

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

O.M.B. No. 1660-0005
Expires September 30, 2010

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 _____

E N C L
 Building worksheets () Photographs () Proof of Loss Other _____
 Contents worksheets () Narrative (pp) R/C Proof Other _____

I N S U R A N C E
 Coverage verified from: NFIP Agent's Daily Insured's Policy Program: Emergency Regular
 Term _____ to _____ Dwelling General Property RCBP
 Coverage Deductible Reserve
 \$ _____ \$ _____ \$ _____
RESERVES:
 \$ _____ \$ _____ \$ _____
 ADVANCE PAYMENT REQUESTED? No Yes: Building \$ _____ Contents \$ _____
 If yes, Proof of Loss for amount of payment and supporting documentation must be submitted with this report.

Type of Building: Single Family 2-4 Family Condo Association Condo Unit Other Residential Non- Residential
 Mobile Home/Travel Trailer: Make: _____ Model: _____ Serial Number: _____

Occupancy: Owner Tenant State government owned Unoccupied Residency: Principal Seasonal
 Title Verified? Yes No Source of verification: _____

Number of floors in building including basement: 1 2 3 or more Is building a split level? Yes No
 In case of multiple occupancy, indicate floor(s) occupied by insured: Basement First Second and/or/above

Type of basement: None Unfinished Finished Yes No
 Building elevated? No Yes Foundation area enclosure? None Breakway walls Unfinished Finished

R I S K
 Is risk under construction? No New building Improvement in progress
 FIRM Date _____ Pre Firm Post Firm Building: Poor Fair Good Very Good
 Contents: Poor Fair Good Very Good

Piles: Concrete Wood Steel Piers: Reinf. concrete Reinf. block Unreinf. block Brick Other
 Wood post Walls: Reinf. concrete Block Reinf. concrete shear Treated plywood Brick Other
 Concrete slab Other _____

Exterior wall structure: Reinf. concrete Concrete block Wood stud Exterior wall surface treatment: Unfinished Stone/brick veneer
 Steel and glass Brick or stone Other _____ Stucco Wood siding Metal sheathing/siding
 Vinyl sheathing/siding Other _____

Household Other than household Contents located in: Basement First floor Basement and first floor First floor and above
 Second floor and above

Nearest body of water: _____ Distance from risk: _____

O R I G I N
 Cause of loss: Tidal water overflow Stream, river, or lake overflow Alluvial fan overflow Accumulation of rainfall or snowmelt
 Velocity flow Low velocity flow or ponding Wave action Mudflow Erosion
 Yes No
 Did other than natural cause contribute to flooding? Yes No If "yes" to either question, complete "Cause of Loss and Subrogation Report"

Date/time water entered building: _____ Water Height or Wave Action: _____
 Date/time water receded building: _____ Length of time water remained in building: _____ Apt. Building/condo Unit: _____

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 6 hours per response. The burden estimate includes the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and submitting these forms. 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 these forms. Send comments regarding the accuracy of the burden estimate and suggestions for reducing the burden to: Information Collections Management, 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 |
|----------------------|--|---------------------|
| 086-0-6 | Worksheet-Contents-Personal Property | 2.5 Hours |
| 086-0-7 | Worksheet-Building | 2.5 Hours |
| 086-0-8 | Worksheet-Building (Continued) | 1.0 Hours |
| 086-0-9 | Proof of Loss | .08 Hours |
| 086-0-10 | Increased Cost of Compliance | 2.0 Hours |
| 086-0-11 | Notice of Loss | .07 Hours |
| 086-0-12 | Statement as to Full Cost to Repair or Replacement Cost Coverage, Subject to the Terms and Conditions of this Policy | .10 Hours |
| 086-0-13 | National Flood Insurance Program Preliminary Report | .07 Hours |
| 086-0-14 | National Flood Insurance Program Final Report | .07 Hours |
| 086-0-15 | National Flood Insurance Program Narrative Report | .08 Hours |
| 086-0-16 | Cause of Loss and Subrogation Report | 1 Hour |
| 086-0-17 | Manufactured (Mobile) Home/Travel Trailer Worksheet | .50 Hours |
| 086-0-18 | Mobile Home/Travel Trailer Worksheet (Continued) | .25 Hours |
| 086-0-19 | Increased Cost of Compliance (ICC) Adjuster Report | .42 Hours |
| 086-0-20 | Adjuster Preliminary Damage Assessment | .25 Hours |
| 086-0-21 | Adjuster Certification Application | .25 Hours |
