

Appendix: **NFIP Forms Used in Claims Adjustment**

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This form will be available pending OMB approval.

Exhibit 1. Adjuster Certification Application, front

This form will be available pending OMB approval.

Exhibit 1 (continued). Adjuster Certification Application, back

This form will be available pending OMB approval.

Exhibit 2. Adjuster Preliminary Damage Assessment

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This form will be available pending OMB approval.

Exhibit 3. Assignment of Coverage D – Increased Cost of Compliance Coverage

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U.S. DEPARTMENT OF HOMELAND SECURITY EMERGENCY PREPAREDNESS AND RESPONSE DIRECTORATE CAUSE OF LOSS AND SUBROGATION REPORT		See reverse side for Privacy Act Statement and paperwork Burden Disclosure Notice	O.M.B. No. 1660-0005 Expire December 31, 2003		
NAME OF INSURED		POLICY NO.			
COMPLETE ADDRESS OF PROPERTY DAMAGED					
CAUSE OF LOSS (Check the box(es) that apply) <table style="width: 100%; margin-top: 10px;"> <tr> <td style="width: 50%; vertical-align: top;"> 1. <input type="checkbox"/> IMPROPER DIVERSION OF WATER 2. <input type="checkbox"/> IMPROPER BUILDING 3. <input type="checkbox"/> IMPROPER GRADING 4. <input type="checkbox"/> DEBRIS ACCUMULATION 5. <input type="checkbox"/> INADEQUATE SEWER LINES 6. <input type="checkbox"/> IGNORING FLOODPLAIN MANAGEMENT (Regulations) </td> <td style="width: 50%; vertical-align: top;"> 7. <input type="checkbox"/> NEGLIGENT MAINTENANCE OF SEWER LINES 8. <input type="checkbox"/> FAILURE TO USE PUMPS 9. <input type="checkbox"/> INADEQUATE PUMPS 10. <input type="checkbox"/> EXCESSIVE DAM WATER RELEASE 11. <input type="checkbox"/> EXCESSIVE WATER RELEASE (Mechanical) 12. <input type="checkbox"/> ANY OTHER FACTOR THAT IDENTIFIES A RESPONSIBLE PARTY OR ACT AS THE CAUSE (Explain; use the space below) </td> </tr> </table>				1. <input type="checkbox"/> IMPROPER DIVERSION OF WATER 2. <input type="checkbox"/> IMPROPER BUILDING 3. <input type="checkbox"/> IMPROPER GRADING 4. <input type="checkbox"/> DEBRIS ACCUMULATION 5. <input type="checkbox"/> INADEQUATE SEWER LINES 6. <input type="checkbox"/> IGNORING FLOODPLAIN MANAGEMENT (Regulations)	7. <input type="checkbox"/> NEGLIGENT MAINTENANCE OF SEWER LINES 8. <input type="checkbox"/> FAILURE TO USE PUMPS 9. <input type="checkbox"/> INADEQUATE PUMPS 10. <input type="checkbox"/> EXCESSIVE DAM WATER RELEASE 11. <input type="checkbox"/> EXCESSIVE WATER RELEASE (Mechanical) 12. <input type="checkbox"/> ANY OTHER FACTOR THAT IDENTIFIES A RESPONSIBLE PARTY OR ACT AS THE CAUSE (Explain; use the space below)
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IDENTIFICATION OF PROPERTY					
NAME					
COMPLETE ADDRESS					
IS THE RESPONSIBLE PARTY INSURED? <input type="checkbox"/> YES <input type="checkbox"/> NO (If yes, by whom?)					
IDENTIFICATION OF ANY STATUTES OR POLITICAL SUBDIVISION THAT WOULD CONTROL, LIMIT, OR TIME BAR A TORT ACTION AGAINST THEM (e.g., a local notice of claim against the municipality or county statute that would preclude suit if the notice was not filed on time - usually a short period of time for filing is provided).					
MAKE IMMEDIATE TELEPHONE CONTACT WITH THE NFIP BUREAU AND STATISTICAL AGENT IF EXPIRATION OF TIME IS IMMINENT.					
STATE INVESTIGATION PERFORMED TO DATE					
PLEASE ATTACH ANY DEFINITIVE MATERIAL TO THIS REPORT.					
WHAT FURTHER INVESTIGATION IS CONTEMPLATED?					
HAS INSURED BEEN ADVISED OF SUBROGATION POSSIBILITIES?					
<input type="checkbox"/> YES <input type="checkbox"/> NO (If yes, by when?)					
DOES INSURED HAVE AN ATTORNEY?		NAME OF ATTORNEY			
<input type="checkbox"/> YES <input type="checkbox"/> NO					

FEMA Form 81-63, JUN 03

REPLACES ALL PREVIOUS EDITIONS

F-092 (6/03)

Exhibit 4. Cause of Loss and Subrogation Report

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**FEDERAL EMERGENCY MANAGEMENT AGENCY
NATIONAL FLOOD INSURANCE PROGRAM**

O.M.B. No. 3067-0077
Expires December 31, 2005

ELEVATION CERTIFICATE

Important: Read the instructions on pages 1 - 7.

SECTION A - PROPERTY OWNER INFORMATION

BUILDING OWNER'S NAME		For Insurance Company Use:
		Policy Number
BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO.		Company NAIC Number
CITY	STATE	ZIP CODE

PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.)

BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use a Comments area, if necessary.)

LATITUDE/LONGITUDE (OPTIONAL) (##° - ##' - ##.###" or ###.####") HORIZONTAL DATUM: ☐ NAD 1927 ☐ NAD 1983 SOURCE: ☐ GPS (Type): ☐ USGS Quad Map ☐ Other

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1. NFIP COMMUNITY NAME & COMMUNITY NUMBER		B2. COUNTY NAME		B3. STATE	
B4. MAP AND PANEL NUMBER	B5. SUFFIX	B6. FIRM INDEX DATE	B7. FIRM PANEL EFFECTIVE/REVISED DATE	B8. FLOOD ZONE(S)	B9. BASE FLOOD ELEVATION(S) (Zone AO, use depth of flooding)

B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth (BFD) used in B9:
☐ FIS Profile ☐ FIRM ☐ Community Determined ☐ Other (Describe):
 B11. Indicate the elevation datum used for the BFE in B9: ☐ NAD 1927 ☐ NAD 1983 ☐ Other (Describe):
 B12. Is the building located in a Coastal Barrier Resource System (CBRS) or a Coastal Protected Area (OPA)? ☐ Yes ☐ No
 Designation Date:

SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)

C1. Building elevations are based on: ☐ Construction Drawings ☐ Building Under Construction* ☐ Finished Construction
 *A new Elevation Certificate will be required when construction of the building is complete.
 C2. Building Diagram Number _____ (If no diagram accurately represents the building, provide a sketch or photograph.)
 C3. Elevations – Zones A1-A30, AE, AH, A (with BFE), VE, V1-V30, V (with BFE), AR, AR/A, AR/AE, AR/A1-A30, AR/AH, AR/AO
 Complete Items C3.a-i below according to the building diagram specified in Item C2. State the datum used. If the datum is different from the datum used for the BFE in Section B, convert the datum to that used for the BFE. Show field measurements and datum conversion calculation. Use the space provided or the Comments area of Section D or Section G, as appropriate, to document the datum conversion.
 Datum _____ Conversion/Comments _____
 Elevation reference mark used _____ Does the elevation reference mark used appear on the FIRM? ☐ Yes ☐ No
☐ a) Top of bottom floor (including basement or enclosure) _____ ft.(m)
☐ b) Top of next higher floor _____ ft.(m)
☐ c) Bottom of lowest horizontal structural member (V zones only) _____ ft.(m)
☐ d) Attached garage (top of slab) _____ ft.(m)
☐ e) Lowest elevation of machinery and/or equipment servicing the building (Describe in a Comments area.) _____ ft.(m)
☐ f) Lowest adjacent (finished) grade (LAG) _____ ft.(m)
☐ g) Highest adjacent (finished) grade (HAG) _____ ft.(m)
☐ h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade _____
☐ i) Total area of all permanent openings (flood vents) in C3.h _____ sq. in. (sq. cm)

SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION

This certification is to be signed and sealed by a land surveyor, engineer, or architect authorized by law to certify elevation information.
 I certify that the information in Sections A, B, and C on this certificate represents my best efforts to interpret the data available.
 I understand that any false statement may be punishable by fine or imprisonment under 18 U.S. Code, Section 1001.

CERTIFIER'S NAME	LICENSE NUMBER
TITLE	COMPANY NAME
ADDRESS	CITY STATE ZIP CODE
SIGNATURE	DATE TELEPHONE

Exhibit 5. Elevation Certificate, 2003 Revision, front

IMPORTANT: In these spaces, copy the corresponding information from Section A.			For Insurance Company Use:
BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO.			Policy Number
CITY	STATE	ZIP CODE	Company NAIC Number

SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION (CONTINUED)

Copy both sides of this Elevation Certificate for (1) community official, (2) insurance agent/company, and (3) building owner.

COMMENTS

☐ Check here if attachments

SECTION E - BUILDING ELEVATION INFORMATION (SURVEY NOT REQUIRED) FOR ZONE AO AND ZONE A (WITHOUT BFE)

For Zone AO and Zone A (without BFE), complete Items E1. through E5. If the Elevation Certificate is intended for use as supporting information for a LOMA or LOMR-F, Section C must be completed.

- E1. Building Diagram Number ____ (Select the building diagram most similar to the building for which this certificate is being completed – see pages 6 and 7. If no diagram accurately represents the building, provide a sketch or photograph.)
- E2. The top of the bottom floor (including basement or enclosure) of the building is ____ ft. (m) ____ in. (cm) ____ above or ____ below (check one) the highest adjacent grade. (Use natural grade, if available.)
- E3. For Building Diagrams 6-8 with openings (see page 7), the next higher floor or elevated floor (elevation b) of the building is ____ ft. (m) ____ in. (cm) above the highest adjacent grade. Complete Items C3.h and C3.i on front of form.
- E4. The top of the platform of machinery and/or equipment servicing the building is ____ ft. (m) ____ in. (cm) ____ above or ____ below (check one) the highest adjacent grade. (Use natural grade, if available.)
- E5. For Zone AO only: If no flood depth number is available, is the top of the bottom floor elevated in accordance with the community's floodplain management ordinance? ☐ Yes ☐ No ☐ Unknown. The local official must certify this information in Section G.

SECTION F - PROPERTY OWNER (OR OWNER'S REPRESENTATIVE) CERTIFICATION

The property owner or owner's authorized representative who completes Sections B, C, (Items E1 and E2 only), and E for Zone A (without a FEMA-issued or community-issued BFE) or Zone AO must sign and certify that the information in Sections A, B, C, and E are correct to the best of my knowledge.

PROPERTY OWNER'S OR OWNER'S AUTHORIZED REPRESENTATIVE'S NAME		STATE	ZIP CODE
ADDRESS			
SIGNATURE	DATE	TELEPHONE	
COMMENTS			

☐ Check here if attachments

SECTION G - COMMUNITY INFORMATION (OPTIONAL)

The local official who is authorized by law or ordinance to administer the community's floodplain management ordinance can complete Sections A, B, C (or E), and G of this Elevation Certificate. Complete the applicable item(s) and sign below.

- G1. ☐ The information in Section C was taken from other documentation that has been signed and embossed by a licensed surveyor, engineer, or architect who is authorized by state or local law to certify elevation information. (Indicate the source and date of the elevation data in the Comments area below.)
- G2. ☐ A community official completed Section E for a building located in Zone A (without a FEMA-issued or community-issued BFE) or Zone AO.
- G3. ☐ The following information (Items G4-G9) is provided for community floodplain management purposes.

G4. PERMIT NUMBER	G5. DATE PERMIT ISSUED	G6. DATE CERTIFICATE OF COMPLIANCE/OCCUPANCY ISSUED
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G7. This permit has been issued for: ☐ New Construction ☐ Substantial Improvement

G8. Elevation of as-built lowest floor (including basement) of the building is: _____ ft. (m) Datum: _____

G9. BFE or (in Zone AO) depth of flooding at the building site is: _____ ft. (m) Datum: _____

LOCAL OFFICIAL'S NAME	TITLE
COMMUNITY NAME	TELEPHONE
SIGNATURE	DATE
COMMENTS	

☐ Check here if attachments

U.S. DEPARTMENT OF HOMELAND SECURITY EMERGENCY PREPAREDNESS AND RESPONSE DIRECTORATE INCREASED COST OF COMPLIANCE (ICC) ADJUSTER REPORT		NATIONAL FLOOD INSURANCE PROGRAM		<i>O.M.B. No. 1660-0005 Expire December 31, 2003 Privacy Act Statement on reverse</i>	
1. NAME OF INSURED			2. NAME OF INSURER		
3. PROPERTY ADDRESS (Include city, state, and zip code)					
4. COMMUNITY NAME/NUMBER			5. FLOOD ZONE		
6. POLICY NUMBER			7. POLICY TERM		
8. BUILDING POLICY LIMIT			9. DATE OF LOSS		
10. OCCUPANCY TYPE					
11. ADJUSTING COMPANY			12. ADJUSTER FILE NO.		
13. Has the Insured received a determination from the community official that the structure must be brought into compliance with the local floodplain management ordinances? <input type="checkbox"/> yes <input type="checkbox"/> no					
14. Local Official's Name: _____ Electronic Number: _____					
15. Under the flood loss meet the NFIP/ICC 50% substantial damage or repetitive loss requirements? <input type="checkbox"/> yes <input type="checkbox"/> no					
16. Under which provision is the ICC claim being made? <input type="checkbox"/> Substantial Damage <input type="checkbox"/> Repetitive Loss					
Mitigation option(s): <input type="checkbox"/> Demolition <input type="checkbox"/> Elevation <input type="checkbox"/> Floodproofing <input type="checkbox"/> Relocation <input type="checkbox"/> Relocation/Elevation or Floodproofing					
17. If relocation, indicate the following: New address: _____ New flood risk zone: _____					
18. Current valuation of structure as determined by the community official \$ _____					
19. Basis of valuation: _____					
20. Full cost of compliance not limited to the amount of ICC coverage					\$
21. Amount paid under the ICC Coverage D (excluding salvage and subrogation)					\$ _____
If repetitive loss, indicate the following (paid flood building claims only):					
Date of Prior Claim within 10 yrs.	Insurer	Policy Number	Building Payment	RCV Damages (whole dollars)	ACV Damages (whole dollars)
22. If repetitive loss, the valuation of the structure as determined by the community official near the date of the prior loss: \$ _____ Date of valuation: _____					
23. Basis of valuation: _____					
24. DATE OF REPORT		25. ADJUSTER'S SIGNATURE		26. ADJUSTER'S SSN	

FEMA Form 81-98, JUN 03

REPLACES ALL PREVIOUS EDITIONS

F-555 (6/03)

Exhibit 6. Increased Cost of Compliance (ICC) Adjuster Report

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U.S. DEPARTMENT OF HOMELAND SECURITY EMERGENCY PREPAREDNESS AND RESPONSE DIRECTORATE INCREASED COST OF COMPLIANCE PROOF OF LOSS		NATIONAL FLOOD INSURANCE PROGRAM	<i>O.M.B. No. 1660-0005 Expires December 31, 2003</i>
POLICY NUMBER	POLICY TERM	AMOUNT OF BLDG. AT TIME OF LOSS	
AGENT	AGENCY AT	DATE OF LOSS	

TO THE NATIONAL FLOOD INSURANCE PROGRAM:

At the time of loss, by the above indicated policy of insurance, you insured the interest of _____

against loss by flood to the building property described according to the terms and conditions of said policy and of all forms, endorsements, transfers, and assignments and attachments thereto.

TIME AND ORIGIN: An increased cost of compliance claim was filed on _____. The mitigation option selected was _____

OCCUPANCY: The described building was occupied at the time of the flood loss as follows, and for no other purpose whatever as: _____

INTEREST: No other person or persons had any interest therein or encumbrance thereon except _____

1. FULL AMOUNT OF ICC INSURANCE application to the property for which claim is presented is _____
2. REPLACEMENT COST VALUE of building structure _____
3. ACTUAL CASH VALUE of building structure _____
4. FULL COST OF COMPLIANCE not limited to the amount of _____
5. AMOUNT PAID under Coverage A _____
6. AMOUNT PAID under the ICC Coverage _____

SPECIMEN

The said loss did not originate from a design defect on the part of your insured, nothing has been done by or with the privity or consent of your insured to violate the conditions of the policy, or render it void; no articles are mentioned herein or in annexed schedules but such as were destroyed or damaged at the time of said loss, no property saved has in any manner been concealed, and no attempt to deceive said insurer as to the extent of said loss, has in any manner been made. Any other information that may be required will be furnished and considered a part of this proof.

I understand that this insurance (policy) is issued Pursuant to the National Flood Insurance Act of 1968, or Any Act Amendatory thereof, and Applicable Federal Regulations in Title 44 of the Code of Federal Regulations, Subchapter B, and that knowingly and willfully making any false answers or misrepresentations of fact may be punishable by fine or imprisonment under applicable United States Codes.

Subrogation - To the extent of the payment made or advanced under this policy; the insured hereby assigns, transfers and sets over to the insurer all rights, claims or interest that he has against any person, firm or corporation liable for the loss or damage to the property for which payment is made or advanced. He also hereby authorizes the insurer to sue any such third party in his name.

The insured hereby warrants that no release has been given or will be given or settlement or compromise made or agreed upon with any third party who may be liable in damages to insured with respect to the claim being made herein.

The furnishing of this blank or the preparation of proofs by a representative of the above insurer is not a waiver of any of its rights.

State of _____

County of _____

Subscribed and sworn before me this _____ day of _____, 20 _____

Notary Public

Exhibit 7. Increased Cost of Compliance Proof of Loss

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Manufactured (Mobile) Home/Travel Trailer Worksheet

POLICY NO.: _____ DATE OF LOSS: _____

INSURED: _____ TYPE OF FOUNDATION: _____

LOCATION OF RISK: _____

MANUFACTURER	MODEL	YEAR	SIZE
SERIAL NUMBER	COLOR	NO. OF BEDROOMS	TYPE OF TIE DOWN
DATE OF PURCHASE	COST	NEW OR USED	WAS FURNITURE INCLUDED?
REPAIRABLE <input type="checkbox"/> YES <input type="checkbox"/> NO	AMOUNT	SALVAGE VALUE	SALVOR
Repair figures agreed with repairman			
BOOK VALUE	BOOK VALUE	ADDITIONAL COST	AVERAGE DEALER
DEALER APPRAISAL			
DEALER'S REPAIR ESTIMATE UNIT?			
DEALER & LOCATION	VALUE	REPLACEMENT AVAILABLE	MAKE OF REPLACEMENT IF DIFFERENT



Draw in location and dimensions of rooms. Also, indicate location of tie downs and any additions.

Number of Axles _____ Are Wheels on Unit? _____

Remarks:

OTHER INSURANCE CO.	POLICY NO.	AMOUNT OF INSURANCE B- C-	COVERS FLOOD YES NO	TYPE OF POLICY
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Adjuster: _____ Remarks: _____

This worksheet *must* be completed on *all* manufactured (mobile) home/travel trailer losses. Copies may be obtained by calling 1-800-480-2520 or writing to the **FEMA Distribution Center, P.O. Box 2012, Jessup, MD 20794-2012.**

Exhibit 8. Manufactured (Mobile) Home/Travel Trailer Worksheet

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Claim Range	Fee
Erroneous Assignment	\$40.00
Closed Without Payment (CWOP)	125.00
.01 -600.00	150.00
600.01 - 1000.00	175.00
1000.01 - 2000.00	225.00
2000.01 - 3500.00	275.00
3500.01 - 5000.00	350.00
5000.01 - 7000.00	425.00
7000.01 -10,000.00	500.00
10,000.01 - 15,000.00	600.00
15,000.01 - 25,000.00	750.00
25,000.01 - 35,000.00	900.00
35,000.01 - 50,000.00	1,200.00
50,000.01 - 100,000.00	3.0%
100,000.01 - 250,000.00	2.3%, but not less than \$3,000
250,000.01 and up	2.1%, but not less than \$5,750

Note: The fee schedule above is based on gross loss and is subject to the following provisions:

- Gross loss shall mean the agreed cost to repair before application of depreciation, deductible, or other limiting clauses or conditions.
- For the purpose of this schedule, should the loss exceed the available coverage, gross loss shall mean the total amount of coverage.
- If the claim involves salvage "buy-back," gross loss shall mean the amount of the claim before the salvage value is deducted.
- If the insured qualifies for replacement cost coverage, gross loss is determined on the basis of the entire replacement cost claim (including depreciation holdback).

Exhibit 9. NFIP Fee Schedule [Gross Loss] (Date of Loss on/after May 1, 1997)

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Claim Range	Fee
Erroneous Assignment	\$40.00
Closed Without Payment (CWOP)	125.00
.01 - 600.00	150.00
600.01 - 1000.00	175.00
1000.01 - 2000.00	225.00
2000.01 - 3500.00	275.00
3500.01 - 5000.00	350.00
5000.01 - 7000.00	425.00
7000.01 - 10,000.00	500.00
10,000.01 - 15,000.00	600.00
15,000.01 - 20,000.00	750.00
20,000.01 - 30,000.00	900.00

Exhibit 10. NFIP ICC Fee Schedule (Date of Loss on/after May 1, 2003)

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U.S. DEPARTMENT OF HOMELAND SECURITY EMERGENCY PREPAREDNESS AND RESPONSE DIRECTORATE NATIONAL FLOOD INSURANCE PROGRAM		O.M.B. No. 1660-0005 Expires December 31, 2003
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
PRELIMINARY REPORT		
INSURED _____		POLICY NUMBER _____
PROPERTY ADDRESS _____		DATE OF LOSS _____
MAILING ADDRESS _____		CATASTROPHE NO. _____
INSURED TELEPHONE NUMBER: HOME _____ WORK _____		ADJ. FILE NO. _____
ADJUSTING COMPANY _____		TAX ID NUMBER _____
ADJUSTER ADDRESS _____		ADJ. PHONE NO. _____
DATE LOSS ASSIGNED _____ DATE INSURED CONTACTED _____ DATE LOSS INSPECTED _____		
ENCL.	Building worksheets () Photographs () <input type="checkbox"/> Proof of Loss <input type="checkbox"/> Other _____	
	Contents worksheets () Narrative (pp) <input type="checkbox"/> R/C Proof <input type="checkbox"/> Other _____	
INSURANCE	Coverage verified from: <input type="checkbox"/> NFIP <input type="checkbox"/> Agent's Daily <input type="checkbox"/> Insured's Policy Program: <input type="checkbox"/> Emergency <input type="checkbox"/> Regular	
	Term _____ to _____ Form: <input type="checkbox"/> Dwelling <input type="checkbox"/> General Property <input type="checkbox"/> RCBAP Coverage Deductible Reserve \$ \$ \$ \$ \$ \$	
RISK	ADVANCE PAYMENT REQUESTED? <input type="checkbox"/> No <input type="checkbox"/> Yes: Building \$ _____ Contents \$ _____ If yes, Proof of Loss for amount of payment and supporting documentation must be submitted with this report.	
	Type of Building: <input type="checkbox"/> Single Family <input type="checkbox"/> 2-4 Family <input type="checkbox"/> Condo Association <input type="checkbox"/> Condo Unit <input type="checkbox"/> Other <input type="checkbox"/> Non-Residential <input type="checkbox"/> Mobile Home/Travel Trailer: <input type="checkbox"/> Make: _____ <input type="checkbox"/> Model: _____ Serial _____	
ORIGIN	Occupancy: <input type="checkbox"/> Owner <input type="checkbox"/> Tenant <input type="checkbox"/> State government owned <input type="checkbox"/> Principal <input type="checkbox"/> Seasonal	
	Title verified? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Source _____	
RISK	Number of floors in building including basement: _____ Is basement split level? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	In case of multiple occupancy, indicate floor(s) _____ Second and/or above	
RISK	Type of basement: <input type="checkbox"/> None <input type="checkbox"/> Unfinished <input type="checkbox"/> Finished Is basement floodproofed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Building elevated? <input type="checkbox"/> No <input type="checkbox"/> Yes Foundation area enclosure? <input type="checkbox"/> None <input type="checkbox"/> Breakaway walls <input type="checkbox"/> Unfinished <input type="checkbox"/> Finished	
RISK	Is risk under construction? <input type="checkbox"/> No <input type="checkbox"/> New building <input type="checkbox"/> Improvement in progress	
	Prior condition of: Building: <input type="checkbox"/> Poor <input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Very Good Contents: <input type="checkbox"/> Poor <input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Very Good	
RISK	Foundation Structure: Piles: <input type="checkbox"/> 11 Concrete <input type="checkbox"/> 12 Wood <input type="checkbox"/> 13 Steel Piers: <input type="checkbox"/> 21 Reinf. concrete <input type="checkbox"/> 22 Reinf. block <input type="checkbox"/> 23 Unreinf. block <input type="checkbox"/> 24 Brick <input type="checkbox"/> 25 Other <input type="checkbox"/> 30 Wood posts Walls: <input type="checkbox"/> 41 Reinf. concrete <input type="checkbox"/> 42 Block <input type="checkbox"/> 43 Reinf. concrete shear <input type="checkbox"/> 44 Treated plywood <input type="checkbox"/> 45 Brick <input type="checkbox"/> 46 Other <input type="checkbox"/> 50 Concrete slab <input type="checkbox"/> 60 Other	
	Exterior wall structure: <input type="checkbox"/> 1 Reinf. concrete <input type="checkbox"/> 2 Concrete block <input type="checkbox"/> 7 Wood stud Exterior wall surface treatment: <input type="checkbox"/> 1 Unfinished <input type="checkbox"/> 2 Stone/brick veneer <input type="checkbox"/> 4 Steel and glass <input type="checkbox"/> 5 Brick or stone <input type="checkbox"/> 6 Other <input type="checkbox"/> 3 Stucco <input type="checkbox"/> 4 Wood siding <input type="checkbox"/> 5 Metal sheathing/siding <input type="checkbox"/> 6 Vinyl sheathing/siding <input type="checkbox"/> 7 Other	
RISK	Contents are: <input type="checkbox"/> Household <input type="checkbox"/> Other than household Contents located in: <input type="checkbox"/> Basement <input type="checkbox"/> First floor Basement and first floor <input type="checkbox"/> First floor and above <input type="checkbox"/> Second floor and above	
	Nearest body of water: _____ Distance from risk: _____	
ORIGIN	Was there a general and temporary condition of flooding: <input type="checkbox"/> No: Explain fully under remarks <input type="checkbox"/> Yes: Indicate cause of loss	
	Cause of loss: <input type="checkbox"/> 1 Tidal water overflow <input type="checkbox"/> 2 Stream, river, or lake overflow <input type="checkbox"/> 3 Alluvial fan overflow <input type="checkbox"/> 4 Accumulation of rainfall or snowmelt Flood characteristics: <input type="checkbox"/> 1 Velocity flow <input type="checkbox"/> 2 Low velocity flow or ponding <input type="checkbox"/> 3 Wave action <input type="checkbox"/> 4 Mudflow <input type="checkbox"/> 5 Erosion	
ORIGIN	Was flood associated with failure of a dam, storm drain, storm drain system, pump(s), other flood control measure, etc? Yes <input type="checkbox"/> No <input type="checkbox"/>	
	Did other than natural cause contribute to flooding? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes" to either question, complete "Cause of Loss and Subrogation Report"	
ORIGIN	Date/time water entered building _____ Water Height or Wave Action: Exterior _____ Interior _____	
	Date/time water receded building _____ Length of time water remained in building _____ Main Building/Condo Assn.: _____ Apt. Building/condo Unit: _____	
Date of Report _____ Adjuster's Signature _____ Adjuster's SSN _____		

FEMA Form 81-57, JUN 03

REPLACES ALL PREVIOUS EDITIONS

F-093 (6/03)

Exhibit 11. National Flood Insurance Program Preliminary Report

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U.S. DEPARTMENT OF HOMELAND SECURITY
EMERGENCY PREPAREDNESS AND RESPONSE DIRECTORATE
NATIONAL FLOOD INSURANCE PROGRAM

O.M.B. No. 1660-0005
Expires December 31, 2003

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.

NARRATIVE REPORT

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

INSURED _____
PROPERTY ADDRESS _____
ADJUSTING COMPANY _____

POLICY NUMBER _____
DATE OF LOSS _____
ADJ. FILE NO. _____

REMARKS:

SPECIMEN

Exhibit 12. National Flood Insurance Program Narrative Report

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U.S. DEPARTMENT OF HOMELAND SECURITY
EMERGENCY PREPAREDNESS AND RESPONSE DIRECTORATE
NATIONAL FLOOD INSURANCE PROGRAM

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.

O.M.B. No. 1660-0005
Expires December 31, 2003

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"/> Imprv.	<input type="checkbox"/> Yes <input type="checkbox"/> No
INTEREST	Mortgage(s): _____			
	Loss Payee(s): _____			
	Other Insurance: _____		<input type="checkbox"/> Yes <input type="checkbox"/> No	
	(Company)	(Type)	(Policy Number)	(Covers flood?)
CLAIM SUMMARY	Duration building will not be habitable: <input type="checkbox"/> 0-2 days <input type="checkbox"/> 3-7 days <input type="checkbox"/> 8-14 days <input type="checkbox"/> 15-30 days <input type="checkbox"/> more than 2 months			
	Claim Recapitulation (See instructions on reverse side)			
	Building		Totals	
	Main*/Association		Portenant/Unit	
	Property Value (RCV)			
	Property Value (ACV)			
	Gross Loss (RCV)			
	Covered Damage (ACV)			
	Removal/Protection			
	Total Loss (ACV)			
EXCLUDED DAMAGES	Approximate value of property excluded:		Approximate damage to property excluded:	
	Excluded Building Damages:		Excluded Contents Damages:	
	1 Less than 1,000 2 1,000 - 2,000 3 2,000 - 5,000 4 5,000 - 10,000 5 10,000 - 20,000 6 More than 20,000		1 Less than 1,000 2 1,000 - 2,000 3 2,000 - 5,000 4 5,000 - 10,000 5 10,000 - 20,000 6 More than 20,000	
ENCL	<input type="checkbox"/> Building worksheets () <input type="checkbox"/> Photographs () <input type="checkbox"/> Proof of Loss <input type="checkbox"/> Other _____			
	<input type="checkbox"/> Contents worksheets: () <input type="checkbox"/> Narrative (pp) <input type="checkbox"/> R/C Proof <input type="checkbox"/> Other _____			
CERTIFICATION	The above statements are true and correct to the best of my 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 _____	

Date of Report _____ Adjuster's Signature _____ Adjuster's SSN _____
FEMA Form 81-58, JUN 03 REPLACES ALL PREVIOUS EDITIONS F-094 (6/03)

Exhibit 13. National Flood Insurance Program Final Report


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U.S. DEPARTMENT OF HOMELAND SECURITY
EMERGENCY PREPAREDNESS AND RESPONSE DIRECTORATE
NATIONAL FLOOD INSURANCE PROGRAM

O.M.B. No. 1660-0005
Expires December 31, 2003

NOTICE OF LOSS

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

1. NAME OF SERVICING OFFICE		7. POLICY NUMBER FL		8. POLICY PERIOD (From, To)		
2. AGENCY NAME AND MAILING ADDRESS (Rubber stamp or type)		9. DATE OF LOSS		10. KIND OF LOSS <input type="checkbox"/> Flood <input type="checkbox"/> Mudslide		
		11. PROBABLE AMOUNT OF LOSS-ALL PERILS \$		12. ESTIMATE OF LOSS-THIS POLICY \$		
		13. OTHER INSURANCE (See Item 18.) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Buildings <input type="checkbox"/> Contents				
3. INSURED		14. REMARKS: BRIEF DESCRIPTION OF DAMAGE (If emergency handling required, explain why)				
4. PROPERTY						PHONE NO.
5. MAIL ADDRESS						PHONE NO.
6. LOCATION OF PROPERTY IF REMOVED FOR PROTECTION						
15. DESCRIPTION OF PROPERTY COVERED						
ITEM NO.	AMOUNT INSURANCE	PROPERTY NO.				
1 Bldg.	\$	On the _____ Family _____ Story Building of _____ Construction. Bsmt. <input type="checkbox"/> Yes <input type="checkbox"/> No				
2 Conts.	\$	On the contents in the Building described above <input type="checkbox"/> or in the _____ Family _____ Story Building of _____ Construction. Bsmt. <input type="checkbox"/> Yes <input type="checkbox"/> No				
17. LOSS PAYEE (CONTENTS)						
18. LIST ANY OTHER INSURANCE APPLICABLE TO THE PROPERTY DESCRIBED IN ITEM 15 ABOVE INCLUDING: HOMEOWNERS, WIND AND/OR EXCESS POLICY; COVERAGE ON SPECIFICALLY DESCRIBED ARTICLES, E.G., FURS, JEWELRY, ETC. PLEASE PROVIDE POLICY NUMBERS AS APPLICABLE.						
19.  COPIES SENT TO				CATASTROPHE SERIAL NO.	CAT. ZONE NO. DATED	
20. NAME OF ADJUSTER TO WHOM THIS NOTICE HAS BEEN FORWARDED			21. NAME OF ADJUSTER HANDLING E/C OR OTHER INSURANCE LOSS			
THIS SPACE FOR USE BY SERVICING OFFICE						
The Standard Flood Insurance Policy is subject to the National Flood Insurance Act of 1968, and any Acts Amendatory thereof, and Regulations issued by the Federal Insurance Administration pursuant to such statute(s).						

FEMA Form 81-43, JUN 03

REPLACES ALL PREVIOUS EDITIONS

F-102 (6/03) (6/03)

Exhibit 14. Notice of Loss

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POLICY NO. FL

U.S. DEPARTMENT OF HOMELAND SECURITY
EMERGENCY PREPAREDNESS AND RESPONSE DIRECTORATE
NATIONAL FLOOD INSURANCE PROGRAM

O.M.B. No. 1660-0005
Expires December 31, 2003

POLICY TERM

PROOF OF LOSS

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

AMT OF BLDG COV AT TIME OF LOSS

AGENT

AMT OF CNTS COV AT TIME OF LOSS

AGENCY AT

TO THE NATIONAL FLOOD INSURANCE PROGRAM:

At time of loss, by the above indicated policy of insurance, you insured the interest of _____

against loss by flood to the property described according to the terms and conditions of said policy and of all forms, endorsements, transfers and assignments attached thereto.

TIME AND ORIGIN A _____ loss occurred about the hour of _____ o'clock ____ M.,
on the ____ day of _____ 20 ____ . The cause of the said loss was: _____

OCCUPANCY The premises described, or containing the property described, was occupied at the time of the loss as follows, and for
no other purpose whatever: _____

INTEREST No other person or persons had any interest therein or encumbrance _____

1. FULL AMOUNT OF INSURANCE application to the property which is insured by this policy \$ _____
2. ACTUAL CASH VALUE of building structures \$ _____
3. ADD ACTUAL CASH VALUE OF CONTENTS \$ _____
4. ACTUAL CASH VALUE OF ALL PROPERTY \$ _____
5. FULL COST OF REPAIR OR REPLACEMENT of building and contents \$ _____
6. LESS APPLICABLE DEPRECIATION \$ _____
7. ACTUAL CASH VALUE LOSS is \$ _____
8. LESS DEDUCTIBLES \$ _____
9. NET AMOUNT CLAIMED under above numbered policy is \$ _____

The said loss did not originate by any act, design or procurement on the part of your insured, nothing has been done by or with the privity or consent of your insured to violate the conditions of the policy, or render it void; no articles are mentioned herein or in annexed schedules but such as were destroyed or damaged at the time of said loss, no property saved has in any manner been concealed, and no attempt to deceive the said insurer as to the extent of said loss, has in any manner been made. Any other information that may be required will be furnished and considered a part of this proof.

I understand that this insurance (policy) is issued Pursuant to the National Flood Insurance Act of 1968, or Any Act Amendatory thereof, and Applicable Federal Regulations in Title 44 of the Code of Federal Regulations, Subchapter B, and that knowingly and willfully making any false answers or misrepresentations of fact may be punishable by fine or imprisonment under applicable United States Codes.

Subrogation - To the extent of the payment made or advanced under this policy; the insured hereby assigns, transfers and sets over to the insurer all rights, claims or interest that he has against any person, firm or corporation liable for the loss or damage to the property for which payment is made or advanced. He also hereby authorizes the insurer to sue any such third party in his name.

The insured hereby warrants that no release has been given or will be given or settlement or compromise made or agreed upon with any third party who may be liable in damages to the insured with respect to the claim being made herein.

The furnishing of this blank or the preparation of proofs by a representative of the above insurer is not a waiver of any of its rights.

State of _____

County of _____

Insured

Subscribed and sworn before me this _____ day of _____, 20 ____

Notary Public

FEMA Form 81-42, JUN 03

REPLACES ALL PREVIOUS EDITIONS.

F-101 (6/03)

Exhibit 15. Proof of Loss

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U.S. DEPARTMENT OF HOMELAND SECURITY
EMERGENCY PREPAREDNESS AND RESPONSE DIRECTORATE
NATIONAL FLOOD INSURANCE PROGRAM

O.M.B. No. 1660-0005
Expires December 31, 2003

**Statement as to full cost of repair or replacement
under the replacement cost coverage, subject
to the terms and conditions of this policy***

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

Policy No. FL

Agency at Agent

Insured

Location

Type of property involved in claim

Date of loss

1. **Full Amount of Insurance** applicable to the property
for which claim is presented was \$
2. **Full Replacement Cost** of the said property at the time
of the loss was \$
3. **The Full cost of Repair or Replacement** is \$
4. Applicable Depreciation is \$
5. Actual Cash Value loss is \$
(Line 3 minus Line 4)
6. Less deductibles and/or participation by the insured \$
7. **Actual Cash Value Claim** is \$
(Line 5 minus Line 6)
8. **Supplemental Claim**, to be filled in accordance with the
terms and conditions of the Replacement Cost Coverage
within days from date of loss as shown above,
will not exceed \$
(This figure will be that portion of the amounts shown on Lines 4 and 6
which is recoverable)

* The Standard Flood Insurance Policy is subject to the National Flood Insurance Act of 1968 and any Acts Amendatory thereof,
and Regulations issued by the Federal Insurance Administration pursuant to such statute(s).

..... Insured

..... Adjuster

Exhibit 16. Statement as to Full Cost of Repair or Replacement

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O.M.B. No. 1660-0005
Expires December 31, 2003

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

INSURED AND LOCATION

Policy No. FL

ADJUSTING FIRM AND ADDRESS

(ADJUSTER)

Adjuster's File No.	
---------------------	--

Date of Loss

TYPE OF BUILDING	
------------------	--

AGE

BUILDING DIMENSIONS

TOTAL SQ. FT.	
---------------	--

NO. ROOMS	
-----------	--

TYPE OF FOUNDATION

FINISHED BASEMENT

NO. STORIES

☐ YES ☐ NO

INTERIOR WALL CONSTRUCTION

EXTERIOR WALL CONSTRUCTION	
-------------------------------	--

NO. BATHS

	Estimated Revenue	Estimated Expenses	Estimated Profit
1. Sales	\$100,000		
2. Cost of Goods Sold		(60,000)	
3. Gross Profit			\$40,000
4. Operating Expenses		(20,000)	
5. Net Income			\$20,000

SS e e T

Actual Cash Value

SPECIMEN

A-35

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O.M.B. No. 1660-0005
Expires December 31, 2003

Adjuster's File

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

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DATE OF REPORT

SPECIMEN

Change 1, 1/1/04