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

RE:	<named insured=""></named>	
	Policy # < >	
	Property Address: <	>

Dear Policyholder:

Section 8 of the Homeowner Flood Insurance Affordability Act of 2014 (HFIAA) requires collection of an annual premium surcharge of \$25 for NFIP flood insurance policies on all primary residences and \$250 for policies on non-residential properties and non-primary residences.

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 receive the \$25 HFIAA surcharge, you or your agent must submit one of the following:

- Driver's license
- Automobile registration
- Proof of insurance for a vehicle
- Voter's registration
- Documents showing where children attend school; or
- Homestead Tax Credit Form for Primary Residence.

If you cannot provide the documentation listed above, you must submit a signed and dated statement to your insurer, as shown on the following page, to verify your primary residence status.

Because this premium surcharge is mandated by law, if you do not provide this documentation within 30 days of the date of this letter, your renewal premium will reflect the \$250 HFIAA surcharge.

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.

VERIFICATION OF PRIMARY RESIDENCE STATUS FOR HFIAA SURCHARGE

<insured address="" property=""></insured>	
The above address is my primary residence, and I arthan 50 percent of the 365 days following the policy	• •
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.