

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

Adjuster-Prepared

**PROOF OF LOSS**  
BUILDING AND CONTENTS

Policyholders use this form to provide a Proof of Loss to their insurer, which is the policyholder's statement of the amount of money being requested, signed and sworn to by the policyholder, with documentation to support the amount requested, as required by the [Standard Flood Insurance 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: JOHN THOMAS	POLICY NO.: 7800040227
PROPERTY ADDRESS: 165 RAVEN BLVD	CLAIM/FILE NO.: 7800040227
CITY: LAKE LURE STATE: NC ZIP: 28746	DATE OF LOSS: 9/27/2024
MAILING ADDRESS: 912 YORKMONT RD	TIME OF LOSS: 12:00 AM
CITY: CHARLOTTE STATE: NC ZIP: 28217	EDN NO.: NC0124
EMAIL(S): mary@maythefourthproperties.com	PHONE NO.: (704) 651-9912

How flood loss happened: Overflow of inland or tidal waters

Title and Occupancy:	Building type: <u>Residential single-family dwelling</u>	Ownership/use: <u>Owner-occupied (seasonal residence)</u>
	Contents type/ownership/use: <u>I did not purchase coverage for contents</u>	

Interest:	Mortgagee(s): <u>Towne Bank</u>	None: <input type="checkbox"/>
	Others with interest in or liens, charges or claims against property: _____	None: <input checked="" type="checkbox"/>
	Other insurance that may insure this loss: _____	Type: <u>Homeowners</u>

SFIP policy type: <u>Dwelling Form (Regular)</u>	No. of insured buildings/units: <u>1</u>	Contents coverage: <u>No</u>	Tenant improvements: <u>No</u>
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Statement of Loss		Coverage A - Building Property		Coverage B - Personal Property	
Coverage limit(s):		\$250,000.00		\$0.00	
Coverage deductible(s):		\$10,000.00		\$0.00	
		Dwelling/Unit	Detached Garage	Contents	Improvements
Property pre-loss value (RCV)	coverage to value %: 100.00%	\$240,582.08	\$0.00	\$0.00	\$0.00
Property pre-loss value (ACV)	80% of RCV: \$192,465.66	\$194,929.58	\$0.00	\$0.00	\$0.00
Insured damage RCV loss		\$42,980.35	\$0.00	\$0.00	\$0.00
Less non-insured proportion	<input type="checkbox"/> applicable <input checked="" type="checkbox"/> not applicable	\$0.00			
Insured proportional loss		\$0.00			
Less depreciation (recoverable)	<input checked="" type="checkbox"/> applicable <input type="checkbox"/> not applicable	(\$5,432.62)			
Less depreciation (non-recoverable)	<input type="checkbox"/> applicable <input checked="" type="checkbox"/> not applicable	\$0.00	\$0.00	\$0.00	\$0.00
Insured damage ACV loss		\$37,547.73	\$0.00	\$0.00	\$0.00
Add eligible Coverage C loss: Not applicable		\$0.00		\$0.00	
Insured ACV loss subtotal		\$37,547.73	\$0.00	\$0.00	\$0.00
Less salvage/buyback		\$0.00	\$0.00	\$0.00	\$0.00
Net insured ACV loss		\$37,547.73	\$0.00	\$0.00	\$0.00
Less deductible		(\$10,000.00)	\$0.00	\$0.00	\$0.00
Amount over net insured loss limit (excess loss)		\$0.00	\$0.00	\$0.00	\$0.00
ACV claim		\$27,547.73	\$0.00	\$0.00	\$0.00
Add recoverable depreciation	<input type="checkbox"/> not applicable	\$5,432.62			
Claim subtotal		\$32,980.35	\$0.00	\$0.00	\$0.00
Net claim		\$32,980.35		\$0.00	

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: \_\_\_\_\_

OWNER NAME: \_\_\_\_\_ OWNER TITLE: \_\_\_\_\_