

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

NATIONAL FLOOD  
 INSURANCE PROGRAM

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

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. OCCUPANCE TYPE \_\_\_\_\_

11. ADJUSTING COMPANY \_\_\_\_\_ 12. ADJUSTERS 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 ordinance?  Yes  No Date of Declaration \_\_\_\_\_

14. Local Official's Name: \_\_\_\_\_ 15. Telephone Number \_\_\_\_\_

16. Under the flood loss meet the NFIP/ICC 50% substantial damage or average 25% repetitive loss requirements?  
 Yes  No

17. Under which provision is the ICC claim based?  
 Demolition  Substantial Damage  Repetitive Loss  
 Elevation  Floodproofing  Relocation

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

18. If relocation, indicate the following:  
 New address: \_\_\_\_\_ New flood risk zone: \_\_\_\_\_

19. Current valuation of structure as determined by the community official \$ \_\_\_\_\_

20. Basis of valuation: \_\_\_\_\_

21. Full cost of compliance not limited to the amount of ICC coverage \$ \_\_\_\_\_

22. 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)

23. If repetitive loss, the valuation of the structure as determined by the community official near the date of the prior loss:  
 \$ \_\_\_\_\_ Date of valuation: \_\_\_\_\_

24. Basis of valuation: \_\_\_\_\_

25. DATE OF REPORT \_\_\_\_\_ 26. ADJUSTERS SIGNATURE \_\_\_\_\_ 27. ADJUSTER'S FCN \_\_\_\_\_

## 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
<b>086-0-19</b>	<b>Increased Cost of Compliance (ICC) Adjuster Report</b>	<b>.42 Hours</b>
086-0-20	Adjuster Preliminary Damage Assessment	.25 Hours
086-0-21	Adjuster Certification Application	.25 Hours

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