

DEPARTMENT OF HOMELAND SECURITY  
FEDERAL EMERGENCY MANAGEMENT AGENCY  
NATIONAL FLOOD INSURANCE PROGRAM

O.M.B. No. 1660-0005  
Expires April 30, 2017

THE NFIP REQUIRES THAT A PRELIMINARY REPORT BE RECEIVED WITHIN 15 DAYS OF ASSIGNMENT,  
AND AN INTERIM OR FINAL REPORT NOT LATER THAN EVERY 30 DAYS THEREAFTER.

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

**FINAL REPORT**

INSURED Kathryn D Wells  
PROPERTY ADDRESS 24152 Henry Lane, Ponchatoula, LA 70454  
ADJUSTING COMPANY Colonial Claims

POLICY NUMBER 87057613842016  
DATE OF LOSS 8/13/2016  
ADJ. FILE NO. 386022

<b>PREMISES HISTORY</b>	Date risk was originally constructed: <u>10/1/1999</u>		Insured at premises since: <u>8/23/1999</u>					
	Date of Alteration	Brief Description of Alteration	Market Value	Cost of Alteration	Type of Alteration	*Substantial Improvement?		
			\$0.00	\$0.00	<input type="checkbox"/> Repair <input type="checkbox"/> Recon. <input type="checkbox"/> Imprv.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
			\$0.00	\$0.00	<input type="checkbox"/> Repair <input type="checkbox"/> Recon. <input type="checkbox"/> Imprv.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
			\$0.00	\$0.00	<input type="checkbox"/> Repair <input type="checkbox"/> Recon. <input type="checkbox"/> Imprv.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	*Defined as any repair, reconstruction, or improvement; the cost of which equals or exceeds 50% of the market value of the structure before the damage occurred or the reconstruction or improvement was begun.							
	Prior losses (approximate dates and amounts of loss):							
	None	\$0.00	Repairs Completed?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Insured?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Insured but no claim made		
		\$0.00	Repairs Completed?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Insured?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Insured but no claim made		
		\$0.00	Repairs Completed?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Insured?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Insured but no claim made		
(Continue under Remarks if additional space is needed for alteration or prior losses.)								
<b>INTEREST</b>	Mortgagee(s): _____							
	Loss Payee(s): _____							
<b>CLAIM SUMMARY</b>	Other Insurance: _____ H/O _____ \$0.00 / \$0.00 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (Company) (Type) (Policy Number) (Coverage Bldg./Conts.) (Covers flood?)							
	Duration building will not be habitable: <input checked="" type="checkbox"/> [1] 0 - 2 days <input type="checkbox"/> [2] 3 - 7 days <input type="checkbox"/> [3] 2 - 4 weeks <input type="checkbox"/> [4] 1 - 2 months <input type="checkbox"/> [5] more than 2 months Claim Recapitulation (See worksheets for details)							
			Building		Contents		Total	
	Main*/Association		Appurtenant/Unit		Main*/Association			Appurtenant/Unit
	Property Value (RCV)	\$33,224.37	\$23,234.04	\$34,200.00	\$0.00	\$90,658.41		
	Property Value (ACV)	\$18,815.07	\$20,900.00	\$31,600.00	\$0.00	\$71,315.07		
	Gross Loss (RCV)	\$3,767.79	\$3,072.94	\$0.00	\$0.00	\$6,840.73		
	Covered Damage (ACV)	\$3,767.79	\$2,789.40	\$0.00	\$0.00	\$6,557.19		
	Removal/Protection	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		
	Total Loss (ACV)	\$3,767.79	\$2,789.40	\$0.00	\$0.00	\$6,557.19		
	Less Salvage	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		
	Less Deductible	\$0.00	\$1,000.00	\$0.00	\$0.00	\$1,000.00		
	Excess Over Limit	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		
	Claim Payable (ACV)	\$3,767.79	\$1,789.40	\$0.00	\$0.00	\$5,557.19		
	Damage from other cause	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		
	Identify Cause : <u>None</u>							
	Main building RCV: <u>\$33,224.37</u> Insured qualifies for R/C coverage <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Not Applicable							
*Includes mobile home. If yes, R/C claim: _____ Total building claim: <u>\$5,557.19</u>								
<b>EXCLUDED DAMAGES</b>	Approximate value of property excluded:			Approximate damage to property excluded:				
	Excluded Building Damages:	<input checked="" type="checkbox"/> Less than 1,000	<input type="checkbox"/> 5,000 - 10,000	<input checked="" type="checkbox"/> Less than 1,000	<input type="checkbox"/> 5,000 - 10,000			
		<input type="checkbox"/> 1,000 - 2,000	<input type="checkbox"/> 10,000 - 20,000	<input type="checkbox"/> 1,000 - 2,000	<input type="checkbox"/> 10,000 - 20,000			
		<input type="checkbox"/> 2,000 - 5,000	<input type="checkbox"/> More than 20,000	<input type="checkbox"/> 2,000 - 5,000	<input type="checkbox"/> More than 20,000			
	Excluded Contents Damages:	<input checked="" type="checkbox"/> Less than 1,000	<input type="checkbox"/> 5,000 - 10,000	<input checked="" type="checkbox"/> Less than 1,000	<input type="checkbox"/> 5,000 - 10,000			
		<input type="checkbox"/> 1,000 - 2,000	<input type="checkbox"/> 10,000 - 20,000	<input type="checkbox"/> 1,000 - 2,000	<input type="checkbox"/> 10,000 - 20,000			
<input type="checkbox"/> 2,000 - 5,000		<input type="checkbox"/> More than 20,000	<input type="checkbox"/> 2,000 - 5,000	<input type="checkbox"/> More than 20,000				
<b>ENCL</b>	<input type="checkbox"/> Building worksheets ( 0 ) <input type="checkbox"/> Photographs ( 0 ) <input type="checkbox"/> Proof of Loss <input type="checkbox"/> Other _____							
	<input type="checkbox"/> Contents worksheets ( 0 ) <input type="checkbox"/> Narrative ( 0 pp) <input type="checkbox"/> R/C Proof <input type="checkbox"/> Other _____							
<b>CERTIFICATION</b>	The above statements are true and correct to the best of my knowledge. I understand that any false statements may be punishable by fine or imprisonment under 18 U.S. Code Sec. 1001.							
	County of _____			Insured _____				
	State of <u>LA</u>			Insured _____				
	Signed this _____ day of _____, _____			Witness _____				

8/23/2016  
Date of Report

Joseph R Virgin  
Adjuster's Signature

70004886  
Adjuster's FC Number