

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 USED	ADDITIONS OPTION	AVERAGE DEALER APPRAISAL

DEALER APPRAISAL		DID DEALER VIEW 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 <input type="checkbox"/> YES <input type="checkbox"/> 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.**

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.**

FEMA Form No.	Title	Burden Hours
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