

DEPARTMENT OF HOMELAND SECURITY
 FEDERAL EMERGENCY MANAGEMENT AGENCY
 NATIONAL FLOOD INSURANCE PROGRAM

O.M.B. No. 1660-0005
Expires October 31, 2013

THE NFIP REQUIRES THAT A PRELIMINARY REPORT BE RECEIVED WITHIN 15 DAYS OF ASSIGNMENT,
 AND AN INTERIM OR FINAL REPORT NOT LATER THAN EVERY 30 DAYS THEREAFTER.

See reverse side for Privacy Act
 Statement and Paperwork Burden
 Disclosure Notice

FINAL REPORT

INSURED _____ POLICY NUMBER _____
 PROPERTY ADDRESS _____ DATE OF LOSS _____
 ADJUSTING COMPANY _____ ADJ. FILE NO. _____

PREMISES HISTORY

Date risk was originally constructed: _____ Insured at premises since: _____

Date of Alteration	Brief Description of Alteration	Market Value	Cost of Alteration	Type of Alteration	*Substantial Improvement?
_____	_____	_____	_____	<input type="checkbox"/> Repair <input type="checkbox"/> Recon. <input type="checkbox"/> Improv.	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	_____	<input type="checkbox"/> Repair <input type="checkbox"/> Recon. <input type="checkbox"/> Improv.	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	_____	<input type="checkbox"/> Repair <input type="checkbox"/> Recon. <input type="checkbox"/> Improv.	<input type="checkbox"/> Yes <input type="checkbox"/> No

* Defined as any repair, reconstruction, or improvement; the cost of which equals or exceeds 50% of the market value of the structure before the damage occurred or the reconstruction or improvement was begun.
 Prior losses (approximate dates and amounts of loss):

_____ Repairs completed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Insured?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Insured but no claim made
_____ Repairs completed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Insured?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Insured but no claim made
_____ Repairs completed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Insured?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Insured but no claim made

(Continue under Remarks if additional space is needed for alteration or prior losses.)

INTEREST

Mortgage(s): _____
 Loss Payee(s): _____
 Other Insurance: _____ (Company) _____ (Type) _____ (Policy Number) _____ (Covers Bldg./Conts.) _____ (Covers flood?) Yes No

CLAIM SUMMARY

Duration building will not be habitable: 0-2 days 3-7 days 2-4 weeks 1-2 months more than 2 months

Claim Recapitulation (See worksheet for details)

	Building		Contents		Totals
	Main*/Association	Appurtenant/Unit	Main*/Association	Appurtenant/Unit	
Property Value (RCV)					
Property Value (ACV)					
Gross Loss (RCV)					
Covered Damage (ACV)					
Removal/Protection					
Total Loss (ACV)					
Less Salvage					
Less Deductible					
Excess Over Limit					
Claims Payable (ACV)					

Identify Cause: _____

Main building RCV: \$ _____ Yes No Not applicable

*Includes mobile home. If yes, R/C claim: \$ _____ Total building claim: \$ _____

EXCLUDED DAMAGES

	Approximate value of property excluded:				Approximate damage to property excluded:			
	Less than 1,000	1,000 - 2,000	2,000 - 5,000	More than 20,000	Less than 1,000	1,000 - 2,000	2,000 - 5,000	More than 20,000
Excluded Building Damages:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Excluded Contents Damages:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ENCL

Building worksheets () Photographs () Proof of Loss Other _____
 Contents worksheets: () Narrative (pp) R/C Proof Other _____

CERTIFICATION

The above statements are true and correct to the best of knowledge. I understand that any false statements may be punishable by fine or imprisonment under 18 U.S. Code Sec. 1001.
 County of _____ Insured _____
 State of _____ Insured _____
 Signed this _____ day of _____, 20____ Witness _____

Privacy Act Statement

The information requested is necessary to process the subject loss. The authority to collect the information is Title 42, U.S. Code, Section 4001 to 4028. It is voluntary on your part to furnish the information. However, omission of an item may preclude processing of the form. The information will not be disclosed outside of the Federal Emergency Management Agency, except to the servicing agent, acting as the government's fiscal agent; to claims adjusters to enable them to confirm coverage and the location of insured property; to certain Federal, State, and Local Government agencies for determining eligibility for benefits and for verification of agencies for acquisition and relocation-related projects, consistent with the National Flood Insurance Program and consistent with the routine uses described in the program's system of record. Failure by you to provide some or all of the information may result in delay in processing or denial of this claim and/or application.

PAPERWORK BURDEN DISCLOSURE NOTICE

Public reporting burden for the collection of information titled Claims for National Flood Insurance Program (NFIP) is estimated to average 6 hours per response. The burden estimate includes the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and submitting these forms. You are not required to respond to this collection of information unless a currently valid OMB control number and expiration date is displayed in the upper right corner of the these forms. Send comments regarding the accuracy of the burden estimate and suggestions for reducing the burden to: Information Collections Management, Department of Homeland Security, Federal Emergency Management Agency, 500 C Street, S.W., Washington, DC 20472, Paperwork Reduction Project (1660-0005). **NOTE: Do not send your completed form to this address.**

FEMA Form No.	Title	Burden Hours
086-0-6	Worksheet-Contents-Personal Property	2.5 Hours
086-0-7	Worksheet-Building	2.5 Hours
086-0-8	Worksheet-Building (Continued)	1 Hours
086-0-9	Proof of Loss	.08 Hours
086-0-10	Increased Cost of Compliance	2 Hours
086-0-11	Notice of Loss	.07 Hours
086-0-12	Statement as to Full Cost to Repair or Replacement Cost Coverage, Subject to the Terms and Conditions of this Policy	.10 Hours
086-0-13	National Flood Insurance Program Preliminary Report	.07 Hours
086-0-14	National Flood Insurance Program Final Report	.07 Hours
086-0-15	National Flood Insurance Program Narrative Report	.08 Hours
086-0-16	Cause of Loss and Subrogation Report	1 Hour
086-0-17	Manufactured (Mobile) Home/Travel Trailer Worksheet	.50 Hours
086-0-18	Mobile Home/Travel Trailer Worksheet (Continued)	.25 Hours
086-0-19	Increased Cost of Compliance (ICC) Adjuster Report	.42 Hours
086-0-20	Adjuster Preliminary Damage Assessment	.25 Hours
086-0-21	Adjuster Certification Application	.25 Hours