



HARLEYSVILLE INSURANCE
 Flood Insurance Processing Center
 P.O. Box 2057 Kalispell, MT 59903-2057
 TEL 888-453-0598

MORTGAGE PORTFOLIO PROTECTION PROGRAM

FLOOD INSURANCE APPLICATION

PLEASE PRINT OR TYPE THIS FORM

Policy Effective Date	Policy Expiration Date
Agent/Producer #	Insured Social Security #
Producer Name and Mailing Address	Insured Name and Mailing Address
Loan Number	Loan Number
First Mortgage's Name and Mailing Address	Second Mortgagee or Other (Desc.)

PROPERTY AND BUILDING INFORMATION

Is insured property location same as insured mailing address? Yes No If no, enter property address. If rural, describe location. (Do not use PO Box)

Building Type Single Family 2-4 Family Other Residential Non-Residential Small Business

Is coverage for Condominium Unit? Yes No

Community #	Panel #	Suffix	Program Type Regular Emergency	Flood Zone <small>(Coverage available only for Zones A, A1-A30, AE, AO, AH, A99, V- V30, VE or AR)</small>
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Coverage	Total Amount of Insurance	Basic Limits			Additional Limits			Total Premium	
		Amount of Insurance	Rate	Annual Premium	Amount of Insurance	Rate	Annual Premium		
Building									
Contents									
RATES (per \$100 of coverage)							ANNUAL SUBTOTAL		
Zone		Building	Contents					ICC PREMIUM	
A & A numbered (excluding A99)		2.40 / 1.20	2.50 / 1.20					EXPENSE CONSTANT	
All V Zones		3.70 / 3.70	3.47 / 3.47					FEDERAL POLICY FEE	
A99 and AR		.67 / .35	.89 / .35					TOTAL PREMIUM DUE	
Deductible		\$500.00	\$500.00						

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 AGENT / PRODUCER

DATE

ADDITIONAL INFORMATION

- ◆ Basement or elevated building coverage restrictions may apply. Please refer to standard flood insurance policy for additional information.
- ◆ Do not use this application for properties located in B, C, D, or X Zones.
- ◆ Do not use this form at loan origination.

MAXIMUM AMOUNTS OF INSURANCE AVAILABLE

EMERGENCY PROGRAM

BUILDING COVERAGE		CONTENTS COVERAGE (Per Unit)	
Single Family	\$ 35,000 +	Residential	\$ 10,000
Other Residential	\$100,000 ++	Non-Residential	\$100,000
Non-Residential	\$100,000		

- + In Alaska, Guam, Hawaii, and the U.S. Virgin Islands, the amount available is \$50,000.
- ++ In Alaska, Guam, Hawaii, and the U.S. Virgin Islands, the amount available is \$150,000.

REGULAR PROGRAM

BUILDING COVERAGE				CONTENTS COVERAGE			
	Basic Limits	Additional Limits	Total Available		Basic Limits	Additional Limits	Total Available
Single Family	\$ 50,000	\$200,000	\$250,000	Residential	\$ 20,000	\$ 80,000	\$100,000
2-4 Family	\$ 50,000	\$200,000	\$250,000	Non-Residential	\$130,000	\$370,000	\$500,000
Other-Residential	\$150,000	\$100,000	\$250,000				
Non-Residential	\$150,000	\$350,000	\$500,000				