

DEPARTMENT OF HOMELAND SECURITY
Federal Emergency Management Agency
Hermit's Peak/Calf Canyon Claims Office

OMB Control No. XXX-XXXX
Expiration Date: XX/XX/XXXX

FLOOD INSURANCE ASSESSMENT

CLAIMANT CONTACT INFORMATION		
Claim Number:	Name:	Additional Claimant Name (if any):
Current Address:		City, State, Zip and County:
Property Address to be Insured:		City, State, Zip:
Contact Phone Number:	Email (optional):	
Please complete a separate form for each building to be insured on the damaged property.		
Note: Attaching photos of the front and back of the structure, along with a clear view of the foundation can significantly aid us in evaluating the claim.		
1. Does your building have 2 or more outside rigid walls with a fully secured roof and it is affixed to a permanent foundation? <input type="checkbox"/> Yes (continue to question 2) <input type="checkbox"/> No (STOP — this building is ineligible for NFIP flood coverage)		
2. Did you have flood coverage prior to the Hermit's Peak Fire (before 4/6/2022)? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide insurance company name and policy number: _____		
Were you required to purchase flood insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No		
3. Please specify the building if there is more than 1 building associated with the same address. (For example, Main House, Guest House, Barn, Garage, Shed, etc.)		
4. What county is the above property in: <input type="checkbox"/> Mora <input type="checkbox"/> San Miguel <input type="checkbox"/> Other:		
5. <input type="checkbox"/> Do you own this property? <input type="checkbox"/> Do you rent this property?		
6. Identify occupancy type of your building: Residential Occupancy Types: <input type="checkbox"/> Single Family Home (Includes townhouse, rowhouse) <input type="checkbox"/> Multi-Family Building (Building with 2 to 4 housing units) <input type="checkbox"/> Residential Mobile/Manufactured Home (Must be affixed to a permanent foundation) <input type="checkbox"/> Residential Unit (A single family residential unit such as an apartment or condominium unit within a multi-unit residential building.) Non-residential Occupancy Types: <input type="checkbox"/> Non-residential Building (Includes detached garage, shed, barn, commercial building) <input type="checkbox"/> Non-residential Unit (A commercial or non-habitational unit within a non-residential building) <input type="checkbox"/> Non-residential Mobile/Manufactured Building (Used for non-residential purposes such as storage, business; must be affixed to a permanent foundation)		
7. If building occupancy type is Single Family Home or 2 to 4 Multi-Family Building, please select the building's construction type (Based on the construction used for the wall on the building's first floor): <input type="checkbox"/> Frame <input type="checkbox"/> Masonry <input type="checkbox"/> Other (please describe): _____		

8. If building occupancy type is a Unit (residential or non-residential), what floor is your unit on?	
9. If building occupancy type is 2 to 4 Family or Other Residential Building, please provide total number of units within the building:	
10. If building occupancy type is residential (not including Other Residential Building), please provide the total square footage of the building (Do not include basement, enclosure, or garage square footage in total):	
11. If building occupancy type is Other Residential, or any type of Non-residential building, please provide the replacement cost of the building (Do not include land value):	
12. If building occupancy type is Mobile/Manufactured Home/Building (residential or non-residential, please provide the Mobile/Manufactured Home ID (serial number):	
13. In what year was the building built/manufactured?	
14. What type of foundation does your building have?	
<input type="checkbox"/> Slab-on-grade (building sits directly on concrete slab on the ground) <input type="checkbox"/> Crawlspace (an area of less than 5 feet between the ground and the lowest floor of the building) <input type="checkbox"/> Basement (the lowest floor of the building is below ground on all sides) <input type="checkbox"/> Elevated with out Enclosure on Post, Piles or Piers (lowest floor of building is raised above the ground and there are no areas enclosed below the elevated floor) <input type="checkbox"/> Elevated with Enclosure on Post, Piles or Piers (lowest floor of building is raised above the ground more than 5 feet and there is an enclosed area beneath the elevated floor) <input type="checkbox"/> Elevated with Enclosure not on Post, Piles or Piers (lowest floor of building is raised above the ground more than 5 ft on full-story, solid perimeter walls with an enclosed area beneath the elevated floor)	
15. Total Number of floors in your building (not including attic, basement, crawlspace, or enclosed area):	
16. Will you live in this residence for more than 50% of the year? <input type="checkbox"/> Yes <input type="checkbox"/> No	
17. Is there a mortgage on your property? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please provide lender's name, address, and loan number.	
DECLARATION	
I hereby certify that the information provided in this form is true and accurate to the best of my knowledge. I understand that any misrepresentation may result in denial of coverage or other penalties.	
Claimant Signature:	Date: