

DEPARTMENT OF HOMELAND SECURITY
Federal Emergency Management Agency

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) _____
--------------	--

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 <i>If yes, submit Proof of Loss for (FF 086-0-9) for amount of payment and supporting documentation with this report.</i>		<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;"></th> <th style="width: 30%;">COVERAGE</th> <th style="width: 30%;">DEDUCTIBLE</th> <th style="width: 30%;">RESERVE</th> </tr> </thead> <tbody> <tr> <td>Building</td> <td>\$ _____</td> <td>\$ _____</td> <td>\$ _____</td> </tr> <tr> <td>Contents</td> <td>\$ _____</td> <td>\$ _____</td> <td>\$ _____</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

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: _____	