

DEPARTMENT OF HOMELAND SECURITY
Federal Emergency Management Agency

OMB Control Number: 1660-0005
Expiration: MM DD, YYYY

MANUFACTURED (MOBILE) HOME/TRAVEL TRAILER WORKSHEET

INSURED: _____ POLICY NUMBER: _____
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 <input type="text"/>	Addn/Options R/C <input type="text"/>	Total R/C <input type="text"/>	
Depreciation <input type="text"/>	Depreciation <input type="text"/>	Depreciation <input type="text"/>	
Value Used <input type="text"/>	Addn/Options A/C <input type="text"/>	Total ACV <input type="text"/>	

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: _____

See Page 2 for Privacy Act Statement and Paperwork Burden Disclosure Notice

PRIVACY ACT STATEMENT

The information requested is necessary to process the subject loss. The authority to collect the information is 42 U.S.C. §§ 4001 to 4130. It is voluntary on your part to furnish the information. However, omission of an item may preclude processing of the form. The Federal Emergency Management Agency will not disclose this information, except to: the servicing agent acting as the Federal 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 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
086-0-06	Worksheet-Contents-Personal Property	2.50 Hours
086-0-07	Worksheet-Building	2.50 Hours
086-0-08	Worksheet-Building (Continued)	1.00 Hours
086-0-09	Proof of Loss	.08 Hours
086-0-10	Increased Cost of Compliance	2.00 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	Adjuster's Preliminary Report	.07 Hours
086-0-14	Adjuster's Final Report	.07 Hours
086-0-15	National Flood Insurance Program Narrative Report	.08 Hours
086-0-16	Cause of Loss and Subrogation Report	1.00 Hours
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's Preliminary Flood Damage Assessment	.25 Hours
086-0-21	Adjuster's Certification Application	.25 Hours