DEPARTMENT OF HOMELAND SECURITY
FEDERAL EMERGENCY MANAGEMENT AGENCY
NATIONAL FLOOD INSURANCE PROGRAM

THE NFIP REQUIRES THAT A PRELIMINARY REPORT BE RECEIVED WITHIN 15 DAYS OF ASSIGNMENT, AND AN INTERIM OR FINAL REPORT NOT LATER THAN EVERY 30 DAYS THEREAFTER.

O.M.B. No. 1660-0005
Expires October 31, 2013

See Reverse side for Privacy Act Statement and Paperwork Burden Disclosure Notice

PRELIMINARY REPORT

INSURED _____ POLICY NUMBER _____

PROPERTY ADDRESS _____ DATE OF LOSS _____

MAILING ADRESS _____ CATASTROPHE NO. _____

INSURED TELEPHONE NUMBER: HOME _____ WORK _____ ADJ. FILE NO. _____

ADJUSTING COMPANY _____ TAX ID NUMBER _____

ADJUSTER ADDRESS _____ ADJ. PHONE NO. _____

DATE LOSS ASSIGNED _____ DATE INSURED CONTACTED _____ DATE LOSS INSPECTED _____

ENCL.

Building worksheets ( ) Photographs ( ) ☐ Proof of Loss ☐ Other _____

Contents worksheets ( ) Narrative (pp) ☐ R/C Proof ☐ Other _____

INSURANCE

Coverage verified from: ☐ NFIP ☐ Agent's Daily ☐ Insured's Policy

Program: ☐ Emergency ☐ Regular

Form: ☐ Dwelling ☐ General Property ☐ RCBAP

Term _____ to _____

	Coverage	Deductible	Reserve
	$ _____	$ _____	$ _____
	$ _____	$ _____	$ _____
Building	$ _____	Contents	$ _____

RESERVES:

ADVANCE PAYMENT REQUESTED? ☐ No ☐ Yes

If yes, Proof of Loss for amount of payment and supporting documentation must be submitted with this report.

RISK

Type of Building: ☐ Single Family ☐ 2-4 Family ☐ Condo Association ☐ Condo Unit ☐ Other Residential ☐ Non- Residential

☐ Mobile Home/Travel Trailer: ☐ Make: _____ ☐ Model: _____ Serial Number: _____

Occupancy: ☐ Owner ☐ Tenant ☐ State government owned ☐ Unoccupied Residency: ☐ Principal ☐ Seasonal

Title Verified? ☐ Yes ☐ No ☐ Source of verification: _____

Number of floors in building including basement: ☐ 1 ☐ 2 ☐ 3 or more Is building a split level? ☐ Yes ☐ No

In case of multiple occupancy, indicate floor(s) occupied by insured: ☐ Basement ☐ First ☐ Second and or/above

Type of basement: ☐ None ☐ Unfinished ☐ Finished ☐ Yes ☐ No

Building elevated? ☐ No ☐ Yes Foundation area enclosure? ☐ None ☐ Breakway walls ☐ Unfinished ☐ Finished

Is risk under construction? ☐ No ☐ New building ☐ Improvement in progress

FIRM Date _____ ☐ Pre Firm ☐ Post Firm

Contents: ☐ Poor ☐ Fair ☐ Good ☐ Very Good ☐ Poor ☐ Fair ☐ Good ☐ Very Good

Piles: ☐ Concrete ☐ Wood ☐ Steel ☐ Wood post ☐ Concrete slab

Walls: ☐ Reinf. concrete ☐ Other

Piers: ☐ Reinf. concrete ☐ Reinf. block ☐ Unreinf. block ☐ Brick ☐ Other ☐ Block ☐ Reinf. concrete shear ☐ Treated plywood ☐ Brick ☐ Other

Exterior wall structure: ☐ Reinf. concrete ☐ Concrete bock ☐ Wood stud ☐ Steel and glass ☐ Brick or stone ☐ Other _____

Exterior wall surface treatment: ☐ Unfinished ☐ Stone/brick veneer ☐ Stucco ☐ Wood siding ☐ Metal sheathing/siding ☐ Vinyl sheathing/siding ☐ Other _____

☐ Household ☐ Other than household Contents located in: ☐ Basement ☐ First floor ☐ Basement and first floor ☐ First floor and above ☐ Second floor and above

Nearest body of water: Distance from risk:

ORIGIN

Cause of loss: ☐ No: Explain fully under remarks ☐ Yes: Indicate cause of loss

☐ Tidal water overflow ☐ Stream, river, or lake overflow ☐ Alluvial fan overflow ☐ Accumulation of rainfall or snowmelt

☐ Velocity flow ☐ Low velocity flow or ponding ☐ Wave action ☐ Mudflow ☐ Erosion

Was flood associated with failure of a dam, storm drain, storm drain system, pump(s), other flood control measure, etc. ☐ Yes ☐ No

Did other than natural cause contribute to flooding? ☐ Yes ☐ No If "yes" to either question, complete "Cause of Loss and Subrogation Report"

Date/time water entered building: _____ Water Height or Wave Action: Main Building/Condo Assn:

Date/time water receded building: _____ Length of time water remained in building: _____ Apt. Building/condo Unit: _____ _____

Date of Report _____ Adjuster's Signature _____ Adjuster's FC Number _____

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 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
086-0-6	Worksheet-Contents-Personal Property	2.5 Hours
086-0-7	Worksheet-Building	2.5 Hours
086-0-8	Worksheet-Building (Continued)	1 Hours
086-0-9	Proof of Loss	.08 Hours
086-0-10	Increased Cost of Compliance	2 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	**National Flood Insurance Program Preliminary Report**	**.07 Hours**
086-0-14	National Flood Insurance Program 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 Hour
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 Preliminary Damage Assessment	.25 Hours
086-0-21	Adjuster Certification Application	.25 Hours