

POLICY NUMBER	POLICY TERM	AMOUNT OF BLDG. AT TIME OF LOSS
AGENT	AGENCY AT	DATE OF LOSS

**TO THE NATIONAL FLOOD INSURANCE PROGRAM:**

At time of loss, by above indicated policy of insurance, you insured the interest of

against loss by flood to the property described according to the terms and conditions of said policy and of all forms, endorsements, transfers and assignments attached thereto.

TIME AND ORIGIN. An increased cost of compliance claim was filed on \_\_\_\_\_ . The mitigation option selected was \_\_\_\_\_

OCCUPANCY The described building was occupied at the time of the flood loss as follows, and for no other purpose whatever as:

INTEREST No other person or persons had any interest therein or encumbrance thereon except

1. FULL AMOUNT OF ICC INSURANCE application to the property for which claim is presented is.....\$ \_\_\_\_\_
2. REPLACEMENT COST VALUE of building structure.....\$ \_\_\_\_\_
3. ACTUAL CASH VALUE of building structure.....\$ \_\_\_\_\_
4. FULL COST OF COMPLIANCE not limited to the amount of ICC coverage.....\$ \_\_\_\_\_
5. AMOUNT PAID under Coverage A .....\$ \_\_\_\_\_
6. AMOUNT PAID under the ICC Coverage D (excluding salvage and subrogation).....\$ \_\_\_\_\_

By my signature below, I declare that the funds sought herein for Increased Cost of Compliance activities are in accordance with the terms and conditions of the applicable federal laws, regulations and the Standard Flood Insurance Policy; that nothing has been done by or with my knowledge or consent that would violate the conditions of the policy or render it void, and that no attempt to deceive you (the insurer) as to the extent of my loss has been made in any manner. Any other information that may be required and requested by you (the insurer) will be furnished by me and will be considered a part of this proof of loss.

**"I understand that I may be provided with an advance payment up to the lesser of 50 % of the maximum ICC coverage or 50% of the covered expenses, to be used only for eligible work under the Increased Cost of Compliance ("ICC") provision of my Standard Flood Insurance Policy ("SFIP"). If the ICC eligible work for which the funds are advanced is not completed within the time period provided for by the SFIP, or within any written extensions of that time period granted by the Federal Insurance Administrator for completion of eligible work, I agree to refund in full the amount advanced to me. I understand and agree that the advance payment is not an unconditional tender of payment, admission of coverage, or waiver of any of the terms and conditions of the Standard Flood Insurance Policy or the applicable federal laws, rules and regulations. "**

Subrogation - To the extent of the payment made or advanced under this policy; the insured hereby assigns, transfers and sets over to the insurer all rights, claims or interest that he has against any person, firm or corporation liable for the loss or damage to the property for which payment is made or advanced. He also hereby authorizes the insurer to sue any such third party in his name.

The insured hereby warrants that no release has been given or will be given or settlement or compromise made or agreed upon with any third party who may be liable in damages to the insured with respect to the claim being made herein.

The furnishing of this blank or the preparation of proofs by a representative of the above insurer is not a waiver of any of its rights.

I declare under penalty of perjury that the information contained in the foregoing is true and correct to the best of my knowledge and belief.

Executed this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_

Signature \_\_\_\_\_  
 INSURED

Signature \_\_\_\_\_  
 INSURED

## 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
<b>086-0-10</b>	<b>Increased Cost of Compliance</b>	<b>2 Hours</b>
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