

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

O.M.B. No. 1660-0005  
Expires JUNE 30, 2007

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 \_\_\_\_\_

<b>ENCL.</b>	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 _____	
<b>INSURANCE</b>	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 \$ _____      \$ _____      \$ _____ 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.	
<b>RISK</b>	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 Residential <input type="checkbox"/> Non-Residential <input type="checkbox"/> Mobile Home/Travel Trailer:    Make: _____    Model: _____    Serial Number: _____	
	Occupancy: <input type="checkbox"/> Owner <input type="checkbox"/> Tenant <input type="checkbox"/> State government owned <input type="checkbox"/> Unoccupied    Residency: <input type="checkbox"/> Principal <input type="checkbox"/> Seasonal	
	Title verified? <input type="checkbox"/> Yes <input type="checkbox"/> No    Source of verification: _____	
	Number of floors in building including basement: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 or more    Is building a split level? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	In case of multiple occupancy, indicate floor(s) occupied by insured: <input type="checkbox"/> Basement <input type="checkbox"/> First <input type="checkbox"/> Second and/or above	
	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	
<b>ORIGIN</b>	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	
	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"/> 3 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 _____	
	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: _____		
<b>ORIGIN</b>	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	
	Was flood associated with failure of a dam, storm drain, storm drain system, pump(s), other flood control measure, etc? <input type="checkbox"/> Yes <input type="checkbox"/> No 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"	
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

### 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
<b>81-57</b>	<b>National Flood Insurance Program Preliminary Report</b>	<b>4 Minutes</b>
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