



POLICY NO. FL \_\_\_\_\_

FEDERAL EMERGENCY MANAGEMENT AGENCY
NATIONAL FLOOD INSURANCE PROGRAM

O.M.B. NO. 3067-0021
Expires June 30, 2003

POLICY TERM \_\_\_\_\_

PROOF OF LOSS

AGENT \_\_\_\_\_

(See reverse side for Privacy Act Statement
and Paperwork Burden Disclosure Notice)

AMT OF BLDG COV AT TIME OF LOSS \_\_\_\_\_

AGENCY AT \_\_\_\_\_

AMT OF CNTS COV AT TIME OF LOSS \_\_\_\_\_

TO THE NATIONAL FLOOD INSURANCE PROGRAM:

At time of loss, by the 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 A \_\_\_\_\_ loss occurred about the hour of \_\_\_\_\_ o'clock \_\_\_\_\_ M., on the \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_. The cause of the said loss was: \_\_\_\_\_

OCCUPANCY The premises described, or containing the property described, was occupied at the time of the loss as follows, and for no other purpose whatever: \_\_\_\_\_

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

- 1. FULL AMOUNT OF INSURANCE applicable to the property for which claim is presented is ..... \$
2. ACTUAL CASH VALUE of building structures ..... \$
3. ADD ACTUAL CASH VALUE OF CONTENTS or personal property insured ..... \$
4. ACTUAL CASH VALUE OF ALL PROPERTY ..... \$
5. FULL COST OF REPAIR OR REPLACEMENT (Building and Contents)..... \$
6. LESS APPLICABLE DEPRECIATION ..... \$
7. ACTUAL CASH VALUE LOSS is..... \$
8. LESS DEDUCTIBLES ..... \$
9. NET AMOUNT CLAIMED under above numbered policy is..... \$

The said loss did not originate by any act, design or procurement on the part of your insured, nothing has been done by or with the privity or consent of your insured to violate the conditions of the policy, or render it void; no articles are mentioned herein or in annexed schedules but such as were destroyed or damaged at the time of said loss, no property saved has in any manner been concealed, and no attempt to deceive the said insurer as to the extent of said loss, has in any manner been made. Any other information that may be required will be furnished and considered a part of this proof.

I understand that this insurance (policy) is issued Pursuant to the National Flood Insurance Act of 1968, or Any Act Amendatory thereof, and Applicable Federal Regulations in Title 44 of the Code of Federal Regulations, Subchapter B, and that knowingly and willfully making any false answers or misrepresentations of fact may be punishable by fine or imprisonment under applicable United States Codes.

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.

State of \_\_\_\_\_

County of \_\_\_\_\_

Insured

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 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 nonduplication of benefits; to the Department of Justice for purposes of litigation or as required by law; and to State and Local 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 of processing or denial of this claim and/or application.

## Paperwork Reduction Act 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 Federal Insurance Administration or its agent. The reporting burden for this form as part of the collection of information is highlighted below. Your response to this collection of information is required to obtain or retain benefits. 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, Federal Emergency Management Agency, 500 C Street, SW, Washington, DC 20472, Paperwork Reduction Project (3067-0021). Do not send the completed form to the above address.

<b>FEMA Form No.</b>	<b>Title</b>	<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 Cost Coverage, Subject to the Terms and Conditions of this Policy	6 Minutes
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