

Increased Cost Of Compliance (ICC)

YOUR COMPANY NAME

123 Main St.
Austin, TX 78704
Email: info@business.com
Phone: 123-456-7890
www.website.com

Property Information

POLICYHOLDER:			POLICY NO.:
<div> </div>			<div> </div>
PROPERTY ADDRESS:			CLAIM/FILE NO.:
<div> </div>			<div> </div>
CITY:	STATE:	ZIP:	DATE OF LOSS:
<div> </div>	<div> </div>	<div> </div>	<div> </div>
MAILING ADDRESS:			PHONE NO. #1:
<div> </div>			<div> </div>
CITY:	STATE:	ZIP:	PHONE NO. #2:
<div> </div>	<div> </div>	<div> </div>	<div> </div>
EMAIL #1:		EMAIL #2:	
<div> </div>		<div> </div>	
MORTGAGEE(S):			
<div> </div>			
AGENT/AGENCY:			PHONE NO. #1:
<div> </div>			<div> </div>
AGENT EMAIL(S):			PHONE NO. #2:
<div> </div>			<div> </div>

COVERAGE / BENEFIT TYPE	AMOUNT OF COVERAGE	AMOUNT OF REQUEST
COVERAGE A – BUILDING PROPERTY	<div> </div>	<div> </div>
COVERAGE D – INCREASED COST OF COMPLIANCE	<div> </div>	<div> </div>
	NET AMOUNT REQUESTED:	<div> </div>

Eligible compliance activity (select all that apply):	Demolition	Elevation	Relocation	Floodproofing
Attachments that support my request for advance payment (select all that apply):	Community's substantial damage/determination letter (including the basis of the cost of repairs and market values) Building permit from community's building official authorizing the compliance activity(ies) Signed contract and estimate from a contractor for the compliance activity(ies) with schedule of work and expected dates Elevation certificate (with photos) prior to the start of the compliance activity (if elevating)			
POLICYHOLDER SIGNATURE:				
OWNER NAME:				
OWNER TITLE:				

I request that \${element-2589196}

provide me an advance payment in the amount requested

At the option of my insurer, the amount can be up to one half (50%) of the Increased Cost of Compliance (ICC) benefits available under my Standard Flood Insurance Policy (SFIP).

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

- (1) The funds I am seeking herein will be used only for eligible Increased Cost of Compliance activities.
- (2) The issuance and acceptance of an advance payment does not prejudice or waive any claim or defence available to either me or my insurer.
- (3) 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.
- (4) If all or part of the advanced funds are not used within the permitted time limits for completing the eligible activities (or any extensions that may be granted of that time), I will return those amounts not spent on such eligible activities. Failure to do so will subject me to any available administrative, civil or criminal remedies, which include, but are not limited to, a determination that my policy is void pursuant to the General Conditions, Sections B. and G.3. provisions of my SFIP, 44 C.F.R. Chapter 1, Subchapter B, Part 61, Appendix A(1) and Appendix A(2), Sections VII.B. and VII.G.3., and Appendix A(3), Sections VIII.B. and VIII.G.3.; a Federal Debt Collection action under 44 C.F.R. Chapter 1, Subchapter A, Part 11, Subpart A, and legal actions under State or Federal laws

POLICYHOLDER SIGNATURE:	DATE SIGNED:
<div><div></div><div></div></div>	<div><div></div><div></div></div>
OWNER NAME:	OWNER TITLE:
<div><div></div><div></div></div>	<div><div></div><div></div></div>