

FEDERAL EMERGENCY MANAGEMENT AGENCY CAUSE OF LOSS AND SUBROGATION REPORT		(See reverse side for Privacy Act Statement and Paperwork Burden Disclosure Notice)	O.M.B NO. 3067-0021 Expires June 30, 2003												
NAME OF INSURED		POLICY NO.													
COMPLETE ADDRESS OF PROPERTY DAMAGED															
CAUSE OF LOSS <i>(Check the box[es] that apply)</i>															
<table border="0"> <tr> <td>1. <input type="checkbox"/> IMPROPER DIVERSION OF WATER</td> <td>7. <input type="checkbox"/> NEGLIGENT MAINTENANCE OF SEWER LINES</td> </tr> <tr> <td>2. <input type="checkbox"/> IMPROPER BUILDING</td> <td>8. <input type="checkbox"/> FAILURE TO USE PUMPS</td> </tr> <tr> <td>3. <input type="checkbox"/> IMPROPER GRADING</td> <td>9. <input type="checkbox"/> INADEQUATE PUMPS</td> </tr> <tr> <td>4. <input type="checkbox"/> DEBRIS ACCUMULATION</td> <td>10. <input type="checkbox"/> EXCESSIVE DAM WATER RELEASE</td> </tr> <tr> <td>5. <input type="checkbox"/> INADEQUATE SEWER LINES</td> <td>11. <input type="checkbox"/> EXCESSIVE WATER RELEASE (Mechanical)</td> </tr> <tr> <td>6. <input type="checkbox"/> IGNORING FLOODPLAIN MANAGEMENT (Regulations)</td> <td>12. <input type="checkbox"/> ANY OTHER FACTOR THAT IDENTIFIES A RESPONSIBLE PARTY OR ACT AS THE CAUSE (Explain; use the space below)</td> </tr> </table>				1. <input type="checkbox"/> IMPROPER DIVERSION OF WATER	7. <input type="checkbox"/> NEGLIGENT MAINTENANCE OF SEWER LINES	2. <input type="checkbox"/> IMPROPER BUILDING	8. <input type="checkbox"/> FAILURE TO USE PUMPS	3. <input type="checkbox"/> IMPROPER GRADING	9. <input type="checkbox"/> INADEQUATE PUMPS	4. <input type="checkbox"/> DEBRIS ACCUMULATION	10. <input type="checkbox"/> EXCESSIVE DAM WATER RELEASE	5. <input type="checkbox"/> INADEQUATE SEWER LINES	11. <input type="checkbox"/> EXCESSIVE WATER RELEASE (Mechanical)	6. <input type="checkbox"/> IGNORING FLOODPLAIN MANAGEMENT (Regulations)	12. <input type="checkbox"/> ANY OTHER FACTOR THAT IDENTIFIES A RESPONSIBLE PARTY OR ACT AS THE CAUSE (Explain; use the space below)
1. <input type="checkbox"/> IMPROPER DIVERSION OF WATER	7. <input type="checkbox"/> NEGLIGENT MAINTENANCE OF SEWER LINES														
2. <input type="checkbox"/> IMPROPER BUILDING	8. <input type="checkbox"/> FAILURE TO USE PUMPS														
3. <input type="checkbox"/> IMPROPER GRADING	9. <input type="checkbox"/> INADEQUATE PUMPS														
4. <input type="checkbox"/> DEBRIS ACCUMULATION	10. <input type="checkbox"/> EXCESSIVE DAM WATER RELEASE														
5. <input type="checkbox"/> INADEQUATE SEWER LINES	11. <input type="checkbox"/> EXCESSIVE WATER RELEASE (Mechanical)														
6. <input type="checkbox"/> IGNORING FLOODPLAIN MANAGEMENT (Regulations)	12. <input type="checkbox"/> ANY OTHER FACTOR THAT IDENTIFIES A RESPONSIBLE PARTY OR ACT AS THE CAUSE (Explain; use the space below)														
IDENTIFICATION OF RESPONSIBLE PARTY															
NAME															
COMPLETE ADDRESS															
IS THE RESPONSIBLE PARTY INSURED? <input type="checkbox"/> YES <input type="checkbox"/> NO (If YES, by whom?)															
IDENTIFICATION OF ANY STATUTES OR POLITICAL SUBDIVISION THAT WOULD CONTROL, LIMIT, OR TIME BAR A TORT ACTION AGAINST THEM (e.g., a local notice of claim against the municipality or county statute that would preclude suit if the notice was not filed on time - usually a short period of time for filing is provided).															
MAKE IMMEDIATE TELEPHONE CONTACT WITH THE NFIP BUREAU AND STATISTICAL AGENT IF EXPIRATION OF TIME IS IMMINENT.															
STATE INVESTIGATION PERFORMED TO DATE															
PLEASE ATTACH ANY DEFINITIVE MATERIAL TO THIS REPORT.															
WHAT FURTHER INVESTIGATION IS CONTEMPLATED?															
HAS INSURED BEEN ADVISED OF SUBROGATION POSSIBILITIES? <input type="checkbox"/> YES <input type="checkbox"/> NO (If YES, by when?)															
DOES INSURED HAVE AN ATTORNEY? <input type="checkbox"/> YES <input type="checkbox"/> NO		NAME OF ATTORNEY													

Privacy Act Statement

The information requested is necessary to process the subject loss. The authority to collect the information is Title 42, U.S. Code, Section 4001 to 4028. It is voluntary on your part to furnish the information. However, omission of an item may preclude processing of the form. The information will not be disclosed outside of the Federal Emergency Management Agency, except to the servicing agent, acting as the 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 nonduplication of benefits; to the Department of Justice for purposes of litigation or as required by law; and to State and Local 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 of processing or denial of this claim and/or application.

Paperwork Reduction Act Notice

Public Reporting burden for the collection of information titled "Claims for National Flood Insurance Program (NFIP)" is estimated to average 4 hours per claim. This estimate includes the time, effort, or financial resources expended by persons to generate, maintain, retain, disclose, or provide information to the Federal Insurance Administration or its agent. The reporting burden for this form as part of the collection of information is highlighted below. Your response to this collection of information is required to obtain or retain benefits. 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 highlighted form. You may send comments regarding the accuracy of the burden estimate and suggestions for reducing the burden to Information Collections Management, Federal Emergency Management Agency, 500 C Street, SW, Washington, DC 20472, Paperwork Reduction Project (3067-0021). Do not send the completed form to the above address.

FEMA Form No.	Title	Burden Hours
81-40	Worksheet-Contents-Personal Property	2.5 Hours
81-41	Worksheet-Building	2.5 Hours
81-41A	Worksheet-Building (Cont'd)	1.0 Hours
81-42	Proof of Loss	5 Minutes
81-42A	Increased Cost of Compliance	2.0 Hours
81-43	Notice of Loss	4 Minutes
81-44	Statement as to Full Cost to Repair or Replacement Cost Coverage, Subject to the Terms and Conditions of this Policy	6 Minutes
81-57	National Flood Insurance Program Preliminary Report	4 Minutes
81-58	National Flood Insurance Program Final Report	4 Minutes
81-59	National Flood Insurance Program Narrative Report	5 Minutes
81-63	Cause of Loss and Subrogation Report	1 Hour
81-96	Mobile Home Worksheet	30 Minutes
81-98	Increased Cost of Compliance (ICC) Adjuster Report	25 Minutes