

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.**

<b>FEMA Form No.</b>	<b>Title</b>	<b>Burden Hours</b>
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
<b>086-0-13</b>	<b>National Flood Insurance Program Preliminary Report</b>	<b>.07 Hours</b>
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

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