POLICY NO. FL	

## U.S. DEPARTMENT OF HOMELAND SECURITY FEDERAL EMERGENCY MANAGEMENT AGENCY NATIONAL FLOOD INSURANCE PROGRAM

## O.M.B. No. 1660-0005 Expires JUNE 30, 2007

POLICY TERM	PROOF OF LOSS	
AMT OF BLDG COV AT TIME OF LOSS	(See reverse side for Privacy Act Statement and Paperwork Burden Disclosure Notice)	AGENT
AMT OF CNTS COV AT TIME OF LOSS		AGENCY AT
TO THE NATIONAL FLOOD INSURANCE At time of loss, by the above indicated	E PROGRAM: policy of insurance, you insured the interest of	
against loss by flood to the property de assignments attached thereto.	scribed according to the terms and conditions of said policy	and of all forms, endorsements, transfers and
	loss orloss orloss orloss orloss orloss orloss orloss or	
•	ses described, or containing the property described, was occurpose whatever:	
INTEREST No other p	person or persons had any interest therein or encumbrance th	nereon except
2. ACTUAL CASH VALUE of building s 3. ADD ACTUAL CASH VALUE OF CO 4. ACTUAL CASH VALUE OF ALL PRO 5. FULL COST OF REPAIR OR REPLAC 6. LESS APPLICABLE DEPRECIATION . 7. ACTUAL CASH VALUE LOSS is 8. LESS DEDUCTIBLES	olication to the property for which claim is presented is structures	s s s s s s s s s s s s s s s s s s s
insurer as to the extent of said loss, ha part of this proof.  I understand that this insurance (policy Applicable Federal Regulations in Title 4	is in any manner been made. Any other information that ma ) is issued Pursuant to the National Flood Insurance Act of 1 44 of the Code of Federal Regulations, Subchapter B, and the may be punishable by fine or imprisonment under applicable	y be required will be furnished and considered a  968, or Any Act Amendatory thereof, and lat knowingly an willfully making any false
insurer all rights, claims or interest that	e payment made or advanced under this policy; the insured is the has against any person, firm or corporation liable for the behave authorizes the insurer to sue any such third party in	loss or damage to the property for which
	no release has been given or will be given or settlement or the insured with respect to the claim being made herein.	compromise made or agreed upon with any third
<b>G</b>	e preparation of proofs by a representative of the above insu	rer is not a waiver of any of its rights.
County of		
Subscribed and sworn before me this _	day of	Insured, 20

Notary Public

## **Privacy Act Statement**

The information requested is necessary to process the subject loss. The authority to collect the information is Title 42, U.S. Code, Section 4001 to 4028. It is voluntary on your part to furnish the information. However, omission of an item may preclude processing of the form. The information will not be disclosed outside of the Federal Emergency Management Agency, except to the servicing agent, acting as the 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 and/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 4 hours per claim. This estimate includes the time, effort, or financial resources expended by persons to generate, maintain, retain, disclose, or provide information to the Mitigation Division or its agent. The reporting burden for this form as part of the collection of information is highlighted below. 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 highlighted form. You may send comments regarding the accuracy of the burden estimate and suggestions for reducing the burden to: Information Collections Management, U.S. 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	<b>Burden Hours</b>
81-40	Worksheet-Contents-Personal Property	2.5 Hours
81-41	Worksheet-Building	2.5 Hours
81-41A	Worksheet-Building (Cont'd)	1.0 Hours
81-42	Proof of Loss	5 Minutes
81-42A	Increased Cost of Compliance	2.0 Hours
81-43	Notice of Loss	4 Minutes
81-44	Statement as to Full Cost to Repair or Replacement	6 Minutes
	Cost Coverage, Subject to the Terms and Conditions	
	of this Policy	
81-57	National Flood Insurance Program Preliminary Report	4 Minutes
81-58	National Flood Insurance Program Final Report	4 Minutes
81-59	National Flood Insurance Program Narrative Report	5 Minutes
81-63	Cause of Loss and Subrogation Report	1 Hour
81-96	Mobile Home Worksheet	30 Minutes
81-98	Increased Cost of Compliance (ICC) Adjuster Report	25 Minutes