

**FLOOD
ELEVATED BUILDING DETERMINATION FORM**

The attached Elevated Building Determination form is required for ALL specifically rated elevated buildings.

It is important to understand that by your signing this statement, your building is being rated elevated, and that you understand coverage is limited to the following areas.

REQUIRED UTILITY CONNECTIONS AND THEIR FOOTINGS;

FOUNDATIONS, POSTS, PILINGS, PIERS, OR OTHER FOUNDATION WALLS, AND ANCHORAGE SYSTEM AS REQUIRED FOR SUPPORT OF ELEVATED BUILDINGS;

FOR BASEMENTS ONLY, DRYWALL AND SHEETROCK WALLS AND CEILINGS, WHETHER FINISHED OR UNFINISHED, BUT ONLY TO THE EXTENT OF REPLACING THEM WITH UNFINISHED DRYWALL OR SHEETROCK CEILINGS OR WALLS (EG, NAILED TO FRAMING BUT NOT TAPED OR OTHERWISE FINISHED WITH PAINT OR OTHER COVERING);

SUMP PUMPS, WELLWATER TANKS, WELLWATER TANK PUMPS, OIL TANKS, AND THE OIL IN THEM;

CISTERNS AND THE WATER IN THEM, NATURAL GAS TANKS AND THE GAS IN THEM, PUMPS AND/OR TANKS USED IN CONJUNCTION WITH SOLAR ENERGY SYSTEMS;

FURNACES, HOT WATER HEATERS, CLOTHES WASHERS AND DRYERS, FOOD FREEZERS AND THE FOOD IN THEM, AND ELECTRICAL JUNCTION AND CIRCUIT BREAKER BOXES;

STAIRWAYS AND STAIRCASES ATTACHED TO THE BUILDING WHICH ARE NOT SEPARATED FROM THE BUILDING BY ELEVATED WALKWAY AND ELEVATORS, AND THEIR RELEVANT EQUIPMENT, EXCEPT FOR SUCH EQUIPMENT LOCATED BELOW THE BASE FLOOD ELEVATION IF SUCH EQUIPMENT WAS INSTALLED ON OR AFTER OCTOBER 1, 1987.

Please understand that signing this form does not change the rating of your policy in any way. It is only to alert you to the limitations listed above.

Date: _____ Policy # _____

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NATIONAL FLOOD INSURANCE PROGRAM
ELEVATED BUILDING DETERMINATION
ZONES A'S AND V'S

Insured's Name & Address: Property Address (if different than mailing)

_____	_____
_____	_____
_____	_____
_____	_____

My building, at the above address, in Zone _____ was constructed to have the lowest elevated floor elevated off the ground by means of piles piers columns solid perimeter walls or parallel shear walls.

My building has an enclosure below the lowest elevated floor with an area of _____ square feet.

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 with my application for insurance. I understand that my building is being classified as an elevated building subject to and under the terms and conditions of the Standard Flood Insurance Policy and that 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 these enclosed areas. I understand that this Elevated Building Determination is part of my flood insurance policy.

Signature of Insured Date