

DEPARTMENT OF HOMELAND SECURITY
Federal Emergency Management Agency

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

INCREASED COST OF COMPLIANCE (ICC) ADJUSTERS REPORT

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? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No					
17. Under which provision is the ICC claim based? <div style="text-align: center; font-size: 2em; opacity: 0.5; font-weight: bold;">DRAFT</div> <input type="checkbox"/> Substantial Damage <input type="checkbox"/> Repetitive Loss <input type="checkbox"/> Demolition <input type="checkbox"/> Elevation <input type="checkbox"/> Floodproofing <input type="checkbox"/> Relocation Mitigation option(s): <input type="checkbox"/> Demolition/Elevation or Floodproofing <input type="checkbox"/> Relocation/Elevation or Floodproofing					
18. If relocation, indicate the following: New Address: _____ New flood risk zone: _____					
19. Current validation of structure as determined by the community official \$ _____					
20. Basis of validation: _____					
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. ADJUSTER'S SIGNATURE			27. ADJUSTER'S FCN	

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