DEPARTMENT OF HOMELAND SECURITY
Federal Emergency Management Agency

ADJUSTER'S PRELIMINARY REPORT

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

*NOTE: The NFIP requires that a preliminary report be received within **15** days of assignment.*

NAME(S) OF INSURED: _____ POLICY NUMBER: _____

Property Address: _____ Date of Loss: _____

City: _____ State: _____ ZIP: _____ FICO Number: _____

Mailing/Temporary Address: _____ Adjuster's File Number: _____

City: _____ State: _____ ZIP: _____ Tax ID Number: _____

Best Contact Number: _____

Alternate Contact Number: _____ Date Loss Assigned: _____

Adjusting Company: _____ Date Insured Contacted: _____

Adjuster Address: _____ Date Loss Inspected: _____

City: _____

State: _____ Zip Code: _____

Adjuster's Telephone Numbers:

Work: _____ Mobile: _____

ATTS.

Attachments (enter number of each inside parentheses)

☐ Building worksheets (____) ☐ Photographs (____) ☐ Proof of loss ☐ Other (specify) _____

☐ Contents worksheets (____) ☐ Narrative (____ pages) ☐ R/C Proof ☐ Other (specify) _____

INSURANCE

Coverage Verified From:
- ☐ NFIP
- ☐ Agent's Daily
- ☐ Insured's Policy

Policy Term
From: _____
To: _____

Program:
- ☐ Emergency
- ☐ Regular

SFIP Form:
- ☐ General Property
- ☐ Dwelling
- ☐ RCBAP

Advance payment requested? ☐ No ☐ Yes

If yes, submit Proof of Loss for (FF 086-0-9) for amount of payment and supporting documentation with this report.

	COVERAGE	DEDUCTIBLE	RESERVE
Building	$ _____	$ _____	$ _____
Contents	$ _____	$ _____	$ _____

RISK

TYPE OF BUILDING: ☐ Single Family ☐ 2-4 Family ☐ Condo Association ☐ Condo Unit ☐ Other Residential
☐ Non-Residential (including Business Buildings and Other Non-Residential Buildings)
☐ Mobile Home/Traveler Trailer: Make: _____
Model: _____ Serial Number: _____

OCCUPANCY: ☐ Owner ☐ Tenant ☐ State Government owned ☐ Unoccupied RESIDENCY: ☐ Principal ☐ Seasonal

TITLE VERIFIED? ☐ Yes ☐ No Source of verification: _____

Number of floors in the building including basement/crawl space: ☐ 1 ☐ 2 ☐ 3 or more

Is building a split level? ☐ Yes ☐ No

In case of multiple occupancy, indicate floor(s) occupied by insured: ☐ Basement ☐ First ☐ Second and/or above

Type of basement: ☐ None ☐ Unfinished ☐ Finished Is basement flood-proofed? ☐ Yes ☐ No

Building elevated? ☐ Yes ☐ No Foundation area enclosure? ☐ None ☐ Breakaway walls ☐ Unfinished ☐ Finished

Is Risk under construction? ☐ Yes ☐ No

Date of Construction: _____

FIRM Date: _____ ☐ Pre-Firm ☐ Post-FIRM

PRIOR CONDITION OF:

Building	☐ Poor	☐ Fair	☐ Good	☐ Very Good
Contents	☐ Poor	☐ Fair	☐ Good	☐ Very Good

See Page 3 for Privacy Act Statement and Paperwork Burden Disclosure Notice

Property Address: _____ Policy Number: _____

City: _____ State: _____ ZIP: _____ Date of Loss: _____

RISK CONTINUED

FOUNDATION STRUCTURE:

PILES: ☐ Wood post ☐ Concrete slab ☐ Steel ☐ Other _____

PIERS: ☐ Reinforced concrete ☐ Reinforced block ☐ Unreinforced block ☐ Brick ☐ Other _____

WALLS: ☐ Reinforced concrete ☐ Block ☐ Unreinforced block ☐ Reinforced concrete shear ☐ Treated plywood ☐ Brick ☐ Other _____

EXTERIOR WALL STRUCTURE:

☐ Reinforced concrete ☐ Concrete block ☐ Wood stud
☐ Steel and glass ☐ Brick and stone
☐ Other _____

EXTERIOR WALL SURFACE TREATMENT:

☐ Unfinished ☐ Stone or brick veneer ☐ Stucco
☐ Wood siding ☐ Metal sheathing/siding
☐ Vinyl sheathing/siding ☐ Other _____

CONTENTS ARE:

☐ Household
☐ Other than household

CONTENTS LOCATED IN:

☐ Basement ☐ First floor ☐ Basement and first floor
☐ First floor and above ☐ Second floor and above

Nearest body of water to the insured building: _____ Distance to the insured building: _____

ORIGIN

Was there a general and temporary condition of flooding?

☐ No (Explain fully under Remarks) ☐ Yes (Indicate cause of loss below)

Cause of loss: ☐ Tidewater overflow ☐ Stream, river, or lake overflow ☐ Alluvial fan overflow ☐ Accumulation of rainfall or snowmelt

Flood characteristics: ☐ Velocity flow ☐ Low velocity flow or ponding ☐ Wave action Was there Erosion? ☐ Yes ☐ No

Did other than natural cause contribute to flooding? ☐ Yes ☐ No

If yes, complete Cause for Loss and Subrogation Report form (FF 086-0-16).

DATE/TIME WATER ENTERED BUILDING:

Date: _____ Time: _____ ☐ AM ☐ PM

DATE/TIME WATER RECEDED FROM BUILDING:

Date: _____ Time: _____ ☐ AM ☐ PM

LENGTH OF TIME WATER REMAINED IN BUILDING:

_____ Days/ _____ Hours/ _____ Minutes

WATER/WAVE HEIGHT IN INCHES:

Main Building - Dwelling or Commercial Building:

Exterior: _____ Interior: _____

Detached Garage:

Exterior: _____ Interior: _____

Date: _____ Adjuster's Signature: _____

Flood Control Number: _____