DEPARTMENT OF HOMELAND SECURITY FEDERAL EMERGENCY MANAGEMENT AGENCY ADJUSTER PRELIMINARY DAMAGE ASSESSMENT

NATIONAL FLOOD INSURANCE PROGRAM O.M.B. No. 1660-0005 Expires September 30, 2010

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 nonduplication of benefits; to the Department of Justice for purposes of litigation or as required by law; and to State and Local 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 this form is estimated to average 15 minutes per response. The burden 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. 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. Send completed forms to: NEIP Burgan & Statistical Agent Certification Coordinator, P.O. box 310. Lapham, MD 20703-0310.

form to this address. Send completed f	orms to: NFIP Bureau & Stat	tistical Agent, Certification Coc	ordinator, P.O. box 310 , Lanham, MD 20703-0310.
WYO COMPANY	DATE OF LOSS	ADJUSTER	FICO NUMBER
This form is to be used for advisory purpo "replacement cost" when completing this idetermining substantial damage.	form; however, the community	munities identify potential substate is required under the National Floase PRINT LEGIBLY	ntially damaged buildings. The adjuster will use ood Insurance Program to use "market value" in
POLICY HOLDER		POLICY NUMBER	
PROPERTY ADDRESS (include zip c	ode)		
***************************************	DUIL DINO DESI	AOGMENT COOT VALUE	DUIL DING ACTUAL CACULYALUE
**PROBABLE REPAIR COST	BUILDING REPL	LACEMENT COST VALUE	BUILDING ACTUAL CASH VALUE
POLIOVIJOI PED	\$		\$
POLICY HOLDER		POLICY NUMBER	
PROPERTY ADDRESS (include zip c	,		
**PROBABLE REPAIR COST	BUILDING REPI	ACEMENT COST VALUE	BUILDING ACTUAL CASH VALUE
	\$		\$
POLICY HOLDER	,	POLICY NUMBER	
PROPERTY ADDRESS (include zip c	ode)		
**PROBABLE REPAIR COST	BUILDING REPLACEMENT COST VALUE		BUILDING ACTUAL CASH VALUE
	\$		ş
**This is an es	stimate of the cost to	repair the building to	o its pre-flood condition.

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	.10 Hours
	Cost Coverage, Subject to the Terms and Conditions	
	of this Policy	
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