

FLOOD INSURANCE GENERAL CHANGE ENDORSEMENT

REASON FOR CHANGE
(ATTACH MEMO IF ADDI-
TIONAL SPACE IS NEEDED)

PRODUCER

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE
(A/C,NO.,EXT.) _____

ADDRESS CHANGED? YES NO

POLICY TYPE CURRENT POLICY #
 STANDARD
 PREFERRED

POLICY EFF DATE POLICY EXP DATE

12:01 A.M. LOCAL TIME
AT THE INSURED PROPERTY LOCATION

ENDORSEMENT EFFECTIVE DATE

**INSURED'S NAME, PHONE #
AND MAILING ADDRESS**

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE # _____

- NAME OF INSURED IS CHANGED OR CORRECTED AS SHOWN
 ADDRESS OF NAMED INSURED IS CHANGED AS SHOWN

PRIOR INSURED MUST SIGN THIS FORM TO ASSIGN
THE POLICY TO NEW OWNER WITH TRANSFER OF
INSURED PROPERTY

ADD CHANGE DELETE

FIRST MORTGAGEE'S NAME, TELEPHONE, AND ADDRESS

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE _____

LOAN #: _____

IF SECOND MORTGAGEE, LOSS PAYEE OR OTHER IS TO BE BILLED, THE
FOLLOWING MUST BE COMPLETED:

- SECOND MORTGAGEE
 LOSS PAYEE
 DISASTER AGENCY
 OTHER (SPECIFY)

ADD CHANGE DELETE

SECOND MORTGAGEE OR OTHER

LOAN #: _____

FOR ADDED COVERAGE INCL. THE WAITING PD
FROM THE ENDORSEMENT APPLICATION DATE

WAITING PERIOD:

- LOAN - NO WAITING
 STANDARD 30-DAY
 MAP REV (ZONE CHANGE FROM NON-SFHA TO
SFHA) - ONE DAY

DIRECT BILL TO:

- INSURED
 FIRST MORTGAGEE
 SECOND MORTGAGEE
 LOSS PAYEE
 OTHER

PROPERTY LOCATION

IS INSURED PROPERTY LOCATION SAME AS INSURED
MAILING ADDRESS? YES NO

IF NO, ENTER PROPERTY ADDRESS. IF RURAL, DESCRIBE
PROPERTY LOCATION (DO NOT USE P.O.BOX)

IS INSURANCE REQUIRED FOR DISASTER ASSISTANCE?

YES NO IF YES:

1. SBA 2. FEMA 3. FMHA 4. OTHER (SPECIFY):

CURRENT COVERAGE

DWELLING \$ _____ CONTENTS \$ _____

DED \$ _____ DED \$ _____

CHANGE COVERAGE AMOUNTS YES NO

(IF YES, FILL OUT INFO BELOW)

DWELLING \$ _____ CONTENTS \$ _____

DED \$ _____ DED \$ _____

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 INSURED _____

DATE (MM/DD/YY) _____

SIGNATURE OF INSURANCE AGENT/BROKER _____

DATE (MM/DD/YY) _____