



February 08, 2015

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MORRIS & REYNOLDS INC  
14821 S DIXIE HWY  
MIAMI, FL 33176-0792



POLICY NUMBER:

INSURED NAME :

Property Address:

**PRIMARY RESIDENCE SURCHARGE**

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

Dear Policyholder:

Section 8 of the Homeowner Flood Insurance Affordability Act of 2014 (HFIAA) requires a collection of an annual premium surcharge for NFIP flood insurance policies of \$25 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 effective date. If the property address listed above is your primary residence, lived in by you or your spouse for more than 50 percent of the year, the NFIP requires verification of primary residence status through documentation.

To qualify 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; or
- \* Homestead Tax Credit Form for Primary Residence.

Please also complete the statement below.

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

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

\_\_\_\_\_ 80% or more of the 365 days following the policy effective date.

If you cannot provide any of the documentation listed above but meet the qualifications for the \$25 surcharge, you must submit a signed and dated statement to your insurer, as provided on the enclosed page, to verify your primary residence status.

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**Because this surcharge is mandated by law, if you do not provide this documentation within 30 days of th date of this letter, your renewal premium will reflect the \$250 surcharge. If verification is received after 30 days, the primary residence indicator can be changed to reflect the appropriate surcharge.**

Please inform us if the occupancy status changes for this property. If you fail to do so, it may result in a voidance of coverage or any other remedies available under law.

Please submit your documentation to verify your primary residence status documentation to your agent or to:

AMERICAN BANKERS INSURANCE COMPANY OF FLORIDA  
P.O. Box 8695, Kalispell, MT 59904

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 (check only one of the following options):

\_\_\_\_\_ 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. §17461 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 statement to your agent or to:

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.

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