

DEPARTMENT OF HOMELAND SECURITY  
Federal Emergency Management Agency

**ADJUSTER'S PRELIMINARY FLOOD DAMAGE ASSESSMENT**

OMB Control Number: 1660-0005  
Expiration: 7-31-2020

NAME OF ADJUSTER:		DATE OF LOSS:		FICO Number:	
NAME(S) OF INSURED:			POLICY NUMBER:		
ADDRESS OF INSURED PROPERTY:					
Street Address: _____					
City: _____ State: _____ ZIP Code: _____					
ESTIMATED MAIN BUILDING REPAIR COST: \$		MAIN BUILDING REPLACEMENT COST VALUE: \$		MAIN BUILDING ACTUAL CASH VALUE: \$	
ESTIMATED DETACHED GARAGE REPAIR COST: \$		DETACHED GARAGE REPLACEMENT COST VALUE: \$		DETACHED GARAGE ACTUAL CASH VALUE: \$	
ESTIMATED CONTENTS REPAIR COST: \$			CONTENTS ACTUAL CASH VALUE: \$		
ESTIMATED APPURTENANT STRUCTURE CONTENTS REPAIR COST: \$			APPURTENANT STRUCTURE CONTENTS ACTUAL CASH VALUE: \$		
NAME(S) OF INSURED:			POLICY NUMBER:		
ADDRESS OF INSURED PROPERTY:					
Street Address: _____					
City: _____ State: _____ ZIP Code: _____					
ESTIMATED MAIN BUILDING REPAIR COST: \$		MAIN BUILDING REPLACEMENT COST VALUE: \$		MAIN BUILDING ACTUAL CASH VALUE: \$	
ESTIMATED DETACHED GARAGE REPAIR COST: \$		DETACHED GARAGE REPLACEMENT COST VALUE: \$		DETACHED GARAGE ACTUAL CASH VALUE: \$	
ESTIMATED CONTENTS REPAIR COST: \$			CONTENTS ACTUAL CASH VALUE: \$		
ESTIMATED APPURTENANT STRUCTURE CONTENTS REPAIR COST: \$			APPURTENANT STRUCTURE CONTENTS ACTUAL CASH VALUE: \$		
NAME(S) OF INSURED:			POLICY NUMBER:		
ADDRESS OF INSURED PROPERTY:					
Street Address: _____					
City: _____ State: _____ ZIP Code: _____					
ESTIMATED MAIN BUILDING REPAIR COST: \$		MAIN BUILDING REPLACEMENT COST VALUE: \$		MAIN BUILDING ACTUAL CASH VALUE: \$	
ESTIMATED DETACHED GARAGE REPAIR COST: \$		DETACHED GARAGE REPLACEMENT COST VALUE: \$		DETACHED GARAGE ACTUAL CASH VALUE: \$	
ESTIMATED CONTENTS REPAIR COST: \$			CONTENTS ACTUAL CASH VALUE: \$		
ESTIMATED APPURTENANT STRUCTURE CONTENTS REPAIR COST: \$			APPURTENANT STRUCTURE CONTENTS ACTUAL CASH VALUE: \$		
See Page 2 for Privacy Act Statement and Paperwork Burden Disclosure Notice					

### PRIVACY ACT STATEMENT

The information requested is necessary to process the subject loss. The authority to collect the information is 42 U.S.C. §§ 4001 to 4130. It is voluntary on your part to furnish the information. However, omission of an item may preclude processing of the form. The Federal Emergency Management Agency will not disclose this information, except to: the servicing agent acting as the Federal 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 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 in processing or denial of this claim or application.

### PAPERWORK BURDEN DISCLOSURE NOTICE

Public reporting burden for the collection of information titled Claims for National Flood Insurance Program (NFIP) is estimated to average 6 hours per response. The burden estimate includes the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and submitting these forms. 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 these forms. Send comments regarding the accuracy of the burden estimate and suggestions for reducing the burden to: Information Collections Management, Department of Homeland Security, Federal Emergency Management Agency, 500 C Street, S.W., Washington, DC 20472, Paperwork Reduction Project (1660-0005). **NOTE: Do not send your completed form to this address.**

FEMA FORM NO.	TITLE	BURDEN HOURS
086-0-06	Worksheet-Contents-Personal Property	2.50 Hours
086-0-07	Worksheet-Building	2.50 Hours
086-0-08	Worksheet-Building (Continued)	1.00 Hours
086-0-09	Proof of Loss	.08 Hours
086-0-10	Increased Cost of Compliance	2.00 Hours
086-0-11	Notice of Loss	.07 Hours
086-0-12	Statement as to Full Cost to Repair or Replacement Cost Coverage, Subject to the Terms and Conditions of this Policy	.10 Hours
086-0-13	Adjuster's Preliminary Report	.07 Hours
086-0-14	Adjuster's Final Report	.07 Hours
086-0-15	National Flood Insurance Program Narrative Report	.08 Hours
086-0-16	Cause of Loss and Subrogation Report	1.00 Hours
086-0-17	Manufactured (Mobile) Home/Travel Trailer Worksheet	.50 Hours
086-0-18	Mobile Home/Travel Trailer Worksheet (Continued)	.25 Hours
086-0-19	Increased Cost of Compliance (ICC) Adjuster Report	.42 Hours
<b>086-0-20</b>	<b>Adjuster's Preliminary Flood Damage Assessment</b>	<b>.25 Hours</b>
086-0-21	Adjuster's Certification Application	.25 Hours