

**Request for Approval under the "Generic Clearance for Improving  
Customer Experience: OMB Circular A-11, Section 280  
Implementation"  
(OMB Control Number: 1601-0029)**

---

**TITLE OF INFORMATION COLLECTION:** NFIP Direct Claim Survey [Claim Start & Claim Adjustment]

**PURPOSE OF COLLECTION:**

*What are you hoping to learn / improve? How do you plan to use what you learn? Are there artifacts (user personas, journey maps, digital roadmaps, summary of customer insights to inform service improvements, performance dashboards) the data from this collection will feed?*

The purpose of the NFIP Direct Claims Surveys is to capture feedback regarding policyholder and adjuster claims experience. More specifically, the Claim Start and Claim Adjustment Survey allows for policyholders to address their claim filing experience and claim adjustment experience, which are two of three junctures in the claims journey.

The goal is to make program improvements to reflect the feedback received from the survey results and thus deliver a product that truly is reflective of a world-class operation.

Customer feedback will be used in varying forms such as leadership briefings, reports and other ad hoc request.

**TYPE OF ACTIVITY:** (Check one)

- Customer Research (Interview, Focus Groups, Surveys)
- Customer Feedback Survey
- Usability Testing of Products or Services

**ACTIVITY DETAILS**

1. If this is a survey, will the results of this survey be reported to Touchpoints as part of quarterly reporting obligations specified in OMB Circular A-11 Section 280?
  - Yes
  - No
  - Not a survey
  
2. How will you collect the information? (Check all that apply)
  - Web-based or other forms of Social Media
  - Telephone
  - In-person
  - Mail

[ ] Other, Explain

3. Who will you collect the information from?

*Explain who will be interviewed and why the group is appropriate for the Federal program / service to connect with. Please provide a description of how you plan to identify your potential group of respondents and if only a sample will be solicited for feedback, how you will select them (e.g., anyone who provided an email address to a call center rep, a representative sample of Veterans who received outpatient services in May 2019, do you have a list of customers to reach out to (e.g., a CRM database that has the contact information, intercept interviews at a particular field office?)*

**Information will be collected from NFIP Direct policyholders only who filed a claim and had a claim adjustment. These group of policyholders are appropriate to connect with as they have an insurance policy with the NFIP Direct, and it is essential for the Program to obtain feedback on the level of service for the claim start and claim adjustment portion of their claim journey. The Program will use Torrent, the NFIP Direct contractor, system programming to send out the survey link via email to those who have an email address on file after their claim start and claim adjustment have taken place.**

4. How will you ask a respondent to provide this information?

*(e.g., after an application is submitted online, the final screen will present the opportunity to provide feedback by presenting a link to a feedback form / an actual feedback form)*

**All respondents will be asked to provide feedback using a survey link that is sent to their email address on file.**

5. What will the activity look like?

*Describe the information collection activity - e.g. what happens when a person agrees to participate? Will facilitators or interviewers be used? What's the format of the interview/focus group? If a survey, describe the overall survey layout/length/other details? If User Testing, what actions will you observe / how will you have respondents interact with a product you need feedback on?*

**Once the policyholder has experienced the claim start and claim adjustment, a survey link will be sent to the email address on file immediately after the end of the transaction for them to voluntarily participate in. The responses will be received via the Qualtrics portal who is the surveying contractor. The format is a series of questions with multiple choice answers and some having open text box.**

6. Please provide your question list.

*Paste here the questions or prompts presented to participants in your activity. If you have an interview / facilitator guide, that can be attached to the submission and referenced here.*

**Please make sure that all instruments, instructions, and scripts are submitted with the request.**

Questions are attached separately in a word document. Please see the survey links below as well.

Claim Start:

[https://nfipdirectsurveys.gov1.qualtrics.com/jfe/preview/previewId/4a692524-5559-4f8d-9ce4-edbb1e56dc03/SV\\_e9wWtIr0gzaV0IS?Q\\_CHL=preview&Q\\_SurveyVersionID=current](https://nfipdirectsurveys.gov1.qualtrics.com/jfe/preview/previewId/4a692524-5559-4f8d-9ce4-edbb1e56dc03/SV_e9wWtIr0gzaV0IS?Q_CHL=preview&Q_SurveyVersionID=current)

Claim Adjustment:

[https://nfipdirectsurveys.gov1.qualtrics.com/jfe/preview/previewId/62118228-11bb-4e90-9597-230fd69c9826/SV\\_bsaB4UKmeceN5Rk?Q\\_CHL=preview&Q\\_SurveyVersionID=current](https://nfipdirectsurveys.gov1.qualtrics.com/jfe/preview/previewId/62118228-11bb-4e90-9597-230fd69c9826/SV_bsaB4UKmeceN5Rk?Q_CHL=preview&Q_SurveyVersionID=current)

7. When will the activity happen?

*Describe the time frame or number of events that will occur (e.g., We will conduct focus groups on May 13,14,15, We plan to conduct customer intercept interviews over the course of the Summer at the field offices identified in response to #2 based on scheduling logistics concluding by Sept. 10<sup>th</sup>, or "This survey will remain on our website in alignment with the timing of the overall clearance.")*

**Torrent, the NFIP Direct contractor, will deploy the surveys upon OMB approval and completed programming to respective policyholders with whom have had a claim start and claim adjustment completed.**

8. Is an incentive (e.g., money or reimbursement of expenses, token of appreciation) provided to participants?

[ ] Yes [ X ] No

If Yes, describe:

## BURDEN HOURS

Category of Respondent	No. of Respondents	Participation Time	Burden Hours
NFIP Direct Survey - Claim Start	~11,158	5 min	929
NFIP Direct Survey - Claim Adjustment	~11,158	5 min	929
<b>Totals</b>	<b>~22,316</b>	<b>10 min</b>	<b>1,858</b>

### CERTIFICATION:

I certify the following to be true:

1. The collections are voluntary;
2. The collections are low-burden for respondents (based on considerations of total burden hours or burden-hours per respondent) and are low-cost for both the respondents and the Federal Government;
3. The collections are non-controversial;
4. Any collection is targeted to the solicitation of opinions from respondents who have experience with the program or may have experience with the program in the near future;
5. Personally identifiable information (PII) is collected only to the extent necessary and is not retained;
6. Information gathered is intended to be used for general service improvement and program management purposes
7. The agency will follow the procedures specified in OMB Circular A-11 Section 280 for the required quarterly reporting to OMB of trust data and experience driver data from surveys.
8. Outside of the quarterly reporting mentioned in the bullet immediately above, if the agency intends to release journey maps, user personas, reports, or other data-related summaries stemming from this collection, the agency must include appropriate caveats around those summaries, noting that conclusions should not be generalized beyond the sample, considering the sample size and response rates. The agency must submit the data summary itself (e.g., the report) and the caveat language mentioned above to OMB before it releases them outside the agency. OMB will engage in a passback process with the agency.

Name and email address of person who developed this survey/focus group/interview:

Name:     Kelli Johnson    

Email address:     kelli.johnson@fema.dhs.gov    

All instruments used to collect information must include:  
OMB Control No. 1601-0029

**Expiration Date:12/30/2026**

**HELP SHEET**  
**(OMB Control Number: XXXX-XXXX)**

---

**TITLE OF INFORMATION COLLECTION:** Provide the name of the collection that is the subject of the request. (e.g. Comment card for soliciting feedback on xxxx)

**PURPOSE:** Provide a brief description of the purpose of this collection and how it will be used. If this is part of a larger study or effort, please include this in your explanation.

**TYPE OF COLLECTION:** Check one box. If you are requesting approval of other instruments under the generic, you must complete a form for each instrument.

**CERTIFICATION:** Please read the certification carefully. If you incorrectly certify, the collection will be returned as improperly submitted or it will be disapproved.

**Personally Identifiable Information:** Agencies should only collect PII to the extent necessary, and they should only retain PII for the period of time that is necessary to achieve a specific objective.

**BURDEN HOURS:**

**Category of Respondents:** Identify who you expect the respondents to be in terms of the following categories: (1) Individuals or Households;(2) Private Sector; (3) State, local, or tribal governments; or (4) Federal Government. Only one type of respondent can be selected per row.

**No. of Respondents:** Provide an estimate of the Number of respondents.

**Participation Time:** Provide an estimate of the amount of time required for a respondent to participate (e.g. fill out a survey or participate in a focus group)

**Burden:** Provide the Annual burden hours: Multiply the Number of responses and the participation time and divide by 60.