Submission: Initial Proof of Loss

## DEPARTMENT OF HOMELAND SECURITY Federal Emergency Management Agency National Flood Insurance Program

## **PROOF OF LOSS**

Adjuster-Prepared

## **BUILDING AND CONTENTS**

Policyholders use this form to provide a Proof of Loss to their insurer, which is the policyholder's stat	ement of the amount of mone	y being requested, signed and					
sworn to by the policyholder, with documentation to support the amount requested, as required by th	e Standard Flood Insurance P	Policy (SFIP) in section VII.J.4.					
This form can be used when the adjuster prepares the Proof of Loss as a courtesy to the policyholder, who then reviews and verifies the accuracy of the							
information and amounts. By signing this Proof of Loss, the policyholder agrees with and validates the amounts prepared by the adjuster.							
POLICYHOLDER: BETTY ANNE ADAMS	POLICY NO.:	6900165078					

PROPERTY ADDRESS:         12408 SUNSHINE LN         CLAIM/FILE NO.:         6900165078           CITY:         TREASURE ISLAND         STATE:         FL         ZIP: 33706-5036         DATE OF LOSS:         9/26/2024           MAILING ADDRESS:         Same as property         TIME OF LOSS:         12:00 AM	POLIC	YHOL	DER: BETTY ANNE ADAM	S					PC	LICY NO	).:	6900165	078	
MALING ADDRESS:  Same as property  EMAIL(S): NONE@MONE.COM  STATE: ZIP: EDN NO: FLOT24  PHONE NO: FLOT24  Building type: Residential single-family dwelling  Contents type/ownership/use: Residential contents are owned solely by me (policyholder shown on Declaration Page)    None: Victorial Notation of Page 1   Others with interest in or liens, charges or claims against property:   None: Victorial None:	PROP	ERTY	ADDRESS: 12408 SUNSH			CL	CLAIM/FILE NO.:		6900165078					
MALING ADDRESS:  Same as property  TIME OF LOSS:  IZDR MA  CITY:  STATE:  ZIP:  STATE:  ZIP:  STATE:  ZIP:  STATE:  ZIP:  Wher Mood loss happened:  (owner-occupied (principal residence)  Contents typeiownershiphuse. Residential single-family dwelling  Cortents typeiownershiphuse. Residential contents are owned solely by me (policyholder shown on Declaration Page)  Interest:  Mortgagoe(s):  Other insurance that may insure this loss:  SFIP policy type: Dwelling Form (Regular)  No. of insured buildings/units: 2  Coverage A - Building Property  Coverage B- Personal Property  Coverage Imit(s):  Statement of Loss  Coverage A - Building Property  Coverage B- Personal Property  Coverage deductible(s):  \$2,000.00  \$2,000.00  S2,000.00  S2,000.00  S2,000.00  Property pre-loss value (RCV)  Property pre-loss value (RCV)  Property pre-loss value (RCV)  Site and papilicable   not applicable   not applicable   site applicable   sit							ZIP: 33706-5036		6-5036 DA	DATE OF LOSS:		9/26/2024		
EINALICS): NoNE@NONE COM  How flood loss happened: Overflow of inland or idal waters  Title and Occupancy: Contents type-lowership/fuse: Residential single-family dwelling: Ownership/fuse: Owner-occupied (principal residence)  Contents type-lowership/fuse: Residential contents are owned solely by me (policyholder shown on Declaration Page)  Interest: Morgae(e): Other insurance that may insure this loss: Type: None  SFIP policy type: Dwelling Form (Regular)  No. of insured buildings/units: 2 Contents coverage: Yes: Tenant improvements: No  Coverage limit(s): Statement of Loss  Coverage imit(s): Statement of Loss  Improvements  Property pre-loss value (RCV) coverage to value (RCV) Statement of RCV: St	MAILING ADDRESS:										12:00 AM			
EMAIL(S): NONE@NONE.COM    Contents   Coverage   Contents   Coverage   Contents   Coverage   Contents   Coverage   Contents   Coverage   Covera										EDN NO.:				
Building type: Residential single-family dwelling									PH	IONE NO	.:	(508) 237	7-3997	
Occupancy: Ontents bype/ownership/use: Residential contents are owned solely by me (policyholder shown on Declaration Page)    Mortgage(s):	How flo	od loss	s happened: Overflow of inlan	nd or tid	al water	S								
Mortgagee(s):							d solely by me (pol					cipal resid	lence)	
Other with interest in or liens, charges or claims against property:  Other insurance that may insure this loss:  Type: None  SFIP policy type: Dwelling Form (Regular)  No. of insured buildings/units: 2  Coverage A - Building Property  Coverage B - Personal Property  Coverage deductible(s):  \$235,000.00  \$21,000.00  \$20,000.00  \$20,000.00  Coverage deductible(s):  \$235,000.00  \$20,000.00  S2,000.00  \$20,000.00  Property pre-loss value (RCV)  Overage for value %: 115,59%  \$203,307.75  \$23,100.94  \$44,000.00  \$0.00  Property pre-loss value (ACV)  Property pre-loss value (ACV)  Other (		Mo					, -, ···- (p				3-/		Nana	
Other insurance that may insure this loss:    Type:   Description   Description   No. of insured buildings/units: 2   Contents coverage:   Yes   Tenant improvements:   No.	Interest	•		oborgo	o or olo	ima against proper	-ts							
SETIP policy type: Dwelling Form (Regular)  Statement of Loss  Coverage A - Building Property  Coverage B - Personal Property  Coverage deductible(s):  \$230,000.00  \$21,000.00  \$21,000.00  \$20,000.00  Coverage deductible(s):  \$2,000.00  Property pre-loss value (RCV)  Coverage lo value %: 115,59%  \$203,007.75  \$23,100.94  Statement of Loss  Property pre-loss value (RCV)  Coverage lo value %: 115,59%  \$203,007.75  \$23,100.94  \$34,000.00  \$30,00  Insured damage RCV loss  Less non-insured proportion   applicable   not applicable   so.00  Less non-insured proportional loss  Less depreciation (recoverable)   applicable   not applicable   so.00  Less depreciation (recoverable)   applicable   not applicable   so.00  Add eligible Coverage C loss: Not applicable   so.00  Insured damage ACV loss  \$11,795.38  \$11,793.38  \$0.00  Add eligible Coverage C loss: Not applicable   so.00  Net insured ACV loss subtotal  \$13,752.58  \$11,798.38  \$0.00  Anount over net insured loss limit (excess loss)  ACV claim  ACV cla			·	•		iilis agailist propei	ty			Typo			None	: [
Statement of Loss	SEID no					incured huildings/	unite: o	C	ontents coverage:			ant impr	ovements: N-	
Coverage limit(s):	51 II pc	nicy ty			140. 01	msured buildings/								_
Coverage deductible(s):   S2,000.00   Dwelling/Unit   Detached Garage   Contents   Improvements				Loss						Cov				
Property pre-loss value (RCV) coverage to value %: 115.59% \$203,307.75 \$23,100.94 \$44,000.00 \$0.00 Property pre-loss value (ACV) 80% of RCV: \$162,646.20 \$105,344.70 \$164,70.66 \$33,000.00 \$0.00 Insured damage RCV loss \$74,340.06 \$15,045.45 \$22,231.86 \$0.00 Less non-insured proportion applicable onto applicable \$0.00 Insured damage RCV loss \$0.00 \$0.00 \$15,045.45 \$22,231.86 \$0.00 Less of proportion on applicable onto applicable \$0.00 Insured for proportion on applicable onto applicable \$0.00 \$15,045.45 \$22,231.86 \$0.00 Less depreciation (recoverable) applicable onto applicable \$0.00 \$10,072.68 \$0.00 Less depreciation (non-recoverable) applicable onto applicable \$0.00 \$13,752.68 \$17,983.38 \$0.00 Add eligible Coverage C loss: Not applicable \$0.00 \$0.														
Property pre-loss value (RCV)	Cov	/erage	deductible(s):											4
Property pre-loss value (ACV)			(DO) ()			1 0/			9				•	4
Insured damage RCV loss   \$74,340.06   \$15,045.45   \$22,231.86   \$0.00   Less non-insured proportion   applicable   not applicable   \$0.00   Insured proportional loss   \$0.00   Less depreciation (recoverable)   applicable   not applicable   \$0.00   Less depreciation (non-recoverable)   applicable   not applicable   \$0.00   Insured damage ACV loss   \$13,762.58   \$17,983.38   \$0.00   Insured damage ACV loss   \$0.00   \$0.00   Insured ACV loss subtotal   \$1,471.95   \$13,752.58   \$17,983.38   \$0.00   Insured ACV loss subtotal   \$81,471.95   \$13,752.58   \$17,983.38   \$0.00   Insured ACV loss subtotal   \$81,471.95   \$13,752.58   \$17,983.38   \$0.00   Net insured ACV loss   \$61,471.95   \$13,752.58   \$17,983.38   \$0.00   Net insured ACV loss   \$61,471.95   \$13,752.58   \$17,983.38   \$0.00   ACV claim   \$64,471.95   \$13,752.58   \$17,983.38   \$0.00   ACV claim   \$64,471.95   \$13,752.58   \$17,983.38   \$0.00   ACV claim   \$64,471.95   \$13,752.58   \$15,983.38   \$0.00   ACV claim   \$64,	-	. , .												_
Less non-insured proportion   applicable   not applicable   \$0.00   Insured proportional loss   \$0.00   Less depreciation (recoverable)   applicable   not applicable   (\$1.0272.68)   Less depreciation (non-recoverable)   applicable   not applicable   (\$2.595.43)   (\$1.292.87)   (\$4.248.48)   \$0.00   Insured damage ACV loss   \$61.471.95   \$13.752.58   \$17.983.38   \$0.00   Add eligible Coverage C loss: Not applicable   \$0.00   \$13.752.58   \$17.983.38   \$0.00   Insured ACV loss subtotal   \$61.471.95   \$13.752.58   \$17.983.38   \$0.00   Insured ACV loss subtotal   \$61.471.95   \$13.752.58   \$17.983.38   \$0.00   Net insured ACV loss   \$61.471.95   \$13.752.58   \$17.983.38   \$0.00   Net insured ACV loss   \$61.471.95   \$13.752.58   \$17.983.38   \$0.00   Amount over net insured loss limit (excess loss)   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   ACV claim   \$59.471.95   \$13.752.58   \$15.983.38   \$0.00   Add recoverable depreciation   not applicable   \$10.272.88   Claim subtotal   \$69.744.63   \$13.752.55   \$15.983.38   \$0.00   Net claim   \$89.744.63   \$13.752.55   \$15.983.38   \$0.00   Insured ACV loss   \$60.00   \$60.00   \$60.00   \$60.00   \$60.00   \$60.00   ACV claim   \$60.00   \$60.00   \$60.00   \$60.00   \$60.00   \$60.00   ACV claim   \$60.00   \$60.00   \$60.00   \$60.00   \$60.00   \$60.00   ACV claim   \$60.00   \$60.00   \$60.00   \$60.00   \$60.00   ACV claim   \$60.00   \$60.00   \$60.00   \$60.00   \$60.00   Add recoverable depreciation   not applicable   \$60.471.95   \$13.752.55   \$15.983.38   \$60.00   Add recoverable depreciation   \$60.00   \$60.00   \$60.00   \$60.00   \$60.00   Action   \$60.00		. , .	· '.	80%	of RCV:	\$162,646.20	. ,	_						┥
Insured proportional loss Less depreciation (recoverable)	-							×	\$15,045.4	5	\$22,2	31.86	\$0.00	)
Less depreciation (recoverable)			<u>'</u>	<b>Ц</b> ар	plicable	not applicable		ř			XX	XXX		4
Less depreciation (non-recoverable) applicable not applicable (\$2,595.43) (\$1,292.87) (\$4,248.49) \$0.00 Insured damage ACV loss \$61,471.95 \$13,752.58 \$17,983.38 \$0.00 Add eligible Coverage C loss: Not applicable \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 Insured ACV loss subtotal \$61,471.95 \$13,752.58 \$17,983.38 \$0.00 Insured ACV loss subtotal \$61,471.95 \$13,752.58 \$17,983.38 \$0.00 Net insured ACV loss \$61,471.95 \$13,752.58 \$17,983.38 \$0.00 Net insured Insure			<u>'</u>		P 11						XXX	$\langle \rangle \langle \rangle \langle \rangle$	$\Longrightarrow$	$\exists$
Insured damage ACV loss \$61,471,95 \$13,752,58 \$17,983,38 \$0.00 Add eligible Coverage C loss: Not applicable \$0.00	-		, ,		-		•		XXXXXX	$\times$	$\longrightarrow$	$\times$	×××××	_
Add eligible Coverage C loss: Not applicable \$0.00 \$0.	-		. ,	<u>⊾</u> ap	plicable	☐ not applicable	•			1				
Insured ACV loss subtotal  \$61,471,95 \$13,752.58 \$17,983.38 \$0.00  Less salvage/buyback \$0.00 \$0	-								\$13,752.5	8			\$0.00	)
Less salvage/buyback \$0.00 \$0.	0 0								XXXXXX	>			×××××	4
Net insured ACV loss \$61,471.95 \$13,752.58 \$17,983.38 \$0.00 Less deductible \$(\$2,000.00)\$ \$0.00 \$(\$2,000.00)\$ \$0.00 \$0.0														
Less deductible (\$2,000.00) \$0.00 (\$2,000.00) \$0.00 \$0	-							_						
Amount over net insured loss limit (excess loss)  \$0.00 \$0.0														
ACV claim \$59,471.95 \$13,752.58 \$15,983.38 \$0.00 Add recoverable depreciation							•	-						
Add recoverable depreciation	-		· · · · · · · · · · · · · · · · · · ·	Cess 10	55)									
Claim subtotal  Net claim  \$69,744.63  \$13,752.58  \$15,983.38  \$0.00  Net claim  \$83,497.21  \$15,983.38  \$0.00  Net claim  \$15,983.38  \$15,983.38  \$15,983.38  \$15,983.38  \$15,983.38  \$15,983.38  \$15,983.38  \$15,983.38  I have received and reviewed the adjuster-prepared estimate and am requesting payment for the amount(s) of my claim determined above.  I understand that I must submit a Proof of Loss within 60 days of the date of the loss or within any extension of that deadline made in writing by FEMA's Federal Insurance Administrator. The flood event identified above damaged or destroyed the property claimed on this Proof of Loss. I understand that my SFIP is issued pursuant to federal law, the National Flood Insurance Act of 1968, as amended, and applicable federal regulations in Title 44 of the Code of Federal Regulations, Chapter 1, Subchapter B.  I understand that I may still request additional payment for other flood damages if I believe that not all damages were addressed in this estimate. In the event a third party is responsible for the damage, I hereby authorize my insurer to bring suit in my name against any third party who may be responsible for the damages. I have not knowingly and willfully falsified or concealed a material fact, made a false or fraudulent representation or presented any false document in connection with this claim, and acknowledge that any such action is subject to prosecution under federal law. I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct.  POLICYHOLDER SIGNATURE:  DATE SIGNED:						not applicable			\$13,752.5	8	\$15,9	83.38	\$0.00	)
Net claim  \$83,497.21  \$15,983.38  I have received and reviewed the adjuster-prepared estimate and am requesting payment for the amount(s) of my claim determined above.  I understand that I must submit a Proof of Loss within 60 days of the date of the loss or within any extension of that deadline made in writing by FEMA's Federal Insurance Administrator. The flood event identified above damaged or destroyed the property claimed on this Proof of Loss. I understand that my SFIP is issued pursuant to federal law, the National Flood Insurance Act of 1968, as amended, and applicable federal regulations in Title 44 of the Code of Federal Regulations, Chapter 1, Subchapter B.  I understand that I may still request additional payment for other flood damages if I believe that not all damages were addressed in this estimate. In the event a third party is responsible for the damage, I hereby authorize my insurer to bring suit in my name against any third party who may be responsible for the damages. I have not knowingly and willfully falsified or concealed a material fact, made a false or fraudulent representation or presented any false document in connection with this claim, and acknowledge that any such action is subject to prosecution under federal law. I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct.  POLICYHOLDER SIGNATURE:  DATE SIGNED:	-		·			☐ not applicable		^	A10 750 5		A15.0			4
I have received and reviewed the adjuster-prepared estimate and am requesting payment for the amount(s) of my claim determined above.  I understand that I must submit a Proof of Loss within 60 days of the date of the loss or within any extension of that deadline made in writing by FEMA's Federal Insurance Administrator. The flood event identified above damaged or destroyed the property claimed on this Proof of Loss. I understand that my SFIP is issued pursuant to federal law, the National Flood Insurance Act of 1968, as amended, and applicable federal regulations in Title 44 of the Code of Federal Regulations, Chapter 1, Subchapter B.  I understand that I may still request additional payment for other flood damages if I believe that not all damages were addressed in this estimate. In the event a third party is responsible for the damage, I hereby authorize my insurer to bring suit in my name against any third party who may be responsible for the damages. I have not knowingly and willfully falsified or concealed a material fact, made a false or fraudulent representation or presented any false document in connection with this claim, and acknowledge that any such action is subject to prosecution under federal law. I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct.  POLICYHOLDER SIGNATURE:  DATE SIGNED:			lotai							8	\$15,9			4
I understand that I must submit a Proof of Loss within 60 days of the date of the loss or within any extension of that deadline made in writing by FEMA's Federal Insurance Administrator. The flood event identified above damaged or destroyed the property claimed on this Proof of Loss. I understand that my SFIP is issued pursuant to federal law, the National Flood Insurance Act of 1968, as amended, and applicable federal regulations in Title 44 of the Code of Federal Regulations, Chapter 1, Subchapter B.  I understand that I may still request additional payment for other flood damages if I believe that not all damages were addressed in this estimate. In the event a third party is responsible for the damage, I hereby authorize my insurer to bring suit in my name against any third party who may be responsible for the damages. I have not knowingly and willfully falsified or concealed a material fact, made a false or fraudulent representation or presented any false document in connection with this claim, and acknowledge that any such action is subject to prosecution under federal law. I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct.  POLICYHOLDER SIGNATURE:  DATE SIGNED:	ive	Claiiii		_			\$8.	3,49	17.21			\$15,983.3	<i>,</i> 8	┙
POLICYHOLDER SIGNATURE: DATE SIGNED:	I under Insurar pursua Regula I under third pa damag connect	stand to the stand to the stand to stand the stand the stand to stand the stand	that I must submit a Proof of ministrator. The flood event in deral law, the National Flood Chapter 1, Subchapter B. that I may still request addition esponsible for the damage, have not knowingly and willful th this claim, and acknowled	Loss videntified Insurational particular insurational	within 60 ed abov ance Ac syment f by authoried or c t any su	o days of the date of the damaged or design of 1968, as americal for other flood damages on the day oncealed a material of the action is subject to the day of the da	of the loss or withitroyed the properlanded, and applicanages if I believe the bring suit in my natifact, made a fall	in ai ty cl ble hat i ame	ny extension of the laimed on this Proceedings federal regulations not all damages we against any third or fraudulent repre	at deadline of of Loss. s in <u>Title 4</u> ere addres party who sentation	e made I under 4 of the ssed in may be or prese	in writing rstand that Code of this estime responsented any	at my SFIP is iss Federal nate. In the even lible for the ralse document	t a
	of the U	united	চারাes of America that the fo	regoin	g is true	and correct.								
OWNER NAME: OWNER TITLE:	POLIC'	YHOL	DER SIGNATURE:							DATE SI	GNED:	:		
	OWNE	R NAI	ME:				0	WN	NER TITLE:					