



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

Section 8 of the Homeowner Flood Insurance Affordability Act of 2014 (HFIAA) requires an annual premium surcharge of \$25 for NFIP flood insurance policies on all primary residence, and \$250 for policies on non-residential properties and non-primary residences. **The surcharge is not due at this time. It is included in your annual premium.**

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 be eligible for the \$25 HFIAA surcharge, you or your agent must **submit one of the following:**

- Copy of driver's license;
- Copy of automobile registration;
- Proof of insurance for a vehicle;
- Copy of voter's registration;
- Documents showing where children attend school;
- Homestead Tax Credit Form for Primary Residence; or
- A signed and dated statement to your insurer, as provided on the enclosed page, to verify your primary residence status.

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.

Please submit your documentation to verify your primary residency status to your agent, or to the Insurance Company listed on the application.

If you have any questions, please contact your flood insurance agent or licensed representative.

**VERIFICATION OF PRIMARY RESIDENCE STATUS FOR
NFIP POLICY RATING**

Insured Name: _____
Policy #: _____
Property Address: _____

The above address is my primary residence, and I and/or my spouse will live at this location for:
(only check **one** of the boxes below)

51% to 79% of the 365 days following the policy effective date.

80% or more 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.

Please submit your signed and dated enclosed statement, to your agent, or to the Insurance Company listed on the application.

If you have any questions, please contact your flood insurance agent or licensed representative.

Privacy Notice: The Flood Insurance Processing Center collects and uses personal information to process transactions. This information is not shared with outside parties except to the extent necessary to provide the service. We exercise appropriate data collection, storage and processing practices, and security measures to protect against unauthorized access, alteration, disclosure or destruction of your personal information.