



INSURED : Charles Dammon  
LOCATION : 124 Eden Isles Blvd  
: Slidell, LA 70458  
COMPANY : American Bankers Insurance Co of Florida  
: PO Box 4337  
: Scottsdale, AZ 85261

DATE OF REPORT : 10/23/2012  
DATE OF LOSS : 08/29/2012  
POLICY NUMBER : AFC0001515  
CLAIM NUMBER : 111339  
OUR FILE NUMBER : 111339  
ADJUSTER NAME : Roland Rooney

# SWEET CLAIM SERVICE Inc.

#1 Flood Place, POB 132, Talala, OK 74080 Phone 800-833-0258

## SETTLEMENT INSTRUCTIONS

Dear Charles Dammon ,

We have completed our investigation of your 08/29/2012 flood insurance claim. Attached is **YOUR COPY** of our Building Repair Estimate and Contents Inventory Evaluation. Please review them and retain them for your records. **Place these estimates along with all receipts for repairs in a safe and dry place as they will be needed should you ever flood again.** Our estimate is based on our inspection of the damage and any estimates or information you provided us during the course of this adjustment and the National Flood Insurance Program's coverage guidelines.

Also enclosed with this letter are forms which must be **SIGNED** in order for us to process your claim. Please SIGN the following forms and return them to us at the address listed below. You can fax an advance copy to 918-275-4308, or you can email it to [rooney@scsclaims.com](mailto:rooney@scsclaims.com), this will allow the insurance company to start processing your payment while the original is in the mail.

- 1)  Proof of Loss
- 2)  Final Report
- 3)  Replacement Cost Proof of Loss

Mail the **SIGNED ORIGINALS** to:

Sweet Claim Services  
PO Box 132  
Talala, OK 74080

**ALL CLAIM PAYMENTS ARE SUBJECT TO THE FINAL APPROVAL OF YOUR FLOOD CARRIER AND THE FEDERAL GOVERNMENT.** We appreciate your patience as it may take up to 4 weeks from the date

we receive your signed forms to complete processing your claim.

If you have any questions, please feel free to contact our office.

Sincerely,

Roland Rooney, Claims Adjuster  
Sweet Claim Services  
PO Box 132  
Talala, OK 74080  
(918)275-4244

POLICY NUMBER AFC0001515

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

05/30/2012 TO 05/30/2013

POLICY TERM

\$185,200.00

AMT OF BLDG COV AT TIME OF LOSS

\$32,000.00

AMT OF CNTS COV AT TIME OF LOSS

**PROOF OF LOSS**

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

Fassbender Insurance  
AGENCY

AGENCY AT \_\_\_\_\_

TO THE American Bankers Insurance Co of OF PO Box 4337, Scottsdale, AZ 85261 :

At the time of loss, by the above indicated policy of insurance, you insured the interest of  
Charles Dammon  
124 Eden Isles Blvd, Slidell, LA 70458

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 29 day of August , 2012 , 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 : \_\_\_\_\_  
Central Progressive Bank & Insd / Mtge

1. FULL AMOUNT OF INSURANCE applicable to the property for which claim is presented is .....	\$217,200.00
2. ACTUAL CASH VALUE of building structure .....	\$197,854.71
3. ADD ACTUAL CASH VALUE OF CONTENTS or personal property insured .....	\$0.00
4. ACTUAL CASH VALUE OF ALL PROPERTY .....	\$197,854.71
5. FULL COST OF REPAIR OR REPLACEMENT .....	\$8,539.29
6. LESS APPLICABLE DEPRECIATION .....	\$504.07
7. ACTUAL CASH VALUE LOSS is .....	\$8,035.22
8. LESS DEDUCTIBLES .....	\$1,000.00
9. NET AMOUNT CLAIMED under above numbered policy is (Pending Your Flood Carrier's Final Approval)	<u>\$7,035.22</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.

I declare under penalty of perjury that the information contained in the foregoing is true and correct to the best of my knowledge and belief.

Executed this 10 day of 24 , 20 12

Name Charles Dammon

REPLACES ALL PREVIOUS

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

**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:

Policy No : AFC0001515

Agent : Fassbender Insurance

Insured: Charles Dammon

Location 124 Eden Isles Blvd  
Slidell, LA 70458

Type of Property Involved in Residential

Date of Loss: 08/29/2012

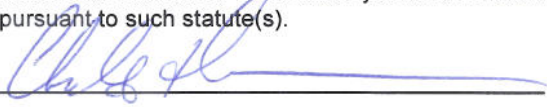
1 . Full Amount of Insurance applicable to the property for which claim is presented was . . . . .	\$185,200.00
2 . Full Replacement Cost of the said property at the time of the loss was . . . . .	\$219,838.57
3 . The Full Cost of Repair or Replacement is . . . . .	\$8,539.29
4 . Applicable Depreciation is . . . . .	\$504.07
5 . Actual Cash Value loss is . . . . . ( Line 3 minus Line 4 )	\$8,035.22
6 . Less deductibles and / or participation by the insured . . . . .	\$1,000.00
7 . Actual Cash Value Claim is . . . . . ( Line 5 minus Line 6 )	\$7,035.22
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 )	\$165.51

\* 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: 111339

08060023

Adjuster's FCN License No.



Roland Rooney

Insured

Adjuster

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

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 Charles Dammon POLICY NUMBER AFC0001515  
PROPERTY ADDRESS 124 Eden Isles Blvd, Slidell, LA 70458 DATE OF LOSS 08/29/2012  
ADJUSTING COMPANY Sweet Claim Services ADJ. FILE NO. 111339

**PREMISES HISTORY** Date risk was originally constructed 07/01/1989 Insured at premises 1999

Date of Alteration	Brief Description of Alteration	Market Value	Cost of Alteration	Type of Alteration	*Substantial Improvement?
	No Alterations Seen or Reported	\$0.00	\$0.00	[ ] Repair [ ] Recon [ ] Improve	[ ] Yes [ ] No
		\$0.00	\$0.00	[ ] Repair [ ] Recon [ ] Improve	[ ] Yes [ ] No
		\$0.00		[ ] Repair [ ] Recon [ ] Improve	[ ] Yes [ ] 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>8/29/2005</u>	<u>\$94,703.59</u>	Repairs completed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Insured? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Insured but no claim made
<u>\$0.00</u>		Repairs completed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Insured? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Insured but no claim made
<u>\$0.00</u>		Repairs completed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Insured? <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): Central Progressive Bank  
Loss Payee(s): Insd / Mtge  
Other Insurance: Lighthouse home HWL2027772 YES / YES  Yes  No  
(Company) (Type) (Policy Number) (Coverage Bldg/Cts) (Covers flood?)

**CLAIM SUMMARY** Duration building will not be habitable  0-2 days  2] 3-7 days  3] 2-4 weeks  4] 1-2 months  5] more than 2 months

Claim Recapitulation	Building		Contents		Totals
	Main*/Assn	Appurtenant/Unit	Main*/Assn	Appurtenant/Unit	
Property Value (RCV)	\$219,838.57	\$0.00	\$0.00	\$0.00	\$219,838.57
Property Value (ACV)	\$197,854.71	\$0.00	\$0.00	\$0.00	\$197,854.71
Gross Loss (RCV)	\$8,539.29	\$0.00	\$0.00	\$0.00	\$8,539.29
Covered Damage (ACV)	\$8,035.22	\$0.00	\$0.00	\$0.00	\$8,035.22
Removal / Protection	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Total Loss (ACV)	\$8,035.22	\$0.00	\$0.00	\$0.00	\$8,035.22
Less Salvage	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Less Deductible	\$1,000.00	\$0.00	\$0.00	\$0.00	\$1,000.00
Excess Over Limit	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Claim Payable (ACV)	\$7,035.22	\$0.00	\$0.00	\$0.00	\$7,035.22
Damage from Other Cause	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

Identify Cause:

Main building RCV: \$219,838.57 Insured qualifies for R/C coverage?  Yes  No  Not Applicable  
\*Includes mobile home. If yes, R/C claim: \$165.51 Total Building Claim: \$7,200.73

**EXCLUDED DAMAGES**

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

**ENCLOSURES**  Building Worksheets ( )  Photographs ( )  Proof of Loss  Other \_\_\_\_\_  
 Contents Worksheets ( )  Narratives ( pp)  R/C Proof  Other \_\_\_\_\_

**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 Charles Dammon  
State of \_\_\_\_\_ Insured \_\_\_\_\_  
Signed this day of \_\_\_\_\_ Witness \_\_\_\_\_

REPLACES ALL PREVIOUS EDITIONS