

DEPARTMENT OF HOMELAND SECURITY
 FEDERAL EMERGENCY MANAGEMENT AGENCY
 NATIONAL FLOOD INSURANCE PROGRAM
MANUFACTURED (MOBILE) HOME/TRAVEL TRAILER WORKSHEET

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

*(See Privacy Act Statement and
 Paperwork Burden Disclosure Notice
 on reverse side)*

Insured: _____ **Policy No.:** _____

Location of Risk: _____ **Date of Loss** _____

| | | | |
|--|---|--|--|
| Year | Manufacturer | Model | Size |
| Serial Number | Color | No. of Bedrooms | Date of Purchase |
| New Or Used | Was Land Included <input type="checkbox"/> Yes <input type="checkbox"/> No | Furniture included <input type="checkbox"/> Yes <input type="checkbox"/> No | Cost |
| Type Of Foundation | Number Of Axels | Type Of Tie Down | Are Wheels on unit <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Repairs Agreed <input type="checkbox"/> Yes <input type="checkbox"/> No | R/C Repair Amount | Salvage Value | Salvor Name |

Other Insurance Carrier:

| | | | |
|---------------|-------------------|------------------|--|
| Policy Number | Building Coverage | Content Coverage | Does It Cover Flood? <input type="checkbox"/> Yes <input type="checkbox"/> No |
|---------------|-------------------|------------------|--|

| | | | | | |
|--------------|-------|------------------|-------|--------------|-------|
| Value New | _____ | Addn/Options R/C | _____ | Total R/C | _____ |
| Depreciation | _____ | Depreciation | _____ | Depreciation | _____ |
| Value Used | _____ | Addn/Options A/C | _____ | Total ACV | _____ |

Dwelling Form - Section VII, V., 3., Special Loss Settlement applies to a single family dwelling that is a manufactured or mobile home or travel trailer, which is at least 16 feet wide and has an area of at least 600 square feet within its perimeter walls, which is owner occupied, on a principal basis, and insured to value.

Special Loss Calculation

Mobile Home Used Book Value \$ _____ x 1.5 = _____

Replacement Cost Value of Actions, and or Options + _____

Maximum Amount Payable \$ _____

(Draw building diagram and dimensions of rooms below, and indicate location of tie downs)

Adjuster: _____

Examiner: _____

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 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 |