

DEPARTMENT OF HOMELAND SECURITY  
FEDERAL EMERGENCY MANAGEMENT AGENCY  
**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 JUNE 30, 2007

NAME OF INSURED

POLICY NO.

COMPLETE ADDRESS OF PROPERTY DAMAGED

CAUSE OF LOSS (Check the box(es) that apply)

- |  |   |
|--|---|
| 1. <input type="checkbox"/> IMPROPER DIVERSION OF WATER                  | 7. <input type="checkbox"/> NEGLIGENT MAINTENANCE OF SEWER LINES  |
| 2. <input type="checkbox"/> IMPROPER BUILDING                            | 8. <input type="checkbox"/> FAILURE TO USE PUMPS  |
| 3. <input type="checkbox"/> IMPROPER GRADING                             | 9. <input type="checkbox"/> INADEQUATE PUMPS  |
| 4. <input type="checkbox"/> DEBRIS ACCUMULATION                          | 10. <input type="checkbox"/> EXCESSIVE DAM WATER RELEASE  |
| 5. <input type="checkbox"/> INADEQUATE SEWER LINES                       | 11. <input type="checkbox"/> EXCESSIVE WATER RELEASE (Mechanical)   |
| 6. <input type="checkbox"/> IGNORING FLOODPLAIN MANAGEMENT (Regulations) | 12. <input type="checkbox"/> ANY OTHER FACTOR THAT IDENTIFIES A RESPONSIBLE<br>PARTY OR ACT AS THE CAUSE (Explain; use the space below) |

IDENTIFICATION OF RESPONSIBLE PARTY

NAME

COMPLETE ADDRESS

IS THE RESPONSIBLE PARTY INSURED?

YES  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?

YES  NO (If yes, by when?)

DOES INSURED HAVE AN ATTORNEY?

YES  NO

NAME OF ATTORNEY

### 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 4 hours per claim. This 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. The reporting burden for this form as part of the collection of information is highlighted below. 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 highlighted form. You may send comments regarding the accuracy of the burden estimate and suggestions for reducing the burden to: Information Collections Management, U.S. 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.**

<b>FEMA Form No.</b>	<b>Title</b>	<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	5 Minutes
81-42A	Increased Cost of Compliance	2.0 Hours
81-43	Notice of Loss	4 Minutes
81-44	Statement as to Full Cost to Repair or Replacement Cost Coverage, Subject to the Terms and Conditions of this Policy	6 Minutes
81-57	National Flood Insurance Program Preliminary Report	4 Minutes
81-58	National Flood Insurance Program Final Report	4 Minutes
81-59	National Flood Insurance Program Narrative Report	5 Minutes
81-63	Cause of Loss and Subrogation Report	1 Hour
81-96	Mobile Home Worksheet	30 Minutes
81-98	Increased Cost of Compliance (ICC) Adjuster Report	25 Minutes