

POLICY NUMBER 87-02479895-2005

**U.S. DEPARTMENT OF HOMELAND SECURITY
FEDERAL EMERGENCY MANAGEMENT AGENCY
NATIONAL FLOOD INSURANCE PROGRAM**

*O.M.B. No. 1660-0005
Expires JUNE 30, 2007*

09/03/2005 TO 09/03/2006

POLICY TERM

\$200,000.00

AMT OF BLDG COV AT TIME OF LOSS

\$80,000.00

AMT OF CNTS COV AT TIME OF LOSS

PROOF OF LOSS

(See Attached Privacy Act Statement
and Paperwork Burden Disclosure Notice)

Murray & Macdonald Ins.

AGENCY

406 Jones Rd.

AGENCY AT

Falmouth, MA 02540-3913

TO THE Hartford Fire Ins. Co. OF %National Flood Services, PO Box 2057, Kalispell, MT 59903 :

At the time of loss, by the above indicated policy of insurance, you insured the interest of

Molly D. Allison

39 Telegraph Hill Rd., Falmouth, MA 02540-2034

against loss by Flood to the property described according to the terms and conditions of said policy and of all forms, endorsements, transfers and assignments attached thereto .

TIME AND ORIGIN

A Flood loss occurred about _____
on the 9 day of 6, 2006, the cause of the said loss was :
Flood

OCCUPANCY

The premises described, or containing the property described, was occupied at the time of the loss as follows,
and for no other purpose whatever : _____
Residential

INTEREST

No other person or persons had any interest therein or encumbrance thereon, except : _____
Eastern Bank ISAOA

1. FULL AMOUNT OF INSURANCE applicable to the property for which claim is presented is	<u>\$280,000.00</u>
2. ACTUAL CASH VALUE of building structure	<u>\$205,557.16</u>
3. ADD ACTUAL CASH VALUE OF CONTENTS or personal property insured	<u>\$50,000.00</u>
4. ACTUAL CASH VALUE OF ALL PROPERTY	<u>\$255,557.16</u>
5. FULL COST OF REPAIR OR REPLACEMENT	<u>\$1,514.65</u>
6. LESS APPLICABLE DEPRECIATION	<u>\$30.87</u>
7. ACTUAL CASH VALUE LOSS is	<u>\$1,483.78</u>
8. LESS DEDUCTIBLES	<u>\$500.00</u>
9. NET AMOUNT CLAIMED under above numbered policy is (Pending Your Flood Carrier's Final Approval) .	<u>\$983.78</u>

The said loss did not originate by any act, design or procurement on the part of your insured, nothing has been done by or with the privity or consent of your insured to violate the conditions of the policy, or render it void; no articles are mentioned herein or in annexed schedules but such as were destroyed or damaged at the time of said loss, no property saved has in any manner been concealed, and no attempt to deceive the said insurer as to the extent of said loss, has in any manner been made. Any other information that may be required will be furnished and considered a part of this proof.

I understand that this Insurance (policy) is Issued Pursuant to the National Flood Insurance Act of 1968, or Any Act Amendatory thereof, and Applicable Federal Regulations in Title 44 of the Code of Federal Regulations, Subchapter B, and that knowingly and willfully making any false answers or misrepresentations of fact may be punishable by fine or imprisonment under applicable Unites States Codes.

Subrogation - To the extent of the payment made or advanced under this policy; the insured hereby assigns, transfers and sets over to the insurer all rights, claims or interest that he has against any person, firm or corporation liable for the loss or damage to the property for which payment is made or advanced. He also hereby authorizes the insurer to sue any such third party in his name.

The insured hereby warrants that no release has been given or will be given or settlement or compromise made or agreed upon with any third party who may be liable in damages to the insured with respect to the claim being made herein.

The furnishing of this blank or the preparation of proofs by a representative of the above insurer is not a waiver of any of its rights.

State of _____

County of _____

Insured

Subscribed and sworn be for me this _____ day of _____, 20 _____

Notary Public

BUILDING REPLACEMENT COST PROOF OF LOSS

**Statement as to the full cost of repair or replacement
under the replacement cost coverage , subject
to the terms and conditions of this policy***

(See Attached Privacy Act Statement and Paperwork Burden Disclosure Notice)

Agency at: Agency at: 406 Jones Rd.
Falmouth, MA 02540-3913

Policy No : 87-02479895-2005
Agent : Murray & Macdonald Ins.

Insured: Molly D. Allison

Location: 39 Telegraph Hill Rd.
Falmouth, MA 02540-2034

Type of Property Involved in Claim: Residential

Date of Loss: 06/09/2006

1 . Full Amount of Insurance applicable to the property for which claim is presented was	\$200,000.00
2 . Full Replacement Cost of the said property at the time of the loss was	\$218,677.83
3 . The Full Cost of Repair or Replacement is	\$1,514.65
4 . Applicable Depreciation is	\$30.87
5 . Actual Cash Value loss is (Line 3 minus Line 4)	\$1,483.78
6 . Less deductibles and / or participation by the insured	\$500.00
7 . Actual Cash Value Claim is (Line 5 minus Line 6)	\$983.78
8 . Supplemental Claim, to be filed in accordance with the terms and conditions of the Replacement Cost Coverage within 180 days from the date of loss shown above, will not exceed (This figure will be that portion of the amounts shown on Lines 4 and 6 which is recoverable)	\$30.87

* The Standard Flood Insurance Policy is subject to the National Flood Insurance Act of 1968 and any Acts Amendatory thereof, and Regulations issued by the Federal Insurance Administration pursuant to such statute(s).

ADJ. FILE NO: 038646

11050456
Adjuster's FCN License No.

Joe Hruza

Insured
Adjuster

U.S. DEPARTMENT OF HOMELAND SECURITY
 FEDERAL EMERGENCY MANAGEMENT AGENCY
 NATIONAL FLOOD INSURANCE PROGRAM

O.M.B. No. 1660-0005
 Expires JUNE 30, 2007

THE NFIP REQUIRES THAT A PRELIMINARY REPORT BE RECEIVED WITHIN 15 DAYS OF ASSIGNMENT,
 AND AN INTERIM OR FINAL REPORT NOT LATER THAN EVERY 30 DAYS THEREAFTER.

See Privacy Act
 Statement and Paperwork
 Burden Disclosure Notice

FINAL REPORT

INSURED Molly D. Allison POLICY NUMBER 87-02479895-2005
 PROPERTY ADDRESS 39 Telegraph Hill Rd., Falmouth, MA 02540-2034 DATE OF LOSS 06/09/2006
 ADJUSTING COMPANY Simsol Ins. Services ADJ. FILE NO. 038646

PREMISES HISTORY	Date risk was originally constructed: <u>1957</u>				Insured at premises <u>1997</u>			
	Date of Alteration	Brief Description of Alteration	Market Value	Cost of Alteration	Type of Alteration		*Substantial Improvement?	
	<u>2003</u>	<u>Finished Basement</u>	<u>\$80,000.00</u>	<u>\$80,000.00</u>	<input type="checkbox"/> Repair	<input type="checkbox"/> Recon	<input checked="" type="checkbox"/> Improve	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	<u>1997</u>	<u>Deck and Bath remodel</u>	<u>\$20,000.00</u>	<u>\$20,000.00</u>	<input type="checkbox"/> Repair	<input type="checkbox"/> Recon	<input checked="" type="checkbox"/> Improve	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	<u>N/A</u>		<u>\$0.00</u>	<u>\$0.00</u>	<input type="checkbox"/> Repair	<input type="checkbox"/> Recon	<input type="checkbox"/> Improve	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

*Defined as any repair, reconstruction, or improvement, the cost of which equals or exceeds 50% of the market value of the structure before the damage occurred or the reconstruction or improvement was begun.
 Prior losses (approximate dates and amounts of loss):

<u>2005</u>	<u>\$0.00</u>	<u>Repairs completed?</u>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Insured?</u>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Insured but no claim made
<u>N/A</u>	<u>\$0.00</u>	<u>Repairs completed?</u>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<u>Insured?</u>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Insured but no claim made
<u>N/A</u>	<u>\$0.00</u>	<u>Repairs completed?</u>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<u>Insured?</u>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Insured but no claim made

(Continue under Narrative if additional space is needed for alterations or prior losses.)

INTEREST	Mortgagee(s):	Loss Payee(s):	Other Insurance:	(Company)	(Type)	(Policy Number)	(Coverage Bldg/Cts)	(Covers flood?)
	<u>Eastern Bank ISAOA</u>		<u>New London</u>	<u>HO</u>	<u>/</u>			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

CLAIM SUMMARY	Duration building will not be habitable <input checked="" type="checkbox"/> 0-2 days <input type="checkbox"/> 3-7 days <input type="checkbox"/> 2-4 weeks <input type="checkbox"/> 1-2 months <input type="checkbox"/> more than 2 months					
	Claim Recapitulation	Building		Contents		Totals
		Main*/Assn	Appurtenant/Unit	Main*/Assn	Appurtenant/Unit	
Property Value (RCV)	\$218,677.83	\$0.00	\$65,000.00	\$0.00	\$283,677.83	
Property Value (ACV)	\$205,557.16	\$0.00	\$50,000.00	\$0.00	\$255,557.16	
Gross Loss (RCV)	\$1,514.65	\$0.00	\$0.00	\$0.00	\$1,514.65	
Covered Damage (ACV)	\$1,483.78	\$0.00	\$0.00	\$0.00	\$1,483.78	
Removal / Protection	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
Total Loss (ACV)	\$1,483.78	\$0.00	\$0.00	\$0.00	\$1,483.78	
Less Salvage	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
Less Deductible	\$500.00	\$0.00	\$0.00	\$0.00	\$500.00	
Excess Over Limit	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
Claim Payable (ACV)	\$983.78	\$0.00	\$0.00	\$0.00	\$983.78	
Damage from Other Cause	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	

Identify Cause:
 Main building RCV: \$218,677.83 Insured qualifies for R/C coverage? Yes No Not Applicable
 *Includes mobile home. If yes, R/C claim: \$30.87 Total Building Claim: \$1,014.65

EXCLUDED DAMAGES	Approximate value of property excluded:				Approximate damage to property excluded:			
	[X] Less Than 1,000	[3] 2,000 - 5,000	[5] 10,000 - 20,000	[6] More than 20,000	[X] Less Than 1,000	[3] 2,000 - 5,000	[5] 10,000 - 20,000	[6] More than 20,000
Excluded building damages:	<input type="checkbox"/> 1,000 - 2,000	<input type="checkbox"/> 5,000 - 10,000	<input type="checkbox"/> 10,000 - 20,000	<input type="checkbox"/> More than 20,000	<input type="checkbox"/> 1,000 - 2,000	<input type="checkbox"/> 5,000 - 10,000	<input type="checkbox"/> 10,000 - 20,000	<input type="checkbox"/> More than 20,000
Excluded contents damages:	<input type="checkbox"/> 1,000 - 2,000	<input type="checkbox"/> 5,000 - 10,000	<input type="checkbox"/> 10,000 - 20,000	<input type="checkbox"/> More than 20,000	<input type="checkbox"/> 1,000 - 2,000	<input type="checkbox"/> 5,000 - 10,000	<input type="checkbox"/> 10,000 - 20,000	<input type="checkbox"/> More than 20,000

ENCLOSURES
 Building Worksheets () Photographs () Proof of Loss Other Non-Waiver
 Contents Worksheets () Narratives (pp) R/C Proof Other Loss Notice

CERTIFICATION
 The above statements are true and correct to the best of my knowledge. I understand that any false statements may be punishable by fine or imprisonment under 18 U.S. Code Sec. 1001.
 County of _____ Insured _____
 State of _____ Insured _____
 Signed this day of _____ Witness _____



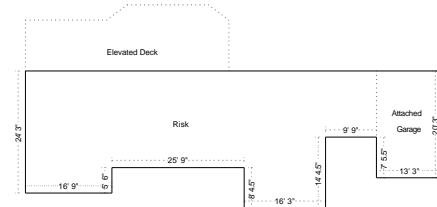
INSURED : Molly D. Allison
 LOCATION : 39 Telegraph Hill Rd.
 : Falmouth, MA 02540-2034
 COMPANY : Hartford Fire Ins. Co.
 : %National Flood Services
 : Kalispell, MT 59903

DATE OF REPORT : 07/19/2006
 DATE OF LOSS : 06/09/2006
 POLICY NUMBER : 87-02479895-2005
 CLAIM NUMBER : 038646
 OUR FILE NUMBER : 038646
 ADJUSTER NAME : Joe Hruza

BUILDING ESTIMATE

BUILDING INFORMATION

Type of Building: Residential
 Type of Foundation: Masonry Wall
 Exterior Walls: Wood Frame
 Type of Roof: Shingle
 Interior Walls: Wood Studs
 Building Age: 1957.0
 Age of Roof: 30
 Basement: Finished
 Elevated: Non-Elevated
 Number of Stories: 2.0
 Number of Rooms: 8.0
 Number of Baths: 2.0



ESTIMATE RECAP

Estimate Grand Totals:	\$1,514.65		
Total Depreciation:	\$30.87	Recoverable Depreciation:	\$30.87
A.C.V. Estimate Totals:	\$1,483.78	Non-Recoverable Depreciation:	\$0.00
Policy Deductible:	\$500.00	Total Depreciation:	\$30.87
Final Totals:	\$983.78		

ESTIMATE COMMENTS

Please keep all receipts, invoices, cancelled checks and contractor agreements. In the event of future loss this documentation will be requested.

*** *This is an estimate of recorded damages and is subject to review and final approval by the insurance carrier.* ***



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Main Grouping: Basement
Estimate Section: Utility Room

This area is unfinished.

Utility Room 8' x 14' 1.0" x 7' 3.0"

Lower Perimeter: 44.20 LF Floor SF: 112.70 SF Wall SF: 320.20 SF
 Upper Perimeter 44.20 LF Floor SY: 12.52 SY Ceiling SF: 112.70 SF

Quantity	Description	Unit Cost	RCV	DEP	ACV
112.7 SF	Flood Loss Clean-up (100.0%)	\$0.75	\$84.52		\$84.52
112.7 SF	Water Extraction (100.0%)	\$0.85	\$95.80		\$95.80
176.7 SF	Mildewcide Wall Treatment (100.0% / 4.0') Recommend 100%	\$0.33	\$58.31		\$58.31
112.7 SF	Mildewcide Floor Treatment (100.0%)	\$0.33	\$37.19		\$37.19
3.0 DY	Airmover for Water Loss	\$29.00	\$87.00		\$87.00
3.0 DY	Dehumidifier for Water Loss	\$53.10	\$159.30		\$159.30
88.3 SF	Clean Walls (50.0% / 4.0') Two wall in this area are masonry.	\$0.37	\$32.67		\$32.67
Totals For Utility Room			\$554.79	\$0.00	\$554.79

Main Grouping: Basement
Estimate Section: Family Room/Hall

This room is irregular in shape.
 The total sq ft in this area is 183 sq ft.
 There is 97 lineal feet of finished walls in this area.

Quantity	Description	Unit Cost	RCV	DEP	ACV
183.0 SF	Flood Loss Clean-up (100.0%) Recommend 100%	\$0.75	\$137.25		\$137.25
91.5 SF	Water Extraction (50.0%) Area 183 sq ft. Water extraction was limited 50% of this area.	\$0.73	\$66.80		\$66.80
388.0 SF	Mildewcide Wall Treatment (100.0% / 4.0') One wall was damaged. Water was limited that area. Recommend mildewcide 100% of room.	\$0.33	\$128.04		\$128.04
183.0 SF	Mildewcide Floor Treatment (100.0%) Recommend mildewcide 100%	\$0.33	\$60.39		\$60.39
3.0 DY	Airmover for Water Loss	\$29.00	\$87.00		\$87.00
3.0 DY	Dehumidifier for Water Loss	\$53.10	\$159.30		\$159.30

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Estimate Section: Basement : Family Room/Hall - Continued...

Quantity	Description	Unit Cost	RCV	DEP	ACV
97.0 SF	R/R Unfinished Wall Gypsum Drywall (25.0% / 4.0') One wall damaged by flood water. Total lineal ft of finished wall in area is 97' 97 x 4 = 388 sq ft x 25% =97 sq ft	\$1.97	\$191.09	\$30.57	\$160.52
97.0 SF	Clean Walls (25.0% / 4.0') Clean masonry walls behind drywall. 25% of wall addresses all of the masonry walls.	\$0.37	\$35.89		\$35.89
Totals For Family Room/Hall			\$865.76	\$30.57	\$835.19

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ESTIMATE TOTALS

ESTIMATE TOTAL PAGE ITEMS	RCV	DIFF	ACV
Repair Item Totals	\$1,420.55	\$30.57	\$1,389.98
Additional Items Totals (1)	\$71.03	\$0.00	\$71.03
Applicable Sales Tax	\$23.07	\$0.30	\$22.77
Rate: 4.00% (Includes M,E)			
Estimate Grand Totals	\$1,514.65	\$30.87	\$1,483.78
Less Deductible	(\$500.00)		(\$500.00)
BUILDING FINAL TOTALS	\$1,014.65	\$30.87	\$983.78

RECOVERABLE DEPRECIATION *	\$30.87
NON-RECOVERABLE DEPRECIATION	\$0.00

*This amount represents the total recoverable depreciation for this estimate. Any payable recoverable depreciation is subject to policy coverage limit. Please check policy coverage limit prior to issuing any recoverable depreciation reimbursements.

The adjuster has no authority to approve or deny claims. R/R means: Remove and Replace damaged item. A copy of this estimate does not constitute a settlement of this claim. This estimate is subject to review and approval by your carrier, any additional repair to or replacement of items not included in this estimate is also subject to the insurance company's prior approval. You are required to keep all receipts, cancelled checks, inspection reports, etc. as proof of repair/replacement in the event of any future loss. This is not an authorization for repairs. The hiring of a contractor is strictly the decision of the policy holder.

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ESTIMATE ADDITIONAL ITEMS

ADDITIONAL ITEM DESCRIPTION	RCV	DEP	ACV
1 Debris Removal	\$71.03	\$0.00	\$71.03
ADDITIONAL ITEMS TOTAL	\$71.03	\$0.00	\$71.03

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