### DEPARTMENT OF HOMELAND SECURITY FEDERAL EMERGENCY MANAGEMENT AGENCY

ADJUSTER PRELIMINARY DAMAGE ASSESSMENT

NATIONAL FLOOD INSURANCE PROGRAM

O.M.B. No. 1660-0005 Expires September 30, 2010

# **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, Sectin 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 enabel 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 nonduplication of benefits; to the Department of Justice for purposes of litigation or as required by law; and to State and Local agencies for acquisition and relocationrelated 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 this form is estimated to average 15 minutes per response. The burden estimate includes the time, effort or financial resources expended by persons to generate, maintain, retain, disclose, or provide information to the Mitigation Division or its agent. 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. Sand completed forms to: NEIP Burgan & Statistical Agent Cartification Coordinator, P.O. box 310. Lapham, MD 20703-0310.

form to this address. Send completed forms t	o: Nrir bureau & Statistic	ai Agent, Certification Coo	rumator, P.O. box 310,	Lannam, MD 20703-0310.	
WYO COMPANY	DATE OF LOSS	ADJUSTER		FICO NUMBER	
This form is to be used for advisory purposes in l "replacement cost" when completing this form; h determining substantial damage.	owever, the community is rec				
POLICY HOLDER		POLICY NUMBER			
1 OLIGI HOLDER		1 OLICT NOWBER			
PROPERTY ADDRESS (include zip code)		-			
**PROBABLE REPAIR COST	ROBABLE REPAIR COST BUILDING REPLACEMENT COST		BUILDING ACTUAL CASH VALUE		
	\$		\$		
POLICY HOLDER		POLICY NUMBER	•		
PROPERTY ADDRESS (include zip code)					
**PROBABLE REPAIR COST	BUILDING REPLACE	BUILDING REPLACEMENT COST VALUE		BUILDING ACTUAL CASH VALUE	
	\$		\$		
POLICY HOLDER		POLICY NUMBER	-1		
PROPERTY ADDRESS (include zip code)					
**PROBABLE REPAIR COST BUILDING REPLACE		EMENT COST VALUE	IT COST VALUE BUILDING ACTUAL CASH VALUE		
	\$		\$		
**This is an es	stimate of the cost to re	epair the building to its	s pre-flood condition	n.	

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#### 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	<b>Burden Hours</b>
81-40	Worksheet-Contents-Personal Property	2.5 Hours
81-41	Worksheet-Building	2.5 Hours
81-41A	Worksheet-Building (Cont'd)	1.0 Hours
81-42	Proof of Loss	.08 Hours
81-42A	Increased Cost of Compliance	2.0 Hours
81-43	Notice of Loss	.07 Hours
81-44	Statement as to Full Cost to Repair or Replacement	.10 Hours
	Cost Coverage, Subject to the Terms and Conditions	
	of this Policy	
81-57	National Flood Insurance Program Preliminary Report	.07 Hours
81-58	National Flood Insurance Program Final Report	.07 Hours
81-59	National Flood Insurance Program Narrative Report	.08 Hours
81-63	Cause of Loss and Subrogation Report	1 Hour
81-96	Manufactured (Mobile) Home/Travel Trailer Worksheet	.50 Hours
81-96A	Mobile Home/Travel Trailer Worksheet (Continued)	.25 Hours
81-98	Increased Cost of Compliance (ICC) Adjuster Report	.42 Hours
81-109	Adjuster Preliminary Damage Assessment	.25 Hours
81-110	Adjuster Certification Application	.25 Hours