

FEDERAL EMERGENCY MANAGEMENT AGENCY
DISASTER RESPONSE AND RECOVERY

INSURANCE COMMITMENT
(Supplement to Project Application)

APPLICANT		
_____ Name	_____ Type of Major Disaster	
_____ Address	_____ Project Application No.	
_____ City	_____ County	_____ DSR Item No.
_____ State	_____ Zip	_____ Date of Inspection
_____ Telephone No.	_____ Federal Inspector	
_____ Federal Agency		
_____ Location of Damaged Property		
_____ Description of Damage		
_____ Estimated Cost of Eligible Work		
_____ Appraised Value of Property \$		
_____ Life of Insured Property Years	_____ Years	_____ Life of Restorative Work
<u>IN EFFECT</u>		<u>REQUIRED</u>
_____ Type		
_____ Extent—Buildings		\$
_____ —Contents		\$

<p>_____</p> <p>_____</p> <p>Deductible (\$ or %) _____</p> <p>_____</p> <p>_____</p> <p>Policy Number _____ Effective Date _____</p> <p>Company _____</p> <p>Address _____</p>	
<p>APPLICANT'S COMMITMENT</p> <p>The Applicant hereby assures the Governor's Authorized Representative and the FEMA Regional Director that it (will obtain) (has ob-</p> <p>_____</p> <p>tained) and will maintain the required insurance for _____ years as a condition for obtaining Federal disaster assistance under PL 93-288.</p>	
<p>APPLICANT'S AUTHORIZED REPRESENTATIVE</p> <p>_____</p> <p>Signature _____</p> <p>_____</p> <p>Title _____</p>	<p>DATE</p>
<p>STATE REVIEW</p>	<p>DATE</p>
<p>FEMA REVIEW</p>	<p>DATE</p>