

DEPARTMENT OF HOMELAND SECURITY
Federal Emergency Management Agency

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

ADJUSTER'S PRELIMINARY REPORT

NOTE: The NFIP requires that a preliminary report be received within 15 days of assignment.

NAME(S) OF INSURED: _____	POLICY NUMBER: _____
Property Address: _____	Date of Loss: _____
City: _____ State: _____ ZIP: _____	FICO Number: _____
Mailing/Temporary Address: _____	Adjuster's File Number: _____
City: _____ State: _____ ZIP: _____	Tax ID Number: _____
Best Contact Number: _____	
Alternate Contact Number: _____	Date Loss Assigned: _____
Adjusting Company: _____	Date Insured Contacted: _____
Adjuster Address: _____	Date Loss Inspected: _____
City: _____	
State: _____ Zip Code: _____	
Adjuster's Telephone Numbers:	
Work: _____ Mobile: _____	

ATTS.	Attachments (enter number of each inside parentheses) <input type="checkbox"/> Building worksheets (____) <input type="checkbox"/> Photographs (____) <input type="checkbox"/> Proof of loss <input type="checkbox"/> Other (specify) _____ <input type="checkbox"/> Contents worksheets (____) <input type="checkbox"/> Narrative (____ pages) <input type="checkbox"/> R/C Proof <input type="checkbox"/> Other (specify) _____
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INSURANCE	Coverage Verified From: <input type="checkbox"/> NFIP <input type="checkbox"/> Agent's Daily <input type="checkbox"/> Insured's Policy	Policy Term From: _____ To: _____	Program: <input type="checkbox"/> Emergency <input type="checkbox"/> Regular	SFIP Form: <input type="checkbox"/> General Property <input type="checkbox"/> Dwelling <input type="checkbox"/> RCBAP												
	Advance payment requested? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, submit Proof of Loss for (FF 086-0-9) for amount of payment and supporting documentation with this report.	<table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align:center;">COVERAGE</th> <th style="text-align:center;">DEDUCTIBLE</th> <th style="text-align:center;">RESERVE</th> </tr> </thead> <tbody> <tr> <td>Building</td> <td style="text-align:right;">\$ _____</td> <td style="text-align:right;">\$ _____</td> <td style="text-align:right;">\$ _____</td> </tr> <tr> <td>Contents</td> <td style="text-align:right;">\$ _____</td> <td style="text-align:right;">\$ _____</td> <td style="text-align:right;">\$ _____</td> </tr> </tbody> </table>				COVERAGE	DEDUCTIBLE	RESERVE	Building	\$ _____	\$ _____	\$ _____	Contents	\$ _____	\$ _____	\$ _____
	COVERAGE	DEDUCTIBLE	RESERVE													
Building	\$ _____	\$ _____	\$ _____													
Contents	\$ _____	\$ _____	\$ _____													

RISK	TYPE OF BUILDING: <input type="checkbox"/> Single Family <input type="checkbox"/> 2-4 Family <input type="checkbox"/> Condo Association <input type="checkbox"/> Condo Unit <input type="checkbox"/> Other Residential <input type="checkbox"/> Non-Residential (including Business Buildings and Other Non-Residential Buildings) <input type="checkbox"/> Mobile Home/Traveler Trailer: Make: _____ Model: _____ Serial Number: _____		
	OCCUPANCY: <input type="checkbox"/> Owner <input type="checkbox"/> Tenant <input type="checkbox"/> State Government owned <input type="checkbox"/> Unoccupied RESIDENCY: <input type="checkbox"/> Principal <input type="checkbox"/> Seasonal TITLE VERIFIED? <input type="checkbox"/> Yes <input type="checkbox"/> No Source of verification: _____		
	Number of floors in the building including basement/crawl space: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 or more Is building a split level? <input type="checkbox"/> Yes <input type="checkbox"/> No In case of multiple occupancy, indicate floor(s) occupied by insured: <input type="checkbox"/> Basement <input type="checkbox"/> First <input type="checkbox"/> Second and/or above		
	Type of basement: <input type="checkbox"/> None <input type="checkbox"/> Unfinished <input type="checkbox"/> Finished Is basement flood-proofed? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	Building elevated? <input type="checkbox"/> Yes <input type="checkbox"/> No Foundation area enclosure? <input type="checkbox"/> None <input type="checkbox"/> Breakaway walls <input type="checkbox"/> Unfinished <input type="checkbox"/> Finished		
	Is Risk under construction? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	Date of Construction: _____		
	FIRM Date: _____ <input type="checkbox"/> Pre-Firm <input type="checkbox"/> Post-FIRM		
	PRIOR CONDITION OF: Building <input type="checkbox"/> Poor <input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Very Good Contents <input type="checkbox"/> Poor <input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Very Good		

See Page 3 for Privacy Act Statement and Paperwork Burden Disclosure Notice

Property Address: _____ Policy Number: _____

City: _____ State: _____ ZIP: _____ Date of Loss: _____

RISK CONTINUED	FOUNDATION STRUCTURE: PILES: <input type="checkbox"/> Wood post <input type="checkbox"/> Concrete slab <input type="checkbox"/> Steel <input type="checkbox"/> Other _____ PIERS: <input type="checkbox"/> Reinforced concrete <input type="checkbox"/> Reinforced block <input type="checkbox"/> Unreinforced block <input type="checkbox"/> Brick <input type="checkbox"/> Other _____ WALLS: <input type="checkbox"/> Reinforced concrete <input type="checkbox"/> Block <input type="checkbox"/> Unreinforced block <input type="checkbox"/> Reinforced concrete shear <input type="checkbox"/> Treated plywood <input type="checkbox"/> Brick <input type="checkbox"/> Other _____	
	EXTERIOR WALL STRUCTURE: <input type="checkbox"/> Reinforced concrete <input type="checkbox"/> Concrete block <input type="checkbox"/> Wood stud <input type="checkbox"/> Steel and glass <input type="checkbox"/> Brick and stone <input type="checkbox"/> Other _____	EXTERIOR WALL SURFACE TREATMENT: <input type="checkbox"/> Unfinished <input type="checkbox"/> Stone or brick veneer <input type="checkbox"/> Stucco <input type="checkbox"/> Wood siding <input type="checkbox"/> Metal sheathing/siding <input type="checkbox"/> Vinyl sheathing/siding <input type="checkbox"/> Other _____
	CONTENTS ARE: <input type="checkbox"/> Household <input type="checkbox"/> Other than household	CONTENTS LOCATED IN: <input type="checkbox"/> Basement <input type="checkbox"/> First floor <input type="checkbox"/> Basement and first floor <input type="checkbox"/> First floor and above <input type="checkbox"/> Second floor and above
	Nearest body of water to the insured building: _____ Distance to the insured building: _____	

ORIGIN	Was there a general and temporary condition of flooding? <input type="checkbox"/> No (Explain fully under Remarks) <input type="checkbox"/> Yes (Indicate cause of loss below) Cause of loss: <input type="checkbox"/> Tidewater overflow <input type="checkbox"/> Stream, river, or lake overflow <input type="checkbox"/> Alluvial fan overflow <input type="checkbox"/> Accumulation of rainfall or snowmelt Flood characteristics: <input type="checkbox"/> Velocity flow <input type="checkbox"/> Low velocity flow or ponding <input type="checkbox"/> Wave action Was there Erosion? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Did other than natural cause contribute to flooding? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, complete Cause for Loss and Subrogation Report form (FF 086-0-16).</i>	
	DATE/TIME WATER ENTERED BUILDING: Date: _____ Time: _____ <input type="checkbox"/> AM <input type="checkbox"/> PM DATE/TIME WATER RECEDED FROM BUILDING: Date: _____ Time: _____ <input type="checkbox"/> AM <input type="checkbox"/> PM LENGTH OF TIME WATER REMAINED IN BUILDING: _____ Days/ _____ Hours/ _____ Minutes	WATER/WAVE HEIGHT IN INCHES: Main Building - Dwelling or Commercial Building: Exterior: _____ Interior: _____ Detached Garage: Exterior: _____ Interior: _____

Date: _____ Adjuster's Signature: _____
Flood Control Number: _____

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