

DEPARTMENT OF HOMELAND SECURITY
 FEDERAL EMERGENCY MANAGEMENT AGENCY
**INCREASED COST OF COMPLIANCE (ICC)
 ADJUSTER REPORT**

**NATIONAL FLOOD
 INSURANCE PROGRAM**

*O.M.B. No. 1660-0005
 Expire JUNE 30, 2007
 Privacy Act Statement on
 reverse*

| | |
|--------------------|--------------------|
| 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? yes no

14. Local Official's Name: _____ Telephone Number: _____

15. Under the flood loss meet the NFIP/ICC 50% substantial damage or average 25% repetitive loss requirements?
 yes no

16. Under which provision is the ICC claim based? Substantial Damage Repetitive Loss

Mitigation option(s): Demolition Elevation Floodproofing Relocation
 Demolition/Elevation or Floodproofing 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 |
|--------------------|--------------------------|--------------------|

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 FEMA Form 81-98

Public reporting burden for this form is estimated to average .25 hours per response. The burden estimate includes the time for reviewing instructions, searching existing data sources, gathering and maintaining the needed data, and completing and reviewing the form. You are not required to respond to this collection of information unless a valid OMB control number is displayed in the upper right hand corner of this form. Send comments regarding the accuracy of the burden estimate and any 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.**