

**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:

\_\_\_\_\_51% to 79% or \_\_\_\_\_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.

*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.*