

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?<br><input type="checkbox"/> Yes <input type="checkbox"/> No  |                          |               |                    |                             |                             |
| 17. Under which provision is the ICC claim based?<br><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<br><input type="checkbox"/> Demolition <input type="checkbox"/> Elevation <input type="checkbox"/> Floodproofing <input type="checkbox"/> Relocation<br>Mitigation option(s): <input type="checkbox"/> Demolition/Elevation or Floodproofing <input type="checkbox"/> Relocation/Elevation or Floodproofing |                          |               |                    |                             |                             |
| 18. If relocation, indicate the following:<br>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:<br>\$ _____      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,<br>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        |
| <b>086-0-19</b> | <b>Increased Cost of Compliance (ICC) Adjuster Report</b>   | <b>.42 Hours</b> |
| 086-0-20        | Adjuster's Preliminary Flood Damage Assessment  | .25 Hours        |
| 086-0-21        | Adjuster's Certification Application  | .25 Hours        |