

**PROOF OF LOSS**

Policyholder-Prepared

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.

POLICYHOLDER: _____			POLICY NO.: _____		
PROPERTY ADDRESS: _____			CLAIM/FILE NO.: _____		
CITY: _____	STATE: _____	ZIP: _____	DATE OF LOSS: _____		
MAILING ADDRESS: _____			Same as property		
CITY: _____			STATE: _____		
STATE: _____			ZIP: _____		
EMAIL #1: _____			EMAIL #2: _____		
CITY: _____			PHONE NO.: _____		

How flood loss happened: \_\_\_\_\_

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

Title and Occupancy:	Building type: _____	Ownership/use: _____
	Contents type/ownership/use: _____	

COVERAGE / BENEFIT TYPE	AMOUNT OF COVERAGE	DEDUCTIBLE	AMOUNT CLAIMED
COVERAGE A – BUILDING PROPERTY	\$ _____	\$ _____	\$ _____
COVERAGE B – PERSONAL PROPERTY	\$ _____	\$ _____	\$ _____
NET AMOUNT CLAIMED:			\$ _____

Requirements for submitting a complete Proof of Loss (check all that apply):	<input type="checkbox"/> In completing this Proof of Loss, I have used my own judgment concerning the amount of my loss <input type="checkbox"/> I have justified the amount of my loss by attaching the following: <ul style="list-style-type: none"> <li><input type="checkbox"/> Specifications of damaged buildings and detailed repair estimates (for building claims)</li> <li><input type="checkbox"/> A detailed inventory of damaged personal property (for contents claims)</li> <li><input type="checkbox"/> All bills, invoices, receipts and related documents (for all claims)</li> </ul>
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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 may be punishable by fine of imprisonment under applicable United State Codes.

By signing and dating this form, I declare under penalty of perjury that the foregoing is true and correct.

POLICYHOLDER SIGNATURE: _____	DATE SIGNED: _____
OWNER NAME: _____	OWNER TITLE: _____

**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.**

<b>FEMA FORM NO.</b>	<b>TITLE</b>	<b>BURDEN HOURS</b>
086-0-6	Personal Property (Contents) Worksheet	3.00 Hours
086-0-7	Building Property Worksheet	3.00 Hours
<b>086-0-9</b>	<b>Proof of Loss - Building &amp; Contents (Policyholder-Prepared)</b>	<b>.17 Hours</b>
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