

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: CITY OF TAMPA	POLICY NO.: 7800278918
PROPERTY ADDRESS: 333 S FRANKLIN ST CONVENTION CTR	CLAIM/FILE NO.: 7800278918
CITY: TAMPA STATE: FL ZIP: 33602	DATE OF LOSS: 9/27/2024
MAILING ADDRESS: 333 S FRANKLIN ST SUITE 3E Permanent mailing	TIME OF LOSS: 12:00 AM
CITY: TAMPA STATE: FL ZIP: 33602	EDN NO.: FL0124
EMAIL(S): robert.coats@tampagov.net	PHONE NO.: (813) 274-5688

How flood loss happened: Overflow of inland or tidal waters

Title and Occupancy:	Building type: Non-residential building (business) Ownership/use: Owner-occupied (commercial use)
	Contents type/ownership/use: Residential contents are owned solely by me (policyholder shown on Declaration Page)

Interest:	Mortgagee(s): None	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: None

SFIP policy type: General Property Form	No. of insured buildings/units: 1	Contents coverage: Yes	Tenant improvements: No
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Statement of Loss	Coverage A - Building Property	Coverage B - Personal Property	
Coverage limit(s):	\$500,000.00	\$500,000.00	
Coverage deductible(s):	\$5,000.00	\$5,000.00	
	Building	Contents	Improvements
Property pre-loss value (RCV)	\$136,380,374.84	\$1,000,000.00	\$0.00
Property pre-loss value (ACV)	\$94,807,906.60	\$900,000.00	\$0.00
Insured damage RCV loss	\$540,182.88	\$0.00	\$0.00
Less depreciation (non-recoverable)	\$0.00	\$0.00	\$0.00
Insured damage ACV loss	\$540,182.88	\$0.00	\$0.00
Add eligible Coverage C loss: Not applicable	\$0.00	\$0.00	
Insured ACV loss subtotal	\$540,182.88	\$0.00	\$0.00
Less salvage/buyback	\$0.00	\$0.00	\$0.00
Net insured ACV loss	\$540,182.88	\$0.00	\$0.00
Less deductible	(\$5,000.00)	\$0.00	\$0.00
Amount over net insured loss limit (excess loss)	(\$35,182.88)	\$0.00	\$0.00
ACV claim	\$500,000.00	\$0.00	\$0.00
Claim subtotal	\$500,000.00	\$0.00	\$0.00
Net claim	\$500,000.00	\$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: _____