

Date of this Notice: _____

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

OMB Control Number: 1660-0005
Expiration: 05-31-2026

FIRST NOTICE OF LOSS

Policyholders use this form to give prompt written notice of a flood loss to their NFIP insurer, as required by the [Standard Flood Insurance Policy](#) (SFIP) in section VII.J.1. This form includes information to aid a policyholder with reporting the loss.

Policyholder Information

POLICYHOLDER: _____	POLICY NO.: _____
PROPERTY ADDRESS: _____	DATE OF LOSS: _____
CITY: _____ STATE: _____ ZIP: _____	TIME OF LOSS: _____
MAILING ADDRESS: _____ Same as property	PHONE NO. #1: _____
CITY: _____ STATE: _____ ZIP: _____	PHONE NO. #2: _____
E-MAIL #1: _____	E-MAIL #2: _____
MORTGAGEE(S): _____	
NOTES TO INSURER (e.g., when to contact): _____	

Alternate Contact Information

ALTERNATE CONTACT: _____	RELATIONSHIP: _____
PHONE #1: _____ PHONE #2: _____	E-MAIL: _____
NOTES TO INSURER (e.g., when to contact): _____	

Loss Information

How flood loss happened (select cause of loss that applies):	<input type="checkbox"/> Unusual & rapid accumulation or runoff of surface waters from any source			
	<input type="checkbox"/> Overflow of inland or tidal waters			
	<input type="checkbox"/> Mudflow from loss of brush cover & excessive rain			
	<input type="checkbox"/> Water containment system break, backup or release (e.g., dam, reservoir or levee, or water distribution or sewer system)			
	<input type="checkbox"/> Land collapse/subsidence along a shore from erosion/undermining caused by waves/currents exceeding anticipated cyclical levels			
	<input type="checkbox"/> Loss Avoidance Measures (select measures that apply): <input type="checkbox"/> Sandbags, Supplies & Labor <input type="checkbox"/> Property Removed to Safety			
Did flood water touch or enter the building: <input type="checkbox"/> Yes <input type="checkbox"/> No	Building(s)/area(s) affected by flood water (select all that apply):	<input type="checkbox"/> Main building/unit	<input type="checkbox"/> Detached garage	<input type="checkbox"/> Shed
Has flood water receded from the building: <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Basement	<input type="checkbox"/> Crawlspace	<input type="checkbox"/> Enclosure
If no, date when access expected: _____		<input type="checkbox"/> First floor	<input type="checkbox"/> Second floor	<input type="checkbox"/> Third floor & above
Height of flood water (approx.): _____ feet _____ inches	Type of property damaged (select all that apply): <input type="checkbox"/> Building <input type="checkbox"/> Contents			

Post-loss Information

Was power to building lost: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, has power been restored: <input type="checkbox"/> Yes <input type="checkbox"/> No	Is the HVAC operational: <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Check if contractor(s) already hired and started any of the following (select all that apply): <input type="checkbox"/> Cleanup <input type="checkbox"/> Tear-out <input type="checkbox"/> Dryout <input type="checkbox"/> Repairs		
Contractor #1: _____	Phone No.: _____ x _____	<input type="checkbox"/> Work <input type="checkbox"/> Mobile
Contractor #2: _____	Phone No.: _____ x _____	<input type="checkbox"/> Work <input type="checkbox"/> Mobile
<input type="checkbox"/> If tear-out already started, check if portion(s) of damaged property have been saved/set aside for adjuster to inspect		

Brief description of damage (if emergency handling, please explain below; text will flow to following page(s), if needed)

PRIVACY ACT STATEMENT

Pursuant to 5 U.S.C. § 552a(e)(3), this Privacy Act Statement serves to inform you of why the Federal Emergency Management Agency (FEMA) is requesting the information on this form.

AUTHORITY

FEMA is authorized to collect the information requested on this form pursuant to the National Flood Insurance Act of 1968, as amended, 42 U.S.C. § 4001, et seq., and the Bunning-Bereuter-Blumenauer Flood Insurance Reform Act (FIRA) of 2004, Pub. L. No. 108-264 § 205.

PURPOSE

FEMA is requesting this information to manage and account for the National Flood Insurance Program's (NFIP) claims and claims appeal processing. FEMA and Write Your Own (WYO) companies underwriting NFIP policies will use this information to access flood-related damages to properties covered by NFIP policies, process payments against flood claims against property in accordance to NFIP policy terms and coverage, and to review claims for damaged property to ensure appropriate processing such claims.

ROUTINE USES

The information requested on this form may be shared externally as a "routine use" to, the Army Corps of Engineers, other Federal agencies, state government agencies, local government agencies, tribal government agencies, property loss reporting bureaus, state insurance departments, insurance companies, reinsurance companies and capital marketing firms, to assist the Department of Homeland Security in investigating fraud or potential fraud in connection with claims; to review NFIP policy and claims information for properties within its jurisdiction in order to assist in hazard mitigation and floodplain management activities, and in monitoring compliance with the floodplain management measures adopted by the community; to conduct research, analysis, and feasibility studies of policies and claims within its jurisdiction; and to implement the NFIP Reinsurance Program. A complete list of the routine uses can be found in the system of records notice associated with this form, "Department of Homeland Security/FEMA – 003 National Flood Insurance Program Files System of Records (79 Fed. Reg. 28,747, May 19, 2014)." The Department's full list of system of records notices can be found on the Department's website at <http://www.dhs.gov/system-records-notices-sorns>.

CONSEQUENCES OF FAILURE TO PROVIDE INFORMATION

Providing this information to is voluntary. However, failure to provide this information may result in FEMA, your insurance agency, or agent from properly processing NFIP policy claims or claims appeals and issuing the proper payout for flood related damages to the property related to the NFIP policy. Individuals who do not provide this information may contact your NFIP policy agent, or access the NFIP support page at <https://www.fema.gov/national-flood-insurance-program-technical-support-hotline> and follow the instruction for submitting written concerns to the NFIP.

PAPERWORK BURDEN DISCLOSURE NOTICE

Public reporting burden for the collection of information titled "FEMA Inspection and Claims Forms" is estimated to average 7.5 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 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 SW, Washington, DC 20472, Paperwork Reduction Project (1660-0005). **NOTE: Do not send your completed form to this address.**

FEMA FORM NO.	TITLE	BURDEN HOURS
086-0-6	Personal Property (Contents) Worksheet	3.00 Hours
086-0-7	Building Property Worksheet	3.00 Hours
086-0-9	Proof of Loss - Building & Contents (Policyholder-Prepared)	.17 Hours
086-0-10	Proof of Loss - Increased Cost of Compliance (ICC)	1.75 Hours
086-0-11	First Notice of Loss	.17 Hours
086-0-17	Manufactured (Mobile) Home/Travel Trailer Worksheet	1.50 Hours
086-0-22	Proof of Loss - Building & Contents (Adjuster-Prepared)	.08 Hours
086-0-23	Advance Payment Request - Building & Contents	.17 Hours
086-0-24	Advance Payment Request - Increased Cost of Compliance (ICC)	.25 Hours
086-0-25	Claim Appeal	1.50 Hours
009-0-143	Onsite Housing Inspection	1.00 Hours
009-0-144	Remote Voice Telephony Housing Inspection	1.00 Hours
009-0-145	Remote Video Telephony Housing Inspection	1.00 Hours