

DEPARTMENT OF HOMELAND SECURITY
Federal Emergency Management Agency

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

ADJUSTER'S FINAL REPORT

NOTE: 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.

NAME(S) OF INSURED: _____ POLICY NUMBER: _____
 Property Address: _____ Date of Loss: _____
 City: _____ State: _____ ZIP: _____ Adjuster's File Number: _____
 Adjusting Company _____

PREMISES HISTORY	Date of original construction: _____			Insured at premises since: _____		
	Date of Alteration	Brief Description of Alteration	Market Value	Cost of Alteration	Type of Alteration	Substantial Improvement*
					<input type="checkbox"/> Repair <input type="checkbox"/> Reconstruction <input type="checkbox"/> Improvement	<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Repair <input type="checkbox"/> Reconstruction <input type="checkbox"/> Improvement	<input type="checkbox"/> Yes <input type="checkbox"/> No

DRAFT

* Defined as any repair, reconstruction, or improvement; the cost of which equals or exceeds 50% of the market value of the structure before the damage occurred or the reconstruction or improvement was begun.

Prior losses (approximate dates and amounts of loss):

Date of Loss	Amount of Loss	Repairs completed	Insured?	Insured but no claim made?
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

(Continue on Attachment if additional space is needed for alteration or prior losses.)

INTEREST

Mortgagee(s): _____
 Loss Payee(s): _____
 Other Insurance: Company: _____ Type: _____
 Policy Number: _____ Covers: Building Contents Covers Flood? Yes No

See Page 3 for Privacy Act Statement and Paperwork Burden Disclosure Notice

Property Address: _____ Policy Number: _____

City: _____ State: _____ ZIP: _____ Date of Loss: _____

Duration building will not be habitable: 0-2 days 3-7 days 2-4 weeks 1-2 months more than 2 months

CLAIM SUMMARY

CLAIM RECAPITULATION (See worksheet for details)	Building		Contents	TOTALS
	Main*	Detached Garage	Main*	
Property Value (RCV)				
Property Value (ACV)				
Covered Damage (RCV)				
Less Depreciation				
Covered Damage (ACV)				
Removal/Protection				
Net Covered Damage (ACV)				
Less Salvage				
Less Deductible				
Less Excess Over Stated Limit(s)				
Claim Payable (ACV)				
Damage from Other Cause				

Identify all causes of loss:

Main building RCV: \$ _____ Does Replacement Cost Coverage (RCC) apply? Yes No

*Includes manufactured (mobile) home If yes, R/C claim: \$ _____ Total building claim: \$ _____

EXCLUDED DAMAGES

	Approximate Value of Property Excluded		Approximate Damage of Property Excluded	
Excluded Building Damages:	<input type="checkbox"/> Less than \$1,000	<input type="checkbox"/> \$5,000-9,999	<input type="checkbox"/> Less than \$1,000	<input type="checkbox"/> \$5,000-9,999
	<input type="checkbox"/> \$1,000-1,999	<input type="checkbox"/> \$10,000-19,999	<input type="checkbox"/> \$1,000-1,999	<input type="checkbox"/> \$10,000-19,999
	<input type="checkbox"/> \$2,000-4,999	<input type="checkbox"/> More than \$20,000	<input type="checkbox"/> \$2,000-4,999	<input type="checkbox"/> More than \$20,000
Excluded Contents Damages:	<input type="checkbox"/> Less than \$1,000	<input type="checkbox"/> \$5,000-9,999	<input type="checkbox"/> Less than \$1,000	<input type="checkbox"/> \$5,000-9,999
	<input type="checkbox"/> \$1,000-1,999	<input type="checkbox"/> \$10,000-19,999	<input type="checkbox"/> \$1,000-1,999	<input type="checkbox"/> \$10,000-19,999
	<input type="checkbox"/> \$2,000-4,999	<input type="checkbox"/> More than \$20,000	<input type="checkbox"/> \$2,000-4,999	<input type="checkbox"/> More than \$20,000

ATTS.

Attachments (enter number of each inside parentheses)
 Building worksheets (_____) Photographs (_____) Proof of loss Other _____
 Contents worksheets (_____) Narrative (_____ pages) R/C Proof Other _____

INSURANCE

The above statements are true and correct to the best of my knowledge. I understand that any false statements may be punishable by fine or imprisonment under 18 U.S. Code Sec. 1001.
 State of: _____ Insured: _____
 County of: _____ Insured: _____
 Sworn before me this _____ day of _____, 20 _____ Witness: _____

Date: _____ Adjuster's Signature: _____
 Flood Control Number: _____

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