To:       WYO Company Principal Coordinators  
          NFIP Servicing Agent

From:   Anthony S. Lowe  
          Director  
          Mitigation Division  
          Emergency Preparedness and Response Directorate

Date:   April 16, 2004

Re:   Post Hurricane Isabel Outreach Activities

The National Flood Insurance Program (NFIP) has implemented a claim review process to ensure that NFIP policyholders who filed claims following Hurricane Isabel received an equitable loss settlement. Policyholders may initiate this claim review in three ways: by telephone (1-800-427-4661), mail, fax, or by attending a community outreach session being scheduled in communities severely affected by Hurricane Isabel in Maryland, Virginia, and North Carolina.

The attachments provide the text of the notice that will be sent to approximately 24,000 Isabel claimants, together with the request for claim review form. Please share this information with your agents, so they can be prepared for inquiries.

The website, www.fema.gov, includes information regarding the locations, dates, and times of the outreach sessions, frequently asked questions, and other related materials. Please look for the box on the FEMA homepage, titled, “Hurricane Isabel Flood Insurance Claims” and click on “Isabel NFIP Claims Review Information.”

FEMA has analyzed the privacy issue raised by some of the Write Your Own Companies with regard to our request for the mailing addresses of the Isabel claimants for the purpose of sending them the notice and claim review form. This activity is consistent with the disclosure provisions of the Gramm Leach Bliley Act and other privacy provisions and is necessary to fully effect and administer the Standard Flood Insurance Policy to ensure compliance with Federal law. Therefore, we request that you provide the appropriate mailing addresses to the Bureau as soon as possible, if you have not done so already.

If you have questions regarding these activities, please contact Edward C. Connor of my Industry Relations staff at (202) 646-3429 or via email at Edward.Connor@dhs.gov.

Attachments

cc: Vendors, IBHS, FIPNC, WYO Marketing Committee, Government Technical Representative  
Suggesting Routing: Claims, Data Processing, Marketing, Underwriting
Notice to Policyholders of Flood Insurance Claim Review Process

Dear Policyholder:

The National Flood Insurance Program has implemented a claim review process to ensure that policyholders who filed claims following Hurricane Isabel received an equitable loss settlement.

If you have not received compensation equal to your maximum policy coverage, you are being given the option to request a claim review.

If you would like to initiate a review of your claim settlement, please complete the enclosed postage-paid “Request for Review of Hurricane Isabel Claim File” form and return it to us. You may also fax the completed form to the National Flood Insurance Program at 1-800-457-4232. We request that you include a daytime telephone number in case we need to contact you for additional information or clarification. The National Flood Insurance Program will thoroughly review your claim and notify you of the findings in writing.

If you have already initiated a request for review of your claim with the National Flood Insurance Program, please disregard this letter as your claim review has been started.

As the reviews are completed, some flood insurance claims settlements will be found to be correctly evaluated. In those cases, policyholders will receive a detailed written explanation. If some claim settlements were incorrect, and more dollars should be paid, an adjustment will be made and policyholders will receive additional funds along with a detailed written response.

If you have questions about the claim review process or the National Flood Insurance Program, or would like to request a review by phone, please call 1-800-427-4661. Representatives are available seven days a week, 9:00 am to 9:00 pm Eastern time. Our website, www.fema.gov also provides additional information about the National Flood Insurance Program and the claim review process.

Hurricane Isabel Community Outreach Team

Enclosure
National Flood Insurance Program

REQUEST FOR REVIEW OF HURRICANE ISABEL CLAIM FILE

Please complete the following information to assist in the NFIP’s review of your claim file. If necessary, a General Adjuster will be assigned to reinspect your structure. You will be contacted by telephone regarding the review. Fax completed form to 1-800-457-4232 or mail to: NFIP Claim Review, 7700 Hubble Drive, Lanham, MD 20706.

*Required fields.

*Policyholder’s Name (as shown on policy): ___________________________________________________________

*Property Address (of loss): ____________________________________________________________
City: __________________________ State: ______ ZIP: __________

*Mailing Address: ____________________________________________________________
City: __________________________ State: ______ ZIP: __________

*Phone: Day _______________________ Evening _________________ Cellular _______________________ Fax _______________________

E-mail: ____________________________________________________________

*Insurance Company/Carrier: _________________________________ Policy Number: ____________________________________________

*Insurance Agent’s Name: ____________________________________ Phone: ___________________________________________________

*Adjuster’s Name: __________________________________________ Phone: ___________________________________________________

Contractor’s Name: __________________________________________ Phone: ___________________________________________________

Contractor’s Address: __________________________________________ City: __________________________ State: ______ ZIP: __________

Amount paid/offered (based on adjuster’s estimate): __________________ Date: ___________ Cost to repair (Contractor’s estimate): ___________

Name of person completing form (if different than policyholder): __________________________________________________________

Contact Number: _________________________________ Relationship to Policyholder: __________________________________________

Comments: ____________________________________________________________________________________________

____________________________________________________________________________________________________________________________________________________________________________________________________________________________________________

To mail, please fold along this dotted line and tape the outside edge. (Please DO NOT staple.)