 (HFIAA) requires collection of an annual premium surcharge of \$25 for NFIP flood insurance policies on all primary residences and \$250 for policies on non-residential properties and non-primary residences.

For NFIP rating purposes, a primary residence is one that you or your spouse will live in for more than 50 percent of the 365 days following the policy renewal date. If the property address listed above is your primary residence, lived in by you or your spouse more than 50 percent of the year, the NFIP requires verification of primary residence status through documentation.

To receive the \$25 HFIAA surcharge, you or your agent must **submit one of the following:**

- Driver's license
- Automobile registration
- Proof of insurance for a vehicle
- Voter's registration
- Documents showing where children attend school; or
- Homestead Tax Credit Form for Primary Residence.

If you cannot provide the documentation listed above, you must submit a signed and dated statement to your insurer, as shown on the following page, to verify your primary residence status.

Because this premium surcharge is mandated by law, if you do not provide this documentation within 30 days of the date of this letter, your renewal premium will reflect the \$250 HFIAA surcharge.

Please inform us if the occupancy status changes for this property. If you fail to do so, this may result in voidance of coverage or any other remedies available under law.

**VERIFICATION OF PRIMARY RESIDENCE STATUS FOR
HFIAA SURCHARGE**

<Insured Property Address>

The above address is my primary residence, and I and/or my spouse will live at this location for more than 50 percent of the 365 days following the policy effective date.

Insured Name (Printed)

Insured Signature

Date

PURSUANT TO 28 U.S.C. § 1746 I CERTIFY UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE UNITED STATES OF AMERICA THAT THE FOREGOING IS TRUE AND CORRECT. I UNDERSTAND THAT ANY FALSE STATEMENTS MAY CAUSE MY POLICY TO BE VOID, AND MAY BE PUNISHABLE BY FINE OR IMPRISONMENT UNDER APPLICABLE FEDERAL LAW.

National Flood Insurance Program
FLOOD INSURANCE APPLICATION, PART 1 (OF 2)

NEW RENEWAL TRANSFER (NFIP ONLY)

PRIOR POLICY #: _____

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

BILLING	FOR RENEWAL, BILL: <input type="checkbox"/> INSURED <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> FIRST MORTGAGEE <input type="checkbox"/> OTHER (AS SPECIFIED IN THE "2ND MORTGAGEE/OTHER" BOX BELOW) <input type="checkbox"/> SECOND MORTGAGEE	POLICY PERIOD	POLICY PERIOD IS FROM ____/____/____ TO ____/____/____ 12:01 A.M. LOCAL TIME AT THE INSURED PROPERTY LOCATION. WAITING PERIOD: <input type="checkbox"/> STANDARD 30-DAY <input type="checkbox"/> REQUIRED FOR LOAN TRANSACTION – NO WAITING PERIOD <input type="checkbox"/> MAP REVISION (ZONE CHANGE FROM NON-SFHA TO SFHA) – 1 DAY <input type="checkbox"/> TRANSFER (NFIP ONLY) – NO WAITING PERIOD																																				
AGENT/PRODUCER INFORMATION	NAME AND MAILING ADDRESS OF AGENT/PRODUCER: AGENCY NO.: _____ AGENT'S TAX ID: _____ PHONE NO.: _____ FAX NO.: _____ EMAIL ADDRESS: _____	INSURED INFORMATION	PROPERTY PURCHASED ON OR AFTER 07/06/2012: <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, INDICATE THE PROPERTY PURCHASE DATE: ____/____/____ NAME AND MAILING ADDRESS OF INSURED: PHONE NO.: _____																																				
PROPERTY LOCATION	NOTE: ONE BUILDING PER POLICY – BLANKET COVERAGE NOT PERMITTED. IS INSURED PROPERTY LOCATION SAME AS INSURED'S MAILING ADDRESS? <input type="checkbox"/> YES <input type="checkbox"/> NO IF NO, ENTER PROPERTY ADDRESS. IF RURAL, ENTER LEGAL DESCRIPTION, OR GEOGRAPHIC LOCATION OF PROPERTY (DO NOT USE P.O. BOX). FOR AN ADDRESS WITH MULTIPLE BUILDINGS AND/OR FOR A BUILDING WITH ADDITIONS OR EXTENSIONS, DESCRIBE THE INSURED BUILDING: _____	1ST MORTGAGEE	NAME AND MAILING ADDRESS OF FIRST MORTGAGEE: LOAN NO.: _____																																				
DISASTER ASSISTANCE	IS INSURANCE REQUIRED FOR DISASTER ASSISTANCE? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, CHECK THE GOVERNMENT AGENCY: <input type="checkbox"/> SBA <input type="checkbox"/> FEMA <input type="checkbox"/> FHA <input type="checkbox"/> OTHER (SPECIFY): _____ CASE FILE NO.: _____	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.: _____																																				
COMMUNITY	RATING MAP INFORMATION NAME OF COUNTY/PARISH: _____ COMMUNITY NO./PANEL NO. AND SUFFIX: _____ - _____ FIRM ZONE: _____ COMMUNITY PROGRAM TYPE IS: <input type="checkbox"/> REGULAR <input type="checkbox"/> EMERGENCY	GRANDFATHERING INFORMATION GRANDFATHERED? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, <input type="checkbox"/> BUILT IN COMPLIANCE OR <input type="checkbox"/> CONTINUOUS COVERAGE (PROVIDE PRIOR POLICY NUMBER IN BOX ABOVE) CURRENT COMMUNITY NO./PANEL NO. AND SUFFIX: _____ - _____ CURRENT FIRM ZONE: _____ CURRENT BFE: _____																																					
BUILDING	BUILDING OCCUPANCY <input type="checkbox"/> SINGLE FAMILY <input type="checkbox"/> 2-4 FAMILY <input type="checkbox"/> OTHER RESIDENTIAL <input type="checkbox"/> NON-RESIDENTIAL (INCLUDING HOTEL/MOTEL) BUILDING PURPOSE <input type="checkbox"/> 100% RESIDENTIAL <input type="checkbox"/> 100% NON-RESIDENTIAL <input type="checkbox"/> MIXED-USE – SPECIFY PERCENTAGE OF RESIDENTIAL USE: _____ % IS BUILDING A BUSINESS PROPERTY? <input type="checkbox"/> YES <input type="checkbox"/> NO	BASEMENT, ENCLOSURE, CRAWLSPACE <input type="checkbox"/> NONE <input type="checkbox"/> FINISHED BASEMENT/ENCLOSURE <input type="checkbox"/> CRAWLSPACE <input type="checkbox"/> UNFINISHED BASEMENT/ENCLOSURE <input type="checkbox"/> SUBGRADE CRAWLSPACE NUMBER OF FLOORS IN BUILDING (INCLUDING BASEMENT/ ENCLOSED AREA, IF ANY) OR BUILDING TYPE <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 OR MORE <input type="checkbox"/> SPLIT LEVEL <input type="checkbox"/> TOWNHOUSE/ROWHOUSE (RCBAP LOW-RISE ONLY) <input type="checkbox"/> MANUFACTURED (MOBILE) HOME/TRAVEL TRAILER ON FOUNDATION IS COVERAGE FOR A CONDO UNIT? <input type="checkbox"/> YES <input type="checkbox"/> NO IS BUILDING IN A CONDOMINIUM FORM OF OWNERSHIP? <input type="checkbox"/> YES <input type="checkbox"/> NO TOTAL NUMBER OF UNITS: _____ <input type="checkbox"/> HIGH-RISE <input type="checkbox"/> LOW-RISE IS BUILDING LOCATED ON FEDERAL LAND? <input type="checkbox"/> YES <input type="checkbox"/> NO	IS BUILDING WALLED AND ROOFED? <input type="checkbox"/> YES <input type="checkbox"/> NO IS BUILDING IN THE COURSE OF CONSTRUCTION? <input type="checkbox"/> YES <input type="checkbox"/> NO IS BUILDING OVER WATER? <input type="checkbox"/> NO <input type="checkbox"/> PARTIALLY <input type="checkbox"/> ENTIRELY IS BUILDING INSURED'S PRINCIPAL/PRIMARY RESIDENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO IS BUILDING A RENTAL PROPERTY? <input type="checkbox"/> YES <input type="checkbox"/> NO IS THE INSURED A TENANT? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, IS THE TENANT REQUESTING BUILDING COVERAGE? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, SEE NOTICE BELOW. IS THE BUILDING A SEVERE REPETITIVE LOSS PROPERTY? <input type="checkbox"/> YES <input type="checkbox"/> NO DOES THE BUILDING HAVE ANY ADDITIONS OR EXTENSIONS? <input type="checkbox"/> YES <input type="checkbox"/> NO (ADDITIONS AND EXTENSIONS MAY BE SEPARATELY INSURED.) IS BUILDING ELEVATED? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, AREA BELOW IS: <input type="checkbox"/> FREE OF OBSTRUCTION <input type="checkbox"/> WITH OBSTRUCTION																																				
CONTENTS	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"/> LOWEST FLOOR ABOVE GROUND LEVEL AND HIGHER <input type="checkbox"/> ABOVE GROUND LEVEL MORE THAN 1 FULL FLOOR IS PERSONAL PROPERTY HOUSEHOLD CONTENTS? <input type="checkbox"/> YES <input type="checkbox"/> NO IF NO, DESCRIBE: _____ *IF SINGLE FAMILY, CONTENTS ARE RATED THROUGHOUT THE BUILDING.	CONSTRUCTION INFORMATION	CONSTRUCTION DATE: ____/____/____ CHECK ONE OF THE FOLLOWING: <input type="checkbox"/> BUILDING PERMIT <input type="checkbox"/> SUBSTANTIAL IMPROVEMENT <input type="checkbox"/> CONSTRUCTION <input type="checkbox"/> FOR MANUFACTURED (MOBILE) HOMES/ TRAVEL TRAILERS LOCATED IN A MOBILE HOME PARK OR SUBDIVISION: CONSTRUCTION DATE OF MOBILE HOME PARK OR SUBDIVISION FACILITIES <input type="checkbox"/> FOR MANUFACTURED (MOBILE) HOMES/ TRAVEL TRAILERS LOCATED OUTSIDE A MOBILE HOME PARK OR SUBDIVISION: DATE OF PERMANENT PLACEMENT																																				
ELEVATION DATA	IS BUILDING POST-FIRM CONSTRUCTION? <input type="checkbox"/> YES <input type="checkbox"/> NO (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 ELEVATION CERTIFICATE.)	BUILDING DIAGRAM NO.: _____ LOWEST ADJACENT GRADE (LAG): _____ ELEVATION CERTIFICATION DATE: ____/____/____ 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 FLOODPROOFED? <input type="checkbox"/> YES <input type="checkbox"/> NO (SEE THE NFIP FLOOD INSURANCE MANUAL FOR CERTIFICATION FORM.)																																					
COVERAGE AND RATING	ESTIMATED BUILDING REPLACEMENT COST (INCLUDING FOUNDATION): \$ _____ DEDUCTIBLE: BUILDING \$ _____ CONTENTS \$ _____ DEDUCTIBLE BUYBACK? <input type="checkbox"/> YES <input type="checkbox"/> NO	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2">INSURANCE COVERAGE</th> <th rowspan="2">TOTAL AMOUNT OF INSURANCE</th> <th colspan="3">BASIC LIMITS</th> <th colspan="3">ADDITIONAL LIMITS (REGULAR PROGRAM ONLY)</th> <th rowspan="2">DEDUCTIBLE</th> <th rowspan="2">TOTAL PREMIUM</th> </tr> <tr> <th>AMOUNT OF INSURANCE</th> <th>RATE</th> <th>ANNUAL PREMIUM</th> <th>AMOUNT OF INSURANCE</th> <th>RATE</th> <th>ANNUAL PREMIUM</th> </tr> </thead> <tbody> <tr> <td>BUILDING</td> <td></td> <td></td> <td></td> <td>.00</td> <td></td> <td></td> <td>.00</td> <td>.00</td> <td>.00</td> </tr> <tr> <td>CONTENTS</td> <td></td> <td></td> <td></td> <td>.00</td> <td></td> <td></td> <td>.00</td> <td>.00</td> <td>.00</td> </tr> </tbody> </table>		INSURANCE COVERAGE	TOTAL AMOUNT OF INSURANCE	BASIC LIMITS			ADDITIONAL LIMITS (REGULAR PROGRAM ONLY)			DEDUCTIBLE	TOTAL PREMIUM	AMOUNT OF INSURANCE	RATE	ANNUAL PREMIUM	AMOUNT OF INSURANCE	RATE	ANNUAL PREMIUM	BUILDING				.00			.00	.00	.00	CONTENTS				.00			.00	.00	.00
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SIGNATURE	RATE CATEGORY: <input type="checkbox"/> MANUAL <input type="checkbox"/> SUBMIT FOR RATE <input type="checkbox"/> PROVISIONAL RATING	PAYMENT METHOD: <input type="checkbox"/> CHECK <input type="checkbox"/> CREDIT CARD <input type="checkbox"/> OTHER: _____																																					
NOTICE: BUILDING COVERAGE BENEFITS – EXCEPT FOR A RESIDENTIAL CONDOMINIUM BUILDING – ARE NOT AVAILABLE IF OTHER NFIP BUILDING COVERAGE HAS BEEN PURCHASED BY THE APPLICANT OR ANY OTHER PARTY FOR THE SAME BUILDING. THE ABOVE STATEMENTS ARE CORRECT TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT ANY FALSE STATEMENTS MAY BE PUNISHABLE BY FINE AND/OR IMPRISONMENT UNDER APPLICABLE FEDERAL LAW. SEE REVERSE SIDE OF COPIES 2, 3, AND 4.		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>ANNUAL SUBTOTAL</td> <td>\$</td> </tr> <tr> <td>ICC PREMIUM</td> <td></td> </tr> <tr> <td>SUBTOTAL</td> <td></td> </tr> <tr> <td>CRS PREMIUM DISCOUNT _____ %</td> <td></td> </tr> <tr> <td>SUBTOTAL</td> <td></td> </tr> <tr> <td>RESERVE FUND _____ %</td> <td></td> </tr> <tr> <td>SUBTOTAL</td> <td></td> </tr> <tr> <td>PROBATION SURCHARGE</td> <td></td> </tr> <tr> <td>HFAIA SURCHARGE</td> <td></td> </tr> <tr> <td>FEDERAL POLICY FEE</td> <td></td> </tr> <tr> <td>TOTAL AMOUNT DUE</td> <td>\$</td> </tr> </table>		ANNUAL SUBTOTAL	\$	ICC PREMIUM		SUBTOTAL		CRS PREMIUM DISCOUNT _____ %		SUBTOTAL		RESERVE FUND _____ %		SUBTOTAL		PROBATION SURCHARGE		HFAIA SURCHARGE		FEDERAL POLICY FEE		TOTAL AMOUNT DUE	\$														
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NFIP COPY