INSTRUCTIONS

TO RECEIVE A REPORT OF YOUR INSURANCE REQUIREMENTS CONTACT GOHSEP INSURANCE AT: (225) 376-5330 lapainsurance@la.gov YOU CAN ALSO FIND YOUR INSURANCE REQUIREMENTS ON EACH PW IN THE "REQUIRED INSURANCE" SECTION. TO RECEIVE A REPORT OF YOUR INSURANCE REQUIREMENTS 1) EMAIL 2) MAIL 3) PICKUP *PREFERRED METHOD Mail your completed ICC (physical or Request that your ICC package electronic) application package to: (physical or electronic) be picked up. Scan your completed ICC application **GOHSEP** Insurance Call (225) 376-5330 as a PDF and send to: 1500 Main St. lapainsurance@la.gov Baton Rouge, La 70802

APPLICATION FOR INSURANCE COMMISSIONER'S CERTIFICATION (ICC)

An ICC acts as a declaration that some portion of the obtain and maintain (O+M) requirement is not reasonably available to a FEMA Public Assistance (PA) Applicant. The Louisiana Commissioner of Insurance will make the final determination.

1. APPLICANT INFORMATION

 APPLICANT NAME
 FIPS #

 MAILING ADDRESS
 PRIMARY CONTACT (TITLE)

 EMAIL
 FAX

2. ORGANIZATION TYPE

PLEASE CHECK ONE:

| Local Governmental |
|------------------------------------|
| Elementary and Secondary Education |
| Post-Secondary Education |
| Health Care |
| Non-Profit Association |
| Non-Profit Trust |
| Non-Profit Religious |

3. FEMA PUBLIC ASSISTANCE (PA) FUNDING HISTORY

AS AN APPLICANT, HAVE YOU RECEIVED FEMA PA FUNDING FOR ANY OF THE FOLLOWING DISASTERS

FOR <u>PERMANENT WORK</u> (CATEGORY C-G)? CHECK ALL THAT APPLY:

| GRANT | DISASTER | DECLARED DATE |
|-----------------|--|---------------|
| FEMA DR-LA 4228 | Severe Storms and Flooding | 7/13/2015 |
| FEMA DR-LA 4102 | Severe Storms and Flooding | 2/22/2013 |
| FEMA DR-LA 4080 | Hurricane Isaac | 9/29/2012 |
| FEMA DR-LA 4041 | Tropical Storm Lee | 10/28/2011 |
| FEMA DR-LA 4015 | Mississippi River Spring Flooding | 8/18/2011 |
| FEMA DR-LA 3322 | Mississippi River Spring Flooding | 5/6/2011 |
| FEMA DR-LA 1863 | Severe Storms, Tornadoes, and Flooding | 12/10/2009 |
| FEMA DR-LA 1792 | Hurricane Ike | 9/13/2008 |
| FEMA DR-LA 1786 | Hurricane Gustav | 9/2/2008 |
| FEMA DR-LA 1685 | Severe Storms and Tornadoes | 2/23/2007 |
| FEMA DR-LA 1668 | Severe Storms and Flooding | 11/2/2006 |
| FEMA DR-LA 1607 | Hurricane Rita | 9/24/2005 |
| FEMA DR-LA 1603 | Hurricane Katrina | 8/29/2005 |
| Other: | Other: | |
| Other: | Other: | |



4. TOTAL PROPERTY INSURED VALUE (TIV)

APPLICANT'S TOTAL PROPERTY INSURED VALUED (TIV) LESS BUSINESS INTERRUPTION: \$_____

5. CURRENT INSURANCE POLICY AND DEDUCTIBLES

The Insurance Commissioner stipulates that the deductible **cannot exceed 15%** of property insurance coverage and cannot be combined with business interruption insurance coverage.

*If more room is required continue on a separate page.

| | ~ | | | VALUE | LIMIT/ LAYER | R | | Example: | \$10,00 | | eductib \$100,0 | 00 TIV = .10 or | 10% | IV in step 4 abo blank. | ove. | | | | | | | | | | | | | | | | |
|---------|---------------|----------------|--------------------------------------|---------------------|--------------|---------|---|----------------|---|----------------|---|-----------------|---|----------------------------|------|---|---|---|---|---|---|---|---|--|---------|---|-------|--|----------|-----|--------|
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| CARRIER | POLICY NUMBER | EFFECTIVE DATE | COVERAGE TYPE (Wind, flood, etc.) | TOTAL INSURED VALUE | | PREMIUM | DEDUCTIBLE: DOLLAR AMOUNT <u>OR</u> PERCENTAGE | % OF TIV | DEDUCTIBLE: DOLLAR AMOUNT <u>OR</u> PERCENTAGE | % OF TIV | DEDUCTIBLE: DOLLAR AMOUNT <u>OR</u> PERCENTAGE | % OF TIV | DEDUCTIBLE: DOLLAR AMOUNT <u>OR</u> PERCENTAGE | % | | | | | | | | | | | | | | | | | |
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| OPERATING BUDGET LESS CAPITAL OUTLAY | CAPITAL OUTLAY: Money spent to acquire, maintain, repair or upgrade capital assets. | SOURCE DOCUMENTATION: CURRENT OPERATING BUDGET OR LAST YEAR'S AUDITED FINANCIAL STATEMENT (identify portion of Audited Financial Statement representing Operating Budget) | ANNUAL OPERATING BUDGET \$ |
|---|--|---|--|
| CURRENT PROPERTY INSURANCE EXPENDITURE + PROPERTY COVERAGE + WIND + FLOOD | DO NOT INCLUDE: •Business interruption •Premium costs for other lines of insurance (i.e. workers' compensation, general liability, automobile liability, etc.), unless they are a direct result of a FEMA PA insurance requirement. | IDENTIFY THE SPECIFIC PAGE NUMBER WHERE THESE COSTS ARE REFLECTED IN THE OPERATING BUDGET. | CURRENT TOTAL INSURANCE EXPENDITURE |
| PERCENTAGE OF BUDGET EXPENDED ON INSURANCE | The minimum percentage of budget required for an ICC can be found in the Stafford Act Insurance Commissioner's Certification (ICC) Process brochure. | DIVIDE TOTAL INSURANCE EXPENDITURE (less cost of business interruption, etc.) BY OPERATING BUDGET (less capital outlay). | PERCENTAGE OF BUDGET EXPENDED ON INSURANCE |

<u>NOTE</u>: AN ICC WILL NOT AUTHORIZE REDUCTION OF CURRENT INSURANCE COVERAGE ALREADY PURCHASED.

REQUIRED DOCUMENTATION

I HEREBY CERTIFY THAT THE FOLLOWING DOCUMENTATION, AS INITIALED, IS CONTAINED HEREIN.¹

| Α. | EITHER prior year audited financial statement OR current operating budget. |
|----|---|
| В. | Copies of current property and flood insurance policies (Or documentation showing attempt to purchase). |
| C. | At the time of the most recent disaster loss, copies of Declaration Pages and Schedules of Values for all property and flood insurance policies. |
| D. | For previous disaster losses, copies of Declaration Pages for all property and flood insurance policies |
| E. | FEMA PA Insurance Requirement report, also known as the Obtain + Maintain (о + м) spreadsheet, provided to you by GOHSEP. |
| F. | List of all previously damaged facilities that received FEMA PA funding, including Project Worksheet (PW) numbers. |

¹ Specific hardship or impossibility in meeting one of the checklist items above has been indicated in the application transmittal for consideration.



APPLICANT ACKNOWLEDGEMENT

INITIAL EACH STATEMENT.

| 8. | Applicant understands and agrees that documentation submitted on behalf of this ICC application is to be used for GOHSEP/LDI's review and determination of an Applicant's eligibility for an ICC. |
|----|---|
| 7. | Applicant acknowledges that any Insurance Commissioner's Certification it receives will expire if any facilities are damaged in a subsequent Presidentially-declared disaster and at that time, it will be required to submit an application for re-certification . |
| 6. | Applicant certifies that all policies referenced in Section D. of the Required Documentation section are current and in effect as of the date of the authorized representative's signature below. |
| 5. | Applicant certifies that no current property insurance policy deductible exceeds 15% for flood, wind or both perils relative to the facilities identified on the attached spreadsheet(s) of obtain and maintain insurance requirements. |
| 4. | Applicant certifies that it has obtained appropriate limits of flood insurance coverage on each facility with a flood insurance requirement needed to comply with O + M. Any exceptions have been identified in the transmittal of this application along with justification. |
| 3. | Applicant certifies that it has obtained and maintained insurance coverage for each facility that the Applicant currently owns in compliance with the letter from the Louisiana Commissioner of Insurance to President Obama dated July 20, 2010 (attached). Any exceptions have been identified in the transmittal of this application along with justification. |
| 2. | Applicant certifies that it has attempted to obtain full required insurance, but the coverage was either unaffordable or unavailable when the insurance program was marketed or within the last 12 months of the authorized representative's signature below. |
| 1. | Applicant certifies that it has reviewed the attached spreadsheet(s) of obtain and maintain insurance requirements. These requirements are a snapshot in time as of the date of the request. Additionally, the insurance requirement for each associated project worksheet may not reflect the final O+M obligation and is subject to change until closeout. |

I, AS DULY AUTHORIZED REPRESENTATIVE OF THE APPLICANT, CERTIFY THAT THE ABOVE IS CORRECT AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

APPLICANT PRINTED NAME

APPLICANT SIGNATURE

APPLICANT TITLE

DATE

FOR QUESTIONS OR ASSISTANCE WITH THIS APPLICATION, PLEASE CALL RANDALL HART AT (225) 376-5330 OR JOHN GONZALES AT (225) 379-4028 WITH THE GOVERNOR'S OFFICE OF HOMELAND SECURITY AND EMERGENCY PREPAREDNESS (GOHSEP).

