

National Flood Insurance Program

Elevated Building Determination

ZONES V, V1-V30, VE

Policy Number:
Insured's Name:
Property Address:

To: Insurance Company

My building located at the above property address, in zone _____ was constructed to have the lowest elevated floor elevated off the ground by means of **(please check one of the following)**
 piles, posts, piers, columns, solid perimeter walls, or parallel shear walls.

***** Please answer the following questions:**

- 1. My building has an enclosure and/or attached garage below the lowest elevated floor with a total area of _____ Square Feet.**
- 2. My building has an enclosure that was built in _____ (month) of _____ (year).**
- 3. My enclosure is used for (please list):**

- 4. The following machinery/equipment and/or appliance(s) are located in the enclosure:**

Item	Approximate Value:
-------------	---------------------------

I understand that my policy is being issued based on your reliance upon the accuracy of information and statements that I have furnished to you herein, and on and with my application for insurance. I understand that my building is being classified as an elevated building subject to and or under the terms and conditions of the standard flood insurance policy and that, in consideration of the reduced premium rate that will apply for my policy, coverage limitations (as specified in the policy) apply to the enclosed area below the lowest elevated floor of my building and to the contents and personal property located in this enclosed area. I understand and agree that this Elevated Building Determination is a part of my flood insurance policy.

Signature of Insured

Date