

DEPARTMENT OF HOMELAND SECURITY
Federal Emergency Management Agency

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

NOTICE OF LOSS

NAME(S) OF INSURED: _____													
ADDRESS OF INSURED PROPERTY													
Street Address: _____													
City: _____	State: _____ Zip Code: _____												
POLICY NUMBER: _____	POLICY PERIOD: From _____ To _____												
PROPERTY COVERED	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:30%;">AMOUNT OF INSURANCE</th> <th>PROPERTY DESCRIPTION</th> </tr> <tr> <td>BUILDING:</td> <td>On the _____ Family _____ Story Building of _____ Construction.</td> </tr> <tr> <td>\$ _____</td> <td>Basement/crawl space? <input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td>CONTENTS:</td> <td>On the contents in the Building described above</td> </tr> <tr> <td>\$ _____</td> <td><input type="checkbox"/> Or in the _____ Family _____ Story Building of _____ Construction.</td> </tr> <tr> <td></td> <td>Basement/crawl space? <input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> </table>	AMOUNT OF INSURANCE	PROPERTY DESCRIPTION	BUILDING:	On the _____ Family _____ Story Building of _____ Construction.	\$ _____	Basement/crawl space? <input type="checkbox"/> Yes <input type="checkbox"/> No	CONTENTS:	On the contents in the Building described above	\$ _____	<input type="checkbox"/> Or in the _____ Family _____ Story Building of _____ Construction.		Basement/crawl space? <input type="checkbox"/> Yes <input type="checkbox"/> No
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LOSS	DATE OF LOSS: _____ FLOOD LOSS: <input type="checkbox"/> Yes <input type="checkbox"/> No												
	IMPACT OF LOSS: <input type="checkbox"/> Buildings <input type="checkbox"/> Contents												
	ESTIMATE OF FLOOD LOSS: \$ _____												
	LOCATION OF PROPERTY IF MOVED FOR PROTECTION												
	Street Address: _____												
	City: _____												
State: _____ Zip Code: _____													
INTEREST	MORTGAGEE(S): _____ LOSS PAYEE(S): _____												
	OTHER INSURANCE: Company: _____ Type: _____ Policy Number: _____												
	Covers: <input type="checkbox"/> Building <input type="checkbox"/> Contents Covers Flood? <input type="checkbox"/> Yes <input type="checkbox"/> No												
CONTACT	Name of Primary Contact: _____ Name of Secondary Contact: _____												
	Best Contact Number: _____ Best Contact Number: _____												
	Alternate Contact Number: _____ Alternate Contact Number: _____												
	Best time to Contact: _____ Best time to Contact: _____												
	Primary E-mail Address: _____ Primary E-mail Address: _____												
	Alternate E-mail Address: _____ Alternate E-mail Address: _____												
	Mailing/Temporary Address: _____												
City: _____ State: _____ Zip Code: _____													
ADJUSTER	FICO Number: _____ Date: _____												
	Adjuster To Whom this Notice Has Been Forwarded												
	Name: _____												
	Address: _____												
	City: _____ State: _____ ZIP: _____												
Adjuster Handling Other Insurance Loss													
Name: _____													
Address: _____													
City: _____ State: _____ ZIP: _____													
Best Contact Number: _____													
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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