

DEPARTMENT OF HOMELAND SECURITY
Federal Emergency Management Agency

OMB Control Number: 1660-0005
Expiration: 7-31-2020

PROOF OF LOSS

Filing: <input type="checkbox"/> Initial <input type="checkbox"/> Additional Name(s) of Insured: _____ Address of Insured Property: _____ City: _____ State: _____ ZIP: _____ Mailing Address: _____ City: _____ State: _____ ZIP: _____ Best Contact Number: _____ Alternate Number: _____ E-mail Address: _____	Policy Number: _____ Date & Time of Loss: _____ Is there a mortgage interest or additional interest in the property: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list here: _____ Insurance Agent/Company Representative _____ Best Contact Number _____
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Occupancy: Owner Occupied Tenant Occupied
 Occupancy Type: Single Family 2-4 Family Other Residential Non-Residential Business Other Non-Residential

Description of flood causing loss (source of flood waters i.e. river, lake, or ocean/gulf): _____
 Other Insurance that may cover any of this loss: _____ None

Building Coverage	Contents Coverage
Amount of coverage at time of loss: \$ _____	\$ _____
Replacement Cost Value (RCV): \$ _____	\$ _____
Actual Cash Value (ACV) of Repairs: \$ _____	\$ _____
Subtract unrecoverable depreciation: \$ _____	
Subtract Deductible: \$ _____	\$ _____
NET AMOUNT CLAIMED \$ _____	\$ _____

I have attached specifications of damaged buildings and detailed repair estimates. If claiming damage to contents, I have attached a detailed inventory of damaged personal property.

I understand that I must file proof of loss or an amended proof of loss within 60 days of the date of the loss or within any extension of that deadline made in writing by the Associate Administrator for Federal Insurance and Mitigation. The flood event identified above damaged or destroyed the property claimed on this Proof of Loss. I understand the policy is issued pursuant to the National Flood Insurance Act of 1968, as amended, and applicable Federal Regulations in Title 44 of the Code of Federal Regulations, Subchapter B.	I understand that I may still request additional payment for other flood damages if I believe that not all damages were addressed in this estimate. In the event a third party is responsible for the damage, I hereby authorize the insurer to bring suit in my name against any third party who may be responsible for the damages. I have not knowingly and willfully falsified or concealed a material fact, made a false or fraudulent representation, or presented any false document in connection with this claim, and acknowledge that any such action is subject to prosecution under federal law. I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct.
Signature of Insured: _____	Date: _____
Signature of Insured: _____	Date: _____

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