

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	[X] Less Than 1,000	[3] 2,000 - 5,000	[5] 10,000 - 20,000	
Excluded building damages:		[2] 1,000 - 2,000	[4] 5,000 - 10,000	[6] More than 20,000	[2] 1,000 - 2,000	[4] 5,000 - 10,000	[6] More than 20,000	
Excluded contents damages:		[X] Less Than 1,000	[3] 2,000 - 5,000	[5] 10,000 - 20,000	[X] Less Than 1,000	[3] 2,000 - 5,000	[5] 10,000 - 20,000	
		[2] 1,000 - 2,000	[4] 5,000 - 10,000	[6] More than 20,000	[2] 1,000 - 2,000	[4] 5,000 - 10,000	[6] 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 _____

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