

Request Date: _____

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

OMB Control Number: 1660-0005
Expiration: 01-31-2024

ADVANCE PAYMENT REQUEST
BUILDING AND CONTENTS

Policyholders use this form to request an advance payment of the total claim payment for flood damage to eligible insured building property and personal property (if this coverage was purchased).

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

AGENT/AGENCY: _____ PHONE NO. #1: _____
AGENT EMAIL(S): _____ PHONE NO. #2: _____

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

I request that _____ [my insurer] provide me an advance payment in the amount(s) requested above for a claim that I will submit pursuant to my [Standard Flood Insurance Policy](#) (SFIP) insuring the property described above.

By signing this Advance Payment Request, I agree to the following conditions:

- (1) The advance payment is not a payment for Additional Living Expenses (ALE). My SFIP specifically excludes ALE.
- (2) The issuance and acceptance of an advance payment does not prejudice or waive any claim or defense available to either me or my insurer.
- (3) The issuance and acceptance of an advance payment does not constitute an admission of coverage under my SFIP.
- (4) To the best of my knowledge, my insured property suffered a loss that is insured under my SFIP.
- (5) If my loss is determined not to be insured under my SFIP, or if the advance payment exceeds the amount of the actual insured loss, I am not eligible for the payment and agree to repay the advanced payment (or portion thereof).
- (6) Acceptance of an advance payment will not affect my right to seek additional payment under the terms and conditions of my SFIP.
- (7) After my claim is settled, my insurer will reduce the final payment by the amount of any advance payment(s) made to me.
- (8) My insurer must include as co-payee(s) any mortgagee shown on the [Declarations Page](#) of my policy as well as any other mortgagee or loss payee determined to exist at the time of loss on any advance payment for Coverage A - Building Property.
- (9) To finalize my claim, I must submit a signed and sworn [Proof of Loss](#) meeting all of the requirements of the SFIP for all amounts received, including the amount of the advance payment, except as may otherwise be authorized by FEMA's Federal Insurance Administrator under any applicable waiver.

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.**

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