

Notice of Loss

Claim # 5114245292F

Allstate Insurance-National Catastrophe Team	
Adjuster [P7779]	PO Box 94054 PALATINE, IL 60094 January 29, 2006
Phone	Phone (800) 547-8676 Fax (888) 859-3946
Fax	
Insured	WEISS, ROBERT 13 TREASURE ISLE, SLIDELL, LA 70461
Phone Number	(504) 577-5385 Policy # 080523923
Other Phone	(919) 929-6532 Ins Claim # 5114245292
Ins Company	**DEFAULT ALLSTATE INSURANCE COMPANY**
	Claim Kind Residential Property

Loss Information

Loss Date 8/29/2005 Catastrophe System Cat Code Peril FLOOD Flood
Reported 9/7/2005 Reported By
Address LOT 13 TREASURE ISLE, SLIDELL, LA 70461
Details CAT CODE = K
Narrative DWELLING DMG: FLOOD
LOSS FACTS: KATRINA
PRIOR LOSS: NONE FOUND
L300 COVERAGES: NOT FOUND
***** DAMAGE LEVEL: 4 - UNLIVABLE ***** AGENTNAME: NAME NOT AVAILABLE PHONE:
Damage 1: DWELLING DMG: FLOOD LOSS FACTS: KATRINA PRIOR LOSS: NONE FOUND L300 COVERAGES:
NOT FOUND ***** DAMAGE LEVEL: 4 - UNLIVABLE ***** AGENTNAME: NAME NOT AVAILABLE PHONE:
OccupCode: 1
BasementType: 2
ElevBuild: Y
ElevDifference: 3
EdsInsName: WEISS JR, ROBERT U
EdsPropAdd: LOT 13 TREASURE ISLE
FirmZone: V15

Coverage

Effective 3/10/2005 - 3/10/2006 Policy Type **DEFAULT MANUAL/FLOOD POLICY INF
Deductible Coverage-Specific Mortgagee None Showing
Coverage Description Coverage Amt Value Requirement Deductible
AA AA - Dwelling \$250,000.00 None \$500.00
CC Unscheduled Personal Property \$100,000.00 None \$500.00
Agency
Agent NAME NOT AVAILABLE

F300 Flood Claim Work Order 09/29/2005 2:25:22 PM

Adjuster: 17444 BRADLEY TEASLEY

205 ALLSTATE FLOOD

Receive Date: 09/07/2005

Batch #: 2992

Date Assigned 09/28/2005

Claim Number: 5114245292

Policy: 000000080523923

Policy Term: 03/10/2005 To 03/10/2006

Notice Date: 09/07/2005

Loss Dte: 08/29/2005

Cat Code: K ROC:

Insured Name: ROBERT WEISS
13 TREASURE ISLE

SLIDELL

LA

70461

Loss Location: ROBERT WEISS
Address: LOT 13 TREASURE ISLE

SLIDELL

LA

70461

Phone: (919) 929-6532

(504) 577-5385

EDS Insured: WEISS JR, ROBERT U

Eds Ins Add: LOT 13 TREASURE ISLE

Lien Holder:

Agent:

Agent Phone:

Dwelling Damage

DWELLING DMG: FLOOD LOSS FACTS: KATRINA PRIOR LOSS: NONE FOUND L300 COVERAGES:
NOT FOUND ***** DAMAGE LEVEL: 4 - UNLIVABLE ***** AGENTNAME: NAME NOT AVAILABLE
PHONE:

Flood Policy Data

Building Type: 1 Single Family Mobile Home: N # Floors: 2 Basement: 2 Finished

Firm Zone: V15 Elevated Building: Y Elevation Difference: 3 Const Date: 07/01/1993

Building Cov: \$250,000.00 Building Ded: \$500.00 Contents Cov: \$100,000.00 Contents Ded: \$500.00

Prior Claims

<u>Claim#</u>	<u>Loss Date</u>	<u>Build Loss</u>	<u>Contents</u>	<u>Close Date</u>
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CAT CODE = K

Comments

Customer Care

ALST-WEIS 0370

L300MSB

ADJUSTER: P7779 Michael D Wells ASSIGN DATE/TIME: 10/9/2005 [[TimeAdjusterAssigned]]
MCO AND CODE: 7740 Allstate Insurance-National Catastrophe Team

INSURED: WEISS, ROBERT
ADDRESS: 13 TREASURE ISLE, SLIDELL, LA 70461
PHONE 1:(504) 577-5385 PHONE2: (919) 929-6532
LOSS LOCATION: LOT 13 TREASURE ISLE, SLIDELL, LA 70461

CLM NUM: 5114245292 CAT CD: K LINE/PERIL: 7399 FLOOD LOSS DATE: 8/29/2005
REPORTED DATE: 9/7/2005

POLICY NUM: F080523923 EFF DT: 3/10/2005 to 3/10/2006
YEAR BUILT: 1993

COMPANY AND CODE: 000 **DEFAULT ALLSTATE INSURANCE COMPANY**
AGENCY: [[AgencyName]] AGENT: [[AgencyMainAgent]] PHONE: [[AgencyPhone1]]
LEINHOLDER: [[RiskMortgagee1]]

POLICY TYPE AND CODE: 00 **DEFAULT MANUAL/FLOOD POLICY INFORMATION**

LOSS FACTS: DWELLING DMG: FLOOD

LOSS FACTS: KATRINA

PRIOR LOSS: NONE FOUND

L300 COVERAGES: NOT FOUND

***** DAMAGE LEVEL: 4 - UNLIVABLE ***** AGENTNAME: NAME NOT AVAILABLE
PHONE:

Damage 1: DWELLING DMG: FLOOD LOSS FACTS: KATRINA PRIOR LOSS: NONE FOUND

L300 COVERAGES: NOT FOUND ***** DAMAGE LEVEL: 4 - UNLIVABLE *****

AGENTNAME: NAME NOT AVAILABLE PHONE:

OccupCode: 1

BasementType: 2

ElevBuild: Y

ElevDifference: 3

EdsInsName: WEISS JR, ROBERT U

EdsPropAdd: LOT 13 TREASURE ISLE

FirmZone: V15

COMMENTS: CAT CODE = K

POLICY NOTES: ORIGIN YR 1994 FIRMZN V15 DEDUCTIBLE: NONE AVAILABLE
COMMENTS:

Coverage	Amount	Deductible
AA-Building	\$250,000.00	\$500.00
CC-Contents	\$100,000.00	\$500.00

ENDORSEMENTS: [[PolicyEndorsements]]

D NONE



12/13/2005

Allstate Flood Insurance Program

Policy Declaration Page

DIARIED

Policy Number:	0805239233	Effective At 12:01 AM:	03/10/2005 - 03/10/2006
		Endorsement Effective Date:	11/04/2005
Policy Type:	Standard		
Status:	Inforce Status	Payer:	INSURED - ROBERT U WEISS JR

Named Insured and Mailing Address:
ROBERT U WEISS JR

Insured Property Address:

210 CYPRESS LAKE CIR
SLIDELL, LA 70458

LOT 13 TREASURE ISLE
SLIDELL, LA 70461

Agent Name and Address:
DAVE MARTIN III AGY

First Mortgagee/Lender Name:

1900 FRONT STREET
ALLSTATE
SLIDELL, LA 70458-3248

Loan Number:

Second Mortgagee/Lender Name:

Third Mortgagee/Lender Name:

Loan Number:

Property Description

Building:
Two Floors Without a Basement. Building is Single Family Residence. Elevated Building.

Loan Number:

Contents:

Rating Information

Firm Zone: V15

Elevation Difference: 3.0

Community Number: 225205 0000 D

Building

Coverage: \$250,000.00

Deductible: \$500.00

Contents

Coverage: \$100,000.00

Deductible: \$500.00

Total Premium: \$3,321.00

Please Refer to the Policy Jacket for a Full Explanation of Coverages

ALST-WEIS 0372

Flood Policies

Last Name or Business Name:
 First Name:

Take Action on a Policy or Quote
 Policy Number or Quote Id:

[Endorse Policy](#) [Renew Policy](#) [Cancel Policy](#)

Policy History

View, Print or Email : [Dec Page](#) [Renewal Invoice](#)

Policy Information

Policy Number: 0805239233 Term Dates: 03/10/2005 - 03/10/2006
 Insured: ROBERT U WEISS JR Policy Type: Standard
 Payer: INSURED - ROBERT U WEISS JR
 Policy Status: Inforce Status Activity Status: Endorsement Processed Status
 Property Address: LOT 13 TREASURE ISLE SLIDELL, LA 70461 Mailing Address: 210 CYPRESS LAKE CIR SLIDELL, LA 70458
 Primary Phone: Secondary Phone: 504-641-4314
 Email Address:
 Agency Id: 000068533 Agency: DAVE MARTIN III AGY

Coverage Information

Building Coverage: \$250,000.00 Building Deductible: \$500.00
 Contents Coverage: \$100,000.00 Contents Deductible: \$500.00
 Premium: \$3,321.00 Replacement Cost: \$250,000.00

Rating Description: Rating Zone VE, Single Family, Two Floors, Obstructed Elevated Building, Elevation Difference 3 from Converted Policy

Community Information

Community: 225205 0000 D FIRM Zone: V15
 Program Type: Regular SFHA: Yes

Building Information

Building Occupancy: Single Family Building Type: Two Floors
 Date of Construction: 07/01/1993 Post FIRM: Yes
 Basement: No Basement Elevated Building: Yes
 Attached Garage: No Builders Risk: No
 State Government Owned: No Principal Residence: Yes
 RCBAP Number of Units: 0 Condo Type: Not a condo
 RCBAP Highrise/Lowrise: Contents Location:

ALST-WEIS 0373

Contents Household: Yes

Non-household Contents

Desc:

Building Constructed on: Piles, Posts, or Piers

Is there an enclosure: No

Enclosure Wall Type:

Used for Parking/Storage: Yes

Enclosure Square Feet:

Enclosure Type:

Openings to Code: No

Enclosure Use Description:

Enclosure Floor Elevation:

Rating Elevation Location: 3 from Converted Policy

Lowest Floor: 19.2

Lowest Adjacent Grade:

Certificate Date:

Diagram Number:

Base Flood: 16.0

Certificate Type: Elevation/Survey

Source of Certificate: Elevation/Floodproof Certificate

Prior Policy Number:

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Product Code: 0374

Flood Policies

Search for a Policy or Quote

Last Name or Business Name:
 First Name:

Take Action on a Policy or Quote

Policy Number or Quote Id:

[Overview](#)
[Policy History](#)

Activity History			
Effective Date	Activity	Status	Processed Date
03/10/2001	Renewal	Processed	03/01/2001
03/10/2002	Renewal	Processed	03/01/2002
12/10/2002	Endorsement	Processed	08/16/2002
03/10/2003	Renewal	Processed	03/27/2003
07/09/2003	Endorsement	Processed	06/18/2003
03/10/2004	Renewal	Processed	03/09/2004
03/02/2005	Endorsement	Processed	03/14/2005
03/10/2005	Renewal	Processed	05/26/2005
05/11/2005	Endorsement	Processed	06/06/2005
11/04/2005	Endorsement	Processed	11/08/2005
03/10/2006	Renewal	Renewal Offered	

Claims History			
Date of Loss	Status	Building Payment	Contents Payment
08/29/2005	Claim Open Status	\$0.00	\$0.00

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Allstate Insurance-National Catastrophe Team

PO Box 94054

PALATINE, IL 60094

Phone #(800) 547-8676

Fax # (888) 859-3946

February 15, 2006

Flood Narrative

Re: Insured: ROBERT WEISS
Claim Number: 5114245292
Policy Number: 080523923
Claim #: 5114245292F
Date of Loss: 8/29/2005
Peril: FLOOD
Location of Loss: LOT 13 TREASURE ISLE, SLIDELL, LA 70461

Assignment: This loss was assigned to Allstate Insurance-National Catastrophe Team on 10/7/2005. The adjuster contacted THE INSURED on 10/7/2005 to discuss the scope of damages and completed the Marshall Swift Evaluation.

Coverage: Coverage was verified by a copy of the declaration sheet provided by the producing agent, Allstate L300. The term of the policy covering this loss is from 3/10/2005 until 3/10/2006. The declaration sheet received indicated coverage to be as follows:

Coverage	Amount	Deductible
AA-Building	\$250,000.00	\$500.00
CC-Contents	\$100,000.00	\$500.00

Cause & Origin: This flood occurred on 8/29/2005. The damage appears to be from the results of the general condition of flooding in the area. First inspection revealed an exterior water line of 15-20 ft and interior water line of 8-12 ft feet. Damage was extensive throughout the home.

Estimate Of Damage, (Building): The attached estimate of damage, which is submitted for your review and consideration, contains the damages viewed by this adjuster at the time of inspection.

Item	Amount
Replacement Cost	\$250,000.00
Profit	\$0.00
Overhead	\$0.00
Total RCV With O&P	\$318,245.00
Depreciation	\$19,097.00
Non Recoverable Depreciation	\$19,097.00
Excess	\$48,648.00

ALST-WEIS 0376

Deductible \$500.00
Actual Cash Value Claim Payable \$250,000.00

RCC Claim If Applicable \$0.00

Estimate Of Damage, (Contents): Contents Per Inventory (See Contents Worksheet(s)
Provided By The Insured(s)

Item	Amount
Replacement Cost	\$139,562.00
Depreciation	\$38,219.50
Non Recoverable Depreciation	\$38,219.50
Excess	\$842.50
Deductible	\$500.00
Actual Cash Value Claim Payable	\$100,000.00

RCC Claim If Applicable \$0.00

Salvage: No salvage possibilities exist.

Subrogation: There are no subrogation possibilities.

Prior Payments: We are aware of no prior payments.

Outstanding Investigation / Adjustment: The signature on the proof of loss has been waived. Adjuster has contacted the insured and reviewed the damages. The insured will be sent a copy of the estimate and a copy of the letter from FEMA regarding the signature on the Proof of Loss. This appears to conclude this loss. If we may be of any further service please contact Allstate Insurance National Catastrophe Team.

Draft Requests: If you agree with our estimate of damages and calculations as outlined in this file, please issue your draft(s) in the amounts listed above. Please include any mortgagees that may appear in the insured's file.

Thank you for allowing Allstate Insurance-National Catastrophe Team to serve you on this loss.

With kindest regards,

Mike Wells
Adjuster

ALST-WEIS 0377

WYO FLOOD PROCESSING REQUEST

YDA
60527

POLICY#: 080523923 CLAIM NUMBER 5114245292
 INSURED: Robert U. Weiss Jr. DATE OF LOSS 8-29-05

AMOUNT OF CHECK TO BE ISSUED: DWELLING: \$250,000.00 CONTENTS: \$100,000.00

DWELLING		CONTENTS	
REPLACEMENT COST, BLDG	\$ 318,255.45	REPLACEMENT COST, CONTENTS	
BUILDING ESTIMATE	\$ 318,245.00	CONTENTS ESTIMATE	\$ 139,562.00
LESS: DEPRECIATION	\$ 19,097.00	LESS: DEPRECIATION	\$ 38,219.50
LESS: DEDUCTIBLE	\$ 500.00	LESS: DEDUCTIBLE	\$ 500.00
LESS: PRIOR PAYMENT		LESS: PRIOR PAYMENT	
LESS: EXCESS OF LIMITS	\$ 48,648.00	LESS: EXCESS OF LIMITS	\$ 842.50
PLUS: RECOVERABLE DEPR		CHECK AMOUNT:	\$ 100,000.00
CHECK AMOUNT:	\$ 250,000.00		
TYPE PAYMENT <input type="checkbox"/> PARTIAL <input checked="" type="checkbox"/> FINAL <input type="checkbox"/> ACV <input type="checkbox"/> RC <input type="checkbox"/> PAC		TYPE PAYMENT <input type="checkbox"/> PARTIAL <input checked="" type="checkbox"/> FINAL <input type="checkbox"/> LOSS ADJ EXP <input type="checkbox"/> *SPECIAL* LAE <input type="checkbox"/> PAC	

CURRENT LIEN HOLDER (Mortgage Co.): NONE
 PLEASE MAKE CHECK PAYABLE TO: Insured Insured & Mortgage Co. Allstate Ins Co

NAME Robert U. Weiss Jr.
 ADDRESS 210 Cypress Lake Circle
 CITY, STATE, ZIP Slidell, La. 70458

RESERVE CHANGE REQUEST

Please adjust the following reserves: BLDG _____ CONTENTS _____

CLOSE WITHOUT PAYMENT

Both coverages must be addressed separately. If there will not be a payment made to one or both coverages, please mark the appropriate CWP code for each. Please note that both coverages are automatically opened with FEMA. This claim will not be considered closed if both coverages are not addressed. This will also delay reimbursement of funds back to Allstate.

<p>BLDG</p> <p>01-claim under deductible 02-seepage 03-backup drains 04-shrubs only 05-seawall</p>	<p>06-not actual flood 07-loss in progress 08-failure to pursue claim 09-debris removal only 10-fire 11-fence damage 12-hydrostatic pressure 13-drainage clogged 14-boat pliers 15-damage repaired before</p>	<p>CONTENTS</p> <p>16-wind damage 17-erosion 18-landslide 19-mudslide not covered 20-no damage 97-other</p>
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E
FAXED
8/30/06

97 - OTHER (EXPLAIN) _____
 DUP. ASSIGNMENT _____
 ERROR, DELETE CLAIM _____

INSPECT ONLY _____
 ERRONEOUS ASSIGNMENT _____

CANCEL CHECK REQUEST

Please cancel the above request for payment: CANCEL _____ CANCEL/REISSUE _____

Explanation of cancellation: _____

Interior Water Depth 12 FT
 Exterior Water Depth 20 FT
ROUND TO NEAREST FT.

AUTHORIZED SIGNATURE: *Deinse Becker* DATE: 09/18/06
DEINSE BECKER

DIARY LOG
 DISPATCH CLOSED

DIARIED

ALST-WEIS 0378

Claim Activity

Claim # 5114245292F - WEISS, ROBERT (Insured)

From - [Redacted]
 To - Latest
 Type - All
 Contact - All
 Status - Billable or Not Billable, Complete or Not Complete

October 7, 2005 (Friday)

Time	Duration	Billable	Complete	Description	Contact
N/A			✓	First Contact	None
N/A			✓	Inspected Loss and Discussed Scope with Insured	None

October 10, 2005 (Monday)

Time	Duration	Billable	Complete	Description	Contact
6:47 AM			✓	PWS - Comments - Allstate Adjuster Use Only 100705 DROVE TO RISK, MET MR AND MS INSURED. SCOPED UNREPAIRABLE WIND LOSS TO RISK. COMPLETELY DESTROYED. CLEAN SLAB. PHOTOGRAPHED, MEASURED SLAB FOOTPRINT, OBTAINED PHOTOS OF PREV CONDITION FROM INSURED. INSURED HAS WIND AND FLOOD CLAIM FILED, COMPANION FLOOD CLAIM # 5114245292. INSURED REQUESTED I ATTEMPT TO GET FLOOD CLAIM TRANSFERRED AS WELL AS NEXT DOOR PROPERTY - 14 ISLANDER DR. RENTAL UNIT, ALSO COMPLETELY DESTROYED - WIND CLAIM # 5113267719, ASSOCIATED FLOOD CLAIM - 5114246167. INSURED RELOCATED SOME DISTANCE AWAY AND WOULD APPRECIATE NOT HAVING TO DEAL WITH SOME 6 ADJUSTERS FOR THE 2 PROPERTIES. PHOTOGRAPHED, SCOPED AND MEASURED 14 ISLANDER WHILE AT SITE. WILL REQUEST ALE AND CONTENTS TRANSFER. NOTIFIED ADMIN OF TRANSFER REQUEST.	WEISS, ROBERT (Insured)
9:45 AM			✓	PWS - Comments - Allstate Adjuster Use Only 100805 CONTACTED TA - TED STEVENS, ADVISED OF STATUS, REQUESTED INSPECTION AND COUSE AND ORIGIN EVAL BY ENGINEER.	WEISS, ROBERT (Insured)
7:51 PM			✓	PWS - Comments - Allstate Adjuster Use Only 101005 REC CLAIM ASSIGN VIA D/L FROM COMM. MAPPED LOCATION AND SET UP FILE. CALLED INSURED, SPOKE TO MS INSURED. ADVISED HER I HAD RECEIVED THE FLOOD CLAIM ASSIGNMENT AND WOULD BE FORWARDING HER PERSONAL PROPERTY INVENTORY FORM VIA EMAIL. DISCUSSED ELEVATION CERT AND ENGINEERING INSPECTION.	WEISS, ROBERT (Insured)

October 14, 2005 (Friday)

Time	Duration	Billable	Complete	Description	Contact
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Claim Activity

Claim # 5114245292F - WEISS, ROBERT (Insured)

7:05 AM

✓

PWS - Comments - Allstate Adjuster Use Only
101405
TRACKING FORM FAX TO FLOOD OFFICE

WEISS, ROBERT (Insured)

From -
To - Latest
Type - All
Contact - All
Status - Billable or Not Billable, Complete or Not Complete

October 16, 2005 (Sunday)

Time	Duration	Billable	Complete	Description	Contact
5:28 PM			✓	PWS - Comments - Allstate Adjuster Use Only 101605 SPOKE TO TA - TED STEVENS. INSTRUCTED ME TO CONTACT ADMIN TO REQUEST CAUSE AND ORIGIN ENGINEER EVALUATION. CONTACTED ADMIN, MADE REQUEST.	WEISS, ROBERT (Insured)

October 18, 2005 (Tuesday)

Time	Duration	Billable	Complete	Description	Contact
1:32 PM			✓	PWS - Comments - Allstate Adjuster Use Only 101805 FLOOD PRELIM OUT TODAY	WEISS, ROBERT (Insured)

November 2, 2005 (Wednesday)

Time	Duration	Billable	Complete	Description	Contact
1:43 PM			✓	PWS - Comments - Allstate Adjuster Use Only 110205 EMAILED ADMIN REQUESTING STATUS OF CAUSE AND ORIGIN REQUEST.	WEISS, ROBERT (Insured)

November 3, 2005 (Thursday)

Time	Duration	Billable	Complete	Description	Contact
7:34 AM			✓	PWS - Comments - Allstate Adjuster Use Only 110205 ENGINEER ORDERED 10/22/05	WEISS, ROBERT (Insured)

November 7, 2005 (Monday)

Time	Duration	Billable	Complete	Description	Contact
10:37 AM			✓	PWS - Comments - Allstate Adjuster Use Only 110705 INSURED CALLED IN REQUESTING STATUS. ADVISED CAUSE AND ORIGIN EVALUATION HAS BEEN ASSIGNED AND ENGINEER OR MYSELF WILL BE IN CONTACT.	WEISS, ROBERT (Insured)

November 8, 2005 (Tuesday)

Time	Duration	Billable	Complete	Description	Contact
6:45 PM			✓	PWS - Comments - Allstate Adjuster Use Only 110805 INSURED CALLED IN. ENGINEER FROM RIMKUS CALLED TO SET APPT WITH HER. SAID HE WAS ASSIGNED THE RENT UNIT #13	WEISS, ROBERT (Insured)

Claim Activity

Claim # 5114245292F - WEISS, ROBERT (Insured)

From - Latest
 To - All
 Type - All
 Contact - All
 Status - Billable or Not Billable, Complete or Not Complete

ISLANDER DR BUT NOT THE MAIN DWELLING
 #14 ISLANDER DR. I REQUESTED BOTH ON THE
 SAME DAY. SAME FORM. INSURED SAID SHE
 WAS GOING TO HAVE HIM EVALUATE BOTH
 WHILE HE WAS THERE. THERE ARE NO
 STRUCTURES....BOTH COMPLETELY
 DESTROYED. INSPECTOR'S NAME IS JIM NEVA
 - 206-949-2430

November 18, 2005 (Friday)

Time	Duration	Billable	Complete	Description	Contact
7:59 AM			√	PWS - Comments - Allstate Adjuster Use Only 111805 HAVE CONTACTED ADMIN REGULARLY INCLUDING THIS AM CHECKING STATUS ON ENGINEERS REPORT. NO MENTION OF REPORT RECEIPT TO DATE.	WEISS, ROBERT (Insured)

November 28, 2005 (Monday)

Time	Duration	Billable	Complete	Description	Contact
6:57 AM			√	PWS - Comments - Allstate Adjuster Use Only 112805 NO RESPONSE FROM RIMKUS ON CAUSE AND ORIGIN. 90 DAYS SINCE LOSS DATE. REC PERSONAL PROP INVENTORY FOR DOWNSTAIRS STORAGE AREA. MIN 10 TO 12 FT FLOOD WATER IN AREA. REQUESTING \$20,000 ADVANCE ON FLOOD CONTENTS. PREPARED ADVANCE PAYMENT REQUEST AND FORWARDED TO FLOOD UNIT.	WEISS, ROBERT (Insured)

December 8, 2005 (Thursday)

Time	Duration	Billable	Complete	Description	Contact
9:02 AM			√	PWS - Comments - Allstate Adjuster Use Only 120805 INSURED CALLED IN AGAIN, BEGGING FOR STATUS. EMAILED CPT61@ALLSTATE.COM FOR ENGINEER REPORT STATUS.	WEISS, ROBERT (Insured)

December 13, 2005 (Tuesday)

Time	Duration	Billable	Complete	Description	Contact
6:47 PM			√	PWS - Comments - Allstate Adjuster Use Only 121205 REC REPLY FROM HEAVY LOSS UNIT TODAY. REPORT NOT ON FILE YET. MS WEISS CALLED. SAID SHE SPOKE TO RIMKUS ENGINEER. REPORT HAS BEEN SENT TO RIMKUS ADMIN FOR REVIEW. AWAITING RESPONSE	WEISS, ROBERT (Insured)

December 21, 2005 (Wednesday)

Time	Duration	Billable	Complete	Description	Contact
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Claim Activity

Claim # 5114245292F - WEISS, ROBERT (Insured)

9:15 AM

✓

PWS - Comments - Allstate Adjuster Use Only
122105
REQUESTED STATUS ON ENGINEERS REPORT
FROM HEAVY LOSS UNIT AGAIN TODAY.

WEISS, ROBERT (Insured)

From - [Redacted]
To - Latest
Type - All
Contact - All
Status - Billable or Not Billable, Complete or Not Complete

December 28, 2005 (Wednesday)

Time	Duration	Billable	Complete	Description	Contact
3:24 PM			✓	<p>PWS - Comments - Allstate Adjuster Use Only 122805 MS INSURED CALLED ASKING ABOUT REPORT STATUS. SAID SHE CALLED RIMKUS AND THEY TOLD HER I WOULD HAVE TO CALL AND REQUEST STATUS OF REPORT. CONTACTED LOCAL RIMKUS OFFICE AT 504-504-832-8999. REPORT IS COMPLETE. WAS SENT TO ALACRITY FOR UPLOAD TO SYSTEM 12/22/05, HARD COPY MAILED OUT 12/22/05.</p> <p>CALLED ADMIN TO REVIEW INSURED'S CONTACT AND CONCERN ABOUT LONG DELAY.</p> <p>EMAILED HEAVY LOSS UNIT FOR STATUS AND REPORT REQUEST. NO REPORT ON FILE.</p> <p>CALLED RIMKUS AGAIN TO CONFIRM NAME AND ADDRESS. REPORT COMPLETED AND SENT TO ALACRITY 12/22/05.</p> <p>EMAILED HEAVY LOSS UNIT AGAIN, DIANNE FALCON CONFIRMED - NO RECEIPT OF REPORT TO DATE.</p>	WEISS, ROBERT (Insured)

December 29, 2005 (Thursday)

Time	Duration	Billable	Complete	Description	Contact
9:56 AM			✓	<p>PWS - Comments - Allstate Adjuster Use Only 122905 Called Rimkus again this morning. Spoke to Gwen. Apparently there does exist a kink in the Weiss claims regarding claim numbers. Here goes.... Rimkus received an individual job assignment for 13 Treasure Isle under the claim # for 14 Treasure Isle (5113267719). Later, when the actual assignment was made for 14 Treasure Isle, it appeared to be a duplicate and was withdrawn. The error was never corrected and replacement assignment for 14 was never issued. When Rimkus arrived at the property, they evaluated both 13 and 14, but with no assignment for 14, no report was prepared. So as it stands now, the report for 13 Treasure Isle has been submitted under 5113267719 and should be in Alacrity. Gwen agreed to correct the claim # mix-up and issue a job assignment for</p>	WEISS, ROBERT (Insured)

Claim Activity (MS/B 0210)
Claim # 5114245292F

Claim Activity

Claim # 5114245292F - WEISS, ROBERT (Insured)

From - [Redacted]
 To - [Redacted]
 Type - All
 Contact - All
 Status - Billable or Not Billable, Complete or Not Complete

the 14 Treasure Isle address with the correct claim #. When the report is retrieved from Alacrity, before distribution, the claim # must be changed from 5113267719 to 5113266679, otherwise I'm afraid the resulting domino effect will be unstoppable. There should now be a report in Alacrity under 5113267719. I have emailed the heavy loss unit and explained the status, requested the report, called the insured and updated her regarding progress. Anyone wishing to discuss this, please call me at 713-291-7621.

10:41 AM

✓

PWS - Comments - Allstate Adjuster Use Only
 122905

WEISS, ROBERT (Insured)

SPOKE TO HEAVY LOSS UNIT. APPARENTLY CLAIM #'S IN ALLSTATE AND ALACRITY SYSTEM ARE CORRECT AND ALL IS WELL. WILL AWAIT NOTIFICATION OF REPORT WHEN RECEIVED.

January 6, 2006 (Friday)

Time	Duration	Billable	Complete	Description	Contact
10:20 AM			✓	PWS - Comments - Allstate Adjuster Use Only 010606 UPDATE. INSURED CALLED IN AGAIN. I CHECKED STATUS OF ENGINEER'S REPORT WITH HEAVY LOSS UNIT. STILL NO POSTING IN ALACRITY. ADVISED INSURED.	WEISS, ROBERT (Insured)

January 10, 2006 (Tuesday)

Time	Duration	Billable	Complete	Description	Contact
6:58 PM			✓	PWS - Comments - Allstate Adjuster Use Only 011006 CHECK STATUS OF ENG REPORT AGAIN. STILL NO RECORD ON FILE. SPOKE TO MS INSURED TO UPDATE. INSURED VERY DISSAPOINTED IN EXCEPTIONALLY LONG DELAY IN OBTAINING REPORT.	WEISS, ROBERT (Insured)

January 16, 2006 (Monday)

Time	Duration	Billable	Complete	Description	Contact
9:26 AM			✓	PWS - Comments - Allstate Adjuster Use Only 011606 CHECKED STATUS OF ENG REPORT - NOT ON FILE. CALLED UNSURED TO UPDATE. SPOKE TO MS INSURED. HAS SRIIOUS ISSUES WITH THIS DELAY.	WEISS, ROBERT (Insured)

January 20, 2006 (Friday)

Time	Duration	Billable	Complete	Description	Contact
8:23 AM			✓	PWS - Comments - Allstate Adjuster Use Only 012006 SPOKE TO MS INSURED TO UPDATE. INSURED	WEISS, ROBERT (Insured)

Claim Activity

Claim # 5114245292F - WEISS, ROBERT (Insured)

From - [Redacted]
 To - [Redacted]
 Type - All
 Contact - All
 Status - Billable or Not Billable, Complete or Not Complete

VERY DISSAPOINTED. APPARENTLY SHE HAS
 INFO FROM RIMKUS THAT REPORT WOULD
 BE POSTED TODAY. EMAIL TO HEAVY LOSS
 UNIT TO CHECK STATUS OF ENG REPORT
 AGAIN

January 24, 2006 (Tuesday)

Time	Duration	Billable	Complete	Description	Contact
6:08 PM			✓	PWS - Comments - Allstate Adjuster Use Only 012406 TRANSFERRED TO HEAVY LOSS UNIT AS INSTRUCTED	WEISS, ROBERT (Insured)

February 7, 2006 (Tuesday)

Time	Duration	Billable	Complete	Description	Contact
4:49 PM			✓	PWS - Comments - Allstate Adjuster Use Only 020706 HEAVY LOSS UNIT CALLED. ENG REPORT HAS DESIGNATED 'FLOOD' AS PRIMARY CAUSE OF LOSS. RECOMMENDED I COMPLETE FAST PATH FLOOD CLAIM.	WEISS, ROBERT (Insured)

February 10, 2006 (Friday)

Time	Duration	Billable	Complete	Description	Contact
8:31 AM			✓	PWS - Comments - Allstate Adjuster Use Only Date: 021006 CLOSED FILE Priors: None Found Subro: None Salvage: None Leinholder: None Closing summary: AA: CLAIM - \$ Marshall Swift Tick Sheet attached DED -\$ 500 Net Pmt - Per Heavy Loss Unit CC: CLAIM - \$ 48001.00 DEP - \$ 9152.65 DED -\$ 500 Net Pmt - \$ 38348.35 Depreciation based on "Age / Standard Useful Life", unless otherwise noted. Called insured to explain all policy provisions, settlement, deductible, address and answer all questions. File mailout for auth on 021006 Submitted file to office for authorization. Claim concluded, my file closed. No check issued with this closing. MIKE WELLS 7779/PJPH	WEISS, ROBERT (Insured)

Claim Activity

Claim # 5114245292F - WEISS, ROBERT (Insured)

From - Latest
To - All
Type - All
Contact - All
Status - Billable or Not Billable, Complete or Not Complete

February 13, 2006 (Monday)

Time	Duration	Billable	Complete	Description	Contact
4:31 PM			✓	PWS - Comments - Allstate Adjuster Use Only received claim at heavy flood loss unit m.hatter p16653 ex5059 gcf mco	WEISS, ROBERT (Insured)

February 15, 2006 (Wednesday)

Time	Duration	Billable	Complete	Description	Contact
4:23 PM			✓	PWS - Comments - Allstate Adjuster Use Only Completed file per Marshall Swift evaluation. No subro. no priors listed. Submitting file for review and payment consideration.	WEISS, ROBERT (Insured)

FEDERAL EMERGENCY MANAGEMENT AGENCY
 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.

O.M.B NO 3067-0021

NATIONAL FLOOD INSURANCE PROGRAM FINAL REPORT

INSURED WEISS, ROBERT

POLICY NUMBER 080523923

PROPERTY ADDRESS LOT 13 TREASURE ISLE, SLIDELL, LA 70461

DATE OF LOSS 8/29/2005

ADJUSTING COMPANY Allstate Insurance-National Catastrophe Team

ADJ. FILE NO. 5114245292F

Date risk was originally constructed 1993

Insured at premises since:

Date of Alteration	Brief Description of Alteration	Market Value	Cost of Alteration	Type of Alteration	*Substantial Improvement?
None				<input type="checkbox"/> Repair <input type="checkbox"/> Recon. <input type="checkbox"/> Imprv <input type="checkbox"/> Repair <input type="checkbox"/> Recon. <input type="checkbox"/> Imprv <input type="checkbox"/> Repair <input type="checkbox"/> Recon. <input type="checkbox"/> Imprv	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input 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):

None

Repairs completed? Yes No Insured? Yes No Insured but no claim made

Repairs completed? Yes No Insured? Yes No Insured but no claim made

Repairs completed? Yes No Insured? Yes No Insured but no claim made

(Continue under Remarks if additional space is needed for alteration or prior losses.)

Mortgage(s)

Loss Payee(s) WEISS, ROBERT

Other Insurance:

(Company) (Type) (Policy Number) (Coverage: Bldg./Conts.) Yes No (Covers flood?)

Duration building will not be habitable: 1 0-2 days 2 3-7 days 3 2-4 weeks 4 1-2 months 5 more than 2 months

Claim Recapitulation (See worksheets for details)

	Building		Contents		Totals
	Main/Association	Appurtenant/Unit	Main/Association	Appurtenant/Unit	
Property Value (RCV)	\$318,255.45	\$0.00	\$0.00	\$0.00	\$318,255.45
Property Value (ACV)	\$299,160.12	\$0.00	\$0.00	\$0.00	\$299,160.12
Gross Loss (RCV)	\$318,245.00	\$0.00	\$139,562.00	\$0.00	\$457,807.00
Covered Damage (ACV)	\$299,148.00	\$0.00	\$101,342.50	\$0.00	\$400,490.50
Removal/Protection	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Total Loss (ACV)	\$299,148.00	\$0.00	\$101,342.50	\$0.00	\$400,490.50
Less Salvage	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Less Deductible	\$500.00	\$0.00	\$500.00	\$0.00	\$1,000.00
Excess Over Limit	\$48,648.00	\$0.00	\$842.50	\$0.00	\$49,490.50
Claim Payable (ACV)	\$250,000.00	\$0.00	\$100,000.00	\$0.00	\$350,000.00
Damage From Other Cause	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Identify Cause					

Main building RCV \$ 318,255.45

Insured qualifies for R/C coverage Yes No Not Applicable

If yes, R/C claim: \$ 0.00 Total building claim: \$ 250,000.00

* Includes mobile home.

Approximate value of property excluded:

Excluded	Value Range	Count	Value Range	Count
Building	Less than 1,000	4	5,000 - 10,000	4
Building	1,000 - 2,000	2	10,000 - 20,000	5
Damages	2,000 - 5,000	3	More than 20,000	6
Contents	Less than 1,000	4	5,000 - 10,000	4
Contents	1,000 - 2,000	2	10,000 - 20,000	5
Damages	2,000 - 5,000	3	More than 20,000	6

Approximate damage to property excluded:

Value Range	Count	Value Range	Count
Less than 1,000	4	5,000 - 10,000	4
1,000 - 2,000	2	10,000 - 20,000	5
2,000 - 5,000	3	More than 20,000	6

ENCL Building worksheets () Photographs (10) Proof of Loss Other

Contents worksheets () Narrative (pp) R/C Proof Other

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 _____, 20 _____ Witness _____

Date of Report 2/15/2006

Adjuster's Signature *D. Matter*

Adjuster's SSN *Applied for*

POLICY NO. 080523923
3/10/2005 - 3/10/2006
 POLICY TERM
\$250,000
 AMT OF BLDG COV AT TIME OF LOSS
\$100,000
 AMT OF CNTS COV AT TIME OF LOSS

FEDERAL EMERGENCY MANAGEMENT AGENCY
 NATIONAL FLOOD INSURANCE PROGRAM

O.M.B NO 3067-0021

NAME NOT AVAILABLE
 AGENT
 AGENCY AT

PROOF OF LOSS

TO THE NATIONAL FLOOD INSURANCE PROGRAM:

At time of loss, by the above indicated policy of insurance, you insured the interest of WEISS, ROBERT
LOT 13 TREASURE ISLE, SLIDELL, LA 70461

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 hereto.

TIME AND ORIGIN A FLOOD loss occurred about the hour of 0 o'clock M.,
 on the 29th day of August 2005, the cause of the said loss was:
Hurricane Katrina created tidal surge causing general condition of flooding

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: Owner

INTEREST No other person or persons had any interest therein or incumbrance thereon, except:
WEISS, ROBERT and
No Mortgagee Showing

1. FULL AMOUNT OF INSURANCE applicable to the property for which claim is presented is	\$	350,000.00
2. ACTUAL CASH VALUE of building structures	\$	299,180.12
3. ADD ACTUAL CASH VALUE OF CONTENTS or personal property insured	\$	0.00
4. ACTUAL CASH VALUE OF ALL PROPERTY	\$	299,180.12
5. FULL COST OF REPAIR OR REPLACEMENT (Building and Contents)	\$	457,807.00
6. LESS APPLICABLE DEPRECIATION	\$	57,318.50
7. ACTUAL CASH VALUE LOSS is	\$	400,480.50
8. LESS DEDUCTIBLES	\$	50,490.50
9. NET AMOUNT CLAIMED under above numbered policy is	\$	350,000.00

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 Amending 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 United 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 _____

Subscribed and sworn to before me this _____ day of _____ Insured

Notary Public

NATIONAL FLOOD INSURANCE PROGRAM

Statement as to full cost of repair or replacement
under the replacement cost coverage, subject
to the terms and conditions of this policy*

Policy No. 080523923

Agency at _____ Agent NAME NOT AVAILABLE

Insured WEISS, ROBERT

Location LOT 13 TREASURE ISLE, SLIDELL, LA 70461

Type of property involved in claim _____

Date of loss 8/29/2005

1. Full Amount of Insurance applicable to the property for which claim is presented was	\$ <u>250,000.00</u>
2. Full Replacement Cost of the said property at the time of the loss was	\$ <u>318,255.45</u>
3. The Full Cost of Repair or Replacement is	\$ <u>318,245.00</u>
4. Applicable Depreciation is	\$ <u>19,097.00</u>
5. Actual Cash Value loss is <small>(Line 3 minus Line 4)</small>	\$ <u>299,148.00</u>
6. Less deductibles and/or participation by the insured	\$ <u>49,148.00</u>
7. Actual Cash Value Claim is <small>(Line 5 minus Line 6)</small>	\$ <u>250,000.00</u>
8. Supplemental Claim, to be filed in accordance with the terms and conditions of the Replacement Cost Coverage within <u>180</u> days from date of loss as shown above, will not exceed <small>(This figure will be that portion of the amounts shown on Lines 4 and 6 which is recoverable)</small>	\$ <u>0.00</u>

* The Standard Flood Insurance Policy is subject to the National Flood Insurance Act of 1968 and any Acts Ammendatory thereof, and Regulations issued by the Federal Insurance Administration pursuant to such statuto(s).

_____ Insured

_____ Adjuster

Claim Summary

m #

5114245292F

Allstate Insurance-National Catastrophe Team		
Adjuster Mung T Hatten	PO Box 94054	February 15, 2006
Phone	PALATINE, IL 60094	
Fax	Phone (800) 547-8676 Fax (888) 859-3946	
Insured Name WEISS, ROBERT		
Loss Address LOT 13 TREASURE ISLE, SLIDELL, LA 70461		
Phone Number (504) 577-5385	Policy # 080523923	Catastrophe # K
Other Phone (919) 929-6532	Ins Claim # 5114245292	Date of Loss 8/29/2005
Ins Company **DEFAULT ALLSTATE INSURANCE COMPANY**		

AA - Dwelling

	Repl. Cost	Depr.	ACV
Estimate Totals	\$318,245.00	\$19,097.00	\$299,148.00
Less Non-Recoverable Depreciation	-\$19,097.00	-\$19,097.00	
Sub-Total	\$299,148.00	\$0.00	\$299,148.00
Less Deductible Applied (\$500.00 Maximum)	-\$500.00		-\$500.00
Less Excess	-\$48,648.00	\$0.00	-\$48,648.00
AA - Dwelling Claim	\$250,000.00	\$0.00	\$250,000.00

Unscheduled Personal Property

	Repl. Cost	Depr.	ACV
Estimate Totals	\$139,562.00	\$38,219.50	\$101,342.50
Less Non-Recoverable Depreciation	-\$38,219.50	-\$38,219.50	
Sub-Total	\$101,342.50	\$0.00	\$101,342.50
Less Deductible Applied (\$500.00 Maximum)	-\$500.00		-\$500.00
Less Excess	-\$842.50	\$0.00	-\$842.50
Unscheduled Personal Property Claim	\$100,000.00	\$0.00	\$100,000.00

Summary: Claim # 5114245292F

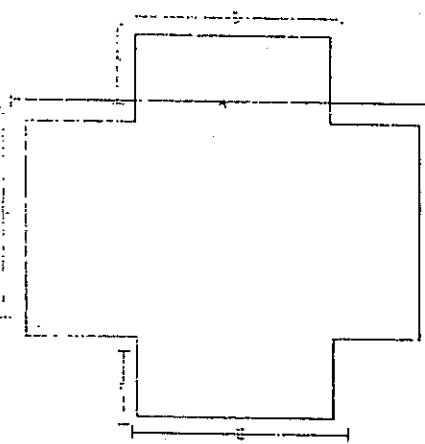
	Repl. Cost	Depr.	ACV
Estimate Totals	\$457,807.00	\$57,316.50	\$400,490.50
Less Non-Recoverable Depreciation	-\$57,316.50	-\$57,316.50	
Sub-Total	\$400,490.50	\$0.00	\$400,490.50
Less Deductible Applied	-\$1,000.00		-\$1,000.00
Less Excess	-\$49,490.50	\$0.00	-\$49,490.50
Net Claim	\$350,000.00	\$0.00	\$350,000.00

**NATIONAL FLOOD INSURANCE PROGRAM
WORKSHEET - BUILDING**

			Date of Report Feb 10, 2006	
Insured and Location WEISS, ROBERT LOT 13 TREASURE ISLE, SLIDELL, LA 70461		Policy No. 080523923		
Adjusting Firm and Address Allstate Insurance-National Catastrophe Team PO Box 94054, PALATINE, IL 60094		(ADJUSTER) Michael D Wells	Adjuster's File No. 5114245292F	Date of Loss 8/29/2005
Measure Dimensions and Draw Diagram of Ground Floor Area. Attach Snapshot.	Type of Building [1FAM]		Age 14 yrs	
	Building Dimensions A- 28' 0" B- 19' 0" C- 72' D- 41' 8" E- 28' F- 10'		Total Sq. Ft. 3,765	No. Rooms 0
	Type of Foundation Piles; Concrete Piles Concrete Slab REINFORCED CONCRETE BLOCK PILINGS		Finished Basement Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	No. Stories 2
	Interior Wall Construction		Exterior Wall Construction Wood stud	
			No. Baths 0	
	Estimated Repl. Cost		\$376,500.00	
Less Depreciation		\$18,825.00		
Actual Cash Value		\$357,675.00		

	Full Cost Repair	Depreciation	Flood Loss
Estimate Totals	\$0.00	\$0.00	\$0.00
Less Deductible Applied	\$0.00		\$0.00
Building Claim	\$0.00	\$0.00	\$0.00

**NATIONAL FLOOD INSURANCE PROGRAM
WORKSHEET - BUILDING**

		Date of Report Feb 15, 2006	
Insured and Location WEISS, ROBERT LOT 13 TREASURE ISLE, SLIDELL, LA 70461		Policy No. 080523923	
Adjusting Firm and Address Allstate Insurance-National Catastrophe Team PO Box 94054, PALATINE, IL 60094		(ADJUSTER) Mung T Hatlen	Adjuster's File No. 5114245292F
		Date of Loss 8/29/2005	
Measure Dimensions and Draw Diagram of Ground Floor Area. Attach Snapshot 	Type of Building [1FAM]	Age 14 yrs	
	Building Dimensions A- 7'2" B- 41' 6" C- 28' 6" D- 19' 6" E- 28' F- 10'	Total Sq. Ft. 3,765	No. Rooms 0
	Type of Foundation Piles: Concrete Piles Concrete Slab REINFORCED CONCRETE BLOCK PILING	Finished Basement Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	No. Stories 2
	Interior Wall Construction	Exterior Wall Construction Wood stud	No. Baths 0
	Estimated Repl. Cost	\$318,255.45	
Less Depreciation	\$19,095.33		
Actual Cash Value	\$299,160.12		

	Full Cost Repair	Depreciation	Flood Loss
Estimate Totals	\$318,245.00	\$19,097.00	\$299,148.00
Less Non-Recoverable Depreciation	-\$19,097.00	-\$19,097.00	
Sub-Total	\$299,148.00	\$0.00	\$299,148.00
Less Deductible Applied	-\$500.00		-\$500.00
Less Excess	-\$48,648.00	\$0.00	-\$48,648.00
Building Claim	\$250,000.00	\$0.00	\$250,000.00

WORKSHEET (continued)

AA - Dwelling					
Exterior (3765' x 1' x 8')					
3,765 sf Floor	60,256 sf Wall	3,765 sf Ceiling	7,532 lf Floor	7,532 lf Ceiling	30,120 cf Volume

Quantity	Detailed Description	Price	Full Cost Repair	Depreciation	Flood Loss	O P	R D	Wind Loss If Any
1 EA	REPLACED DWELLING PER MARSHALL SWIFT EVALUATION	\$318,245.00 w	\$318,245.00	\$19,097.00	\$299,148.00	N	N	
Exterior Totals			\$318,245.00	\$19,097.00	\$299,148.00			

AA - Dwelling Totals	\$318,245.00	\$19,097.00	\$299,148.00
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Price Database Legend
w = Write-in

FEDERAL EMERGENCY MANAGEMENT AGENCY
NATIONAL FLOOD INSURANCE PROGRAM

O.M.B. NO 3067-0021

CONTENTS

February 15, 2006
Date of Report

Insured and Location WEISS, ROBERT 13 TREASURE ISLE, SLIDELL, LA 70461				Policy No. 080523923	
Adjusting Firm and Address Allstate Insurance-National Catastrophe Team PO Box 94054, PALATINE, IL 60094			(ADJUSTER) Mung T Hatten		Date of Loss 8/29/2005
				Adjuster's File No. 5114245292F	

1	2	3	4	5	6	7	8	9
ITEM	DESCRIPTION	QUANTITY	AGE	REPLACEMENT COST	LOSS OR DAMAGE	DEPRECIATION	A.C.V. FLOOD LOSS	A.C.V. WIND LOSS

Contents

1	REPLACED CONTENT PER CONTENT WORKSHEET	1		\$139,562.00 ^w	\$139,562.00	\$38,219.50	\$101,342.50	
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Summary

Estimate Totals	\$139,562.00	\$38,219.50	\$101,342.50
Less Non-Recoverable Depreciation	-\$38,219.50	-\$38,219.50	
Sub-Total	\$101,342.50	\$0.00	\$101,342.50
Less Deductible Applied	-\$500.00		-\$500.00
Less Excess	-\$842.50	\$0.00	-\$842.50
Contents Claim	\$100,000.00	\$0.00	\$100,000.00

Price Database Legend

w = Write-in

①

INSURED: ROBERT WEISS
CLAIM NO. 5114243292 13 Treasure Isle Road, Slidell, Louisiana, 70461

ROOM: Storage

ITEM	QTY.	MFR	MODEL	ADDRESS	DT. PUR.	ORG. COST	AMOUNT OF CLAIM	DEP
Line						PRICE VERIFICATION		% / AMT
(1,000 yds) Power Pro 80#							150 ⁰⁰	10/15
(6 spools) 300 yds per spool Trilene							150 ⁰⁰	10/15
(1,500 yds) Stren							100 ⁰⁰	10/15
Lures (50) Woodchopper Big Game							600 ⁰⁰	10/60
Tackle Box (Soft) (10 @ \$500 ⁰⁰)						GUS TACKLE & NETS 9856439828	5000 ⁰⁰	15/750
Tackle Box (Hard) (10 @ \$500 ⁰⁰)						"	5000 ⁰⁰	15/750
Anchors, Ropes, Chain (3 @ \$150 ⁰⁰)							450 ⁰⁰	10/45
Bait Wells (4 @ \$80) Bait Saver							320 ⁰⁰	20/64
Bait Wells (2 @ \$350) 30 gallon						"	700 ⁰⁰	20/140
Jigs (100 @ 2 ⁵⁰) all Clark							250 ⁰⁰	10/25
Depth Finder / GPS (1) Lowrance							700 ⁰⁰	20/140
Storage Racks (2) Stainless Steel							267 ⁰⁰	10/26.7
Record Collection (50) \$15 each							750 ⁰⁰	50/325
Battery Chargers (4)							400 ⁰⁰	20/80
Cleaning Supplies = brushes, Wax, Soap							300 ⁰⁰	10/30
Extension Cords							100 ⁰⁰	20/20
Hoses							100 ⁰⁰	20/32
Pet Carriers							100 ⁰⁰	10/10
Post Traps (wire)							250 ⁰⁰	20/50
Frog Toys (4)							320 ⁰⁰	20/64
Landing Nets 3							90 ⁰⁰	20/18
TOTAL \$16157 ⁰⁰							2674.70	
DEP							2674.70	
ACV							13482.30	

INSURED: ROBERT WEISS
 CLAIM NO. 5114245292 13 Treasure Isle Road, Slidell, Louisiana, 70461

ROOM: Storage

ITEM	QTY.	MFR	MODEL	ADDRESS	DT. PUR.	ORG. COST	AMOUNT OF CLAIM
Bait Nets	(4)					16 ⁰⁰	20/32
Table yard	(1)					450 ⁰⁰	N/C
Umbrella Picnic	(1)					150 ⁰⁰	N/C
Umbrella Beach	(1)					75 ⁰⁰	N/C
Litter Pan (Kitty)	1			Automatic/Electric		50 ⁰⁰	50/25
Bicycle	(1)			Giant Cypress		450 ⁰⁰	20/90
Bicycle	(1)			Schwinn		450 ⁰⁰	20/90
Folding Table & chairs						250 ⁰⁰	20/50
Ladder 12 Ft	(1)					55 ⁰⁰	10/5.5
Wheel Barrow	(1)					50 ⁰⁰	20/10
Freezer	(1)			FRIGIDAIRE		527 ⁰⁰	20/110
TRASH CANS	(4)					80 ⁰⁰	N/C
Props	(2)			Stainless steel		900 ⁰⁰	10/90
Wrought Iron furniture						1095 ⁰⁰	N/C
GRILL	(1)			MEMBERS MARK		1287 ⁰⁰	20/257.4
Island Kit for Grill						1287 ⁰⁰	20/137.4
Electric Knives	(3)					90 ⁰⁰	10/9
Electric Car	(1)			Childrens		250 ⁰⁰	20/50
Bird Bath	(1)			MASONRY		250 ⁰⁰	N/C
D-Beams	(2)					70 ⁰⁰	20/14
Ladder	(1)			10 Ft.		40 ⁰⁰	10/4
							874.30

Total 7272
~~7022~~
 DEP 874.30
 ACV 6397.70

(3)

INSURED: ROBERT WEISS
 CLAIM NO. 511424927 13 Treasurers Road, Slidell, Louisiana, 70461

ROOM: Storage

ITEM QTY. MFR MODEL ADDRESS DT. PUR. ORG. COST AMOUNT OF CLAIM

ITEM	QTY.	MFR	MODEL	ADDRESS	DT. PUR.	ORG. COST	AMOUNT OF CLAIM
Generator (1) Portable Honda				PRICE VERIFICATION TRACTOR SUPPLY.COM		100 ⁰⁰	20/220
Chain Saw (1) Poulan						250 ⁰⁰	20/50
Dremel Tool (1)						75 ⁰⁰	10/7.5
Chowbars (2)						30 ⁰⁰	10/3
Sander (1) Black & Decker						50 ⁰⁰	20/10
IMMERSIBLE GREEN LIGHT (2)						60 ⁰⁰	20/12
Mag Lite						20 ⁰⁰	20/4
Food in Freezer						500 ⁰⁰	0
Lead Jig Needs (10 bags)						250 ⁰⁰	10/25
Swimming Pool (1) INFLATABLE						150 ⁰⁰	20/30
Boga Grip (3)						450 ⁰⁰	20/90
Boat Keg (1)						50 ⁰⁰	10/5
Umbrellas (3)				STORED		30 ⁰⁰	10/3.6
Fillet Knives (2)						40 ⁰⁰	10/4
Flood lights (2) METAL HANDLES						300 ⁰⁰	20/60
Hammers (2)						48 ⁰⁰	10/4.8
Sledgehammer (2)						40 ⁰⁰	10/4
Riding Lawn Mower (1) 50 inch Cab Cabret				PRICE VERIFICATION - CABREDET.COM STORED		2999 ⁰⁰	25/749.75
Tool chest (1) Standing 5-drawer						150 ⁰⁰	20/30
Tools						1,000 ⁰⁰	20/200
							1512.65

Total \$7598⁰⁰
 DEP 1512.65
 ACV 6085.35

④

INSURED: ROBERT WEISS
 CLAIM NO. 5114245297 13 Treasure Isle Road, Slidell, Louisiana, 70461

ROOM: Storage

ITEM	QTY.	MFR	MODEL	ADDRESS	DT. PUR.	ORG. COST	AMOUNT OF CLAIM
Shovels	(3)					150 ⁰⁰	10/15
Hoppers	(1)					30 ⁰⁰	15/4.5
FAN	(1)			Large Shop - Home Depot		375 ⁰⁰	20/75
Fan	(1)			Small		195 ⁰⁰	20/39
Coolers	(7)			100 qt.		700 ⁰⁰	20/140
Pressure washer	(1)					179 ⁰⁰	25/44.75
Lawn Blower / Vacuum	(1)					70 ⁰⁰	20/14
Drill set	(1)			Hitachi		180 ⁰⁰	15/27
Edger						50 ⁰⁰	20/10
Sprinklers	(5)					75 ⁰⁰	10/7.5
Trawl	(1)			16 ft (Super Set)		310 ⁰⁰	20/62
Castnets				7' 50" 6' 40"		90 ⁰⁰	20/18
Life Preservers	(10)					400 ⁰⁰	15/60
GPS	(1)			Garmin		150 ⁰⁰	20/30
SKIS	(2 pr.)			Water		120 ⁰⁰	20/24
Keyboards						120 ⁰⁰	20/24
Line	(2)			Berkey		50 ⁰⁰	10/5
Battery sealed	(1)					100 ⁰⁰	20/20
Lawn Games				(Badminton, Horseshoes, Baseball)		250 ⁰⁰	50/125
Jumper Cables	(3)					75 ⁰⁰	20/15
							759.75

TOTAL 3669
~~3729~~
 DEP 759.75
 ACV 2909.25

(5)

INSURED: ROBERT WEISS
 CLAIM NO. 3114245292 13 Tremaine Isle Road, Slidell, Louisiana, 70461

ROOM: Rods/Storage

ITEM	QTY.	MFR	MODEL	ADDRESS	DT. PUR.	ORG. COST	AMOUNT OF CLAIM
<u>Rods</u>				<u>PRICE VERIFICATION</u> <u>GUN TACKLE NBS - SLIDELL, LA</u>		<u>1750⁰⁰</u>	<u>25/437.5</u>
Fly Rod	(8)	Sage		<u>985-643-2828</u>		<u>435⁰⁰</u>	<u>25/108.75</u>
Fly Rods	(8)	ORNIS				<u>450⁰⁰</u>	<u>25/112.5</u>
Rod	(3)	Arston Casting				<u>450⁰⁰</u>	<u>25/112.5</u>
Rod	(5)	Casting - Falcon				<u>400⁰⁰</u>	<u>25/100</u>
Rod	(5)	Spinning - Falcon				<u>400⁰⁰</u>	<u>25/100</u>
Ugly Sticks	(4)	Shakespeare				<u>240⁰⁰</u>	<u>25/60</u>
Bowen Casting	(2)					<u>200⁰⁰</u>	<u>25/50</u>
Castaway "Deadly Ducky" Casting						<u>450⁰⁰</u>	<u>25/112.5</u>
Castaway	(9)					<u>300⁰⁰</u>	<u>25/90</u>
Castaway Casting	(30)					<u>800⁰⁰</u>	<u>25/200</u>
Berkley Casting	(4)					<u>260⁰⁰</u>	<u>25/65</u>
Berkley Spinning	(4)					<u>240⁰⁰</u>	<u>25/65</u>
Zebco Reel	(2)					<u>100⁰⁰</u>	<u>25/25</u>
Spinning Rod	(1)	7FT Custom made				<u>200⁰⁰</u>	<u>25/50</u>
Casting Rod	(1)					<u>200⁰⁰</u>	<u>25/50</u>
Fishing Rod	(5)	Glamis				<u>1750⁰⁰</u>	<u>25/437.5</u>
							<u>2176.25</u>

ALST-WEIS 0398

Total 8685.
 DEP 2176.25
 ACV 6508.75

6

INSURED: ROBERT WEISS
CLAIM NO. 5114245292 13 Treasure Isle Road, Slidell, Louisiana, 70461

ROOM: Reels/Storage

ITEM	QTY.	MFR	MODEL	ADDRESS	DT. PUR.	ORG. COST	AMOUNT OF CLAIM
PRICE VERIFICATION-							
Curado	(15)			GUS'S TACKLE & NETS - SLIDELL, LA 70461-2848		1800 ⁰⁰	25/450
Curado	(3)					420 ⁰⁰	25/105
Orvis Fly Reels	(2)					300 ⁰⁰	25/75
Spinning Reels	(20)					1200 ⁰⁰	25/300
Ambassador	(10)					600 ⁰⁰	25/150
Shimano	(1)		casting			150 ⁰⁰	25/37.5
President Shakespeare	(1)					150 ⁰⁰	25/37.5
							1155

Total 4620
 DEP 1155
 ACV 3465.00

PROPERTY LOSS WORKSHEET

Claim No: 5114245292
Insured: WEISS, ROBERT
Adjuster: Mike Wells 7779

1	2	3	4	5	6	7	8	9
Item	Description	Quan	Units	Price	Repl Cost	Recov. Depr	Nonrecov Depr	ACV
1	PER ATTACHED INVENTORY LIST							
2	PAGE 1	1	EA		16,157.00		2,674.70	13,482.30
3	PAGE 2	1	EA		7,272.00		874.30	6,397.70
4	PAGE 3	1	EA		7,598.00		1,512.65	6,085.35
5	PAGE 4	1	EA		3,669.00		759.75	2,909.25
6	PAGE 5	1	EA		8,685.00		2,178.25	6,506.75
7	PAGE 6	1	EA		4,620.00		1,155.00	3,465.00
8								
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
31								
TOTALS					48,001.00	0.00	9,152.65	38,848.35
DOWNSTAIRS STORAGE AREA, PER ATTACHED INVENTORY.					Less: deductible		\$500.00	
					Payable Now		\$38,348.35	
					Recoverable Depreciation		\$0.00	
					Total RC after deductible		\$38,348.35	

National Catastrophe Team
P.O. Box 94064
Palatine, IL 60094

ALLSTATE INSURANCE COMPANY

Date: 2/15/2006
Adj.: ANA CHEN

Insd.: WEISS, ROBERT U.

Claim No.: 5114245292

POLICY LIMIT: \$100,000.00

PROPERTY LOSS WORKSHEET

1	2	3	4	5	6	7	8	9	10
ITEM #	DESCRIPTION	QTY	(AGE) YRS	UNIT PRICE	REPL COST	% DEPR / YR	DEPRECIATION	ACTUAL CASH VALUE	
1	Formal Living Room	1	1	\$ 8,330.00	\$ 8,330.00	20%	\$ 1,666.00	\$ 6,664.00	
2	Dining Room	1	1	\$ 5,350.00	\$ 5,350.00	30%	\$ 1,605.00	\$ 3,745.00	
3	Kitchen	1	1	\$ 3,145.00	\$ 3,145.00	15%	\$ 471.75	\$ 2,673.25	
4	Living Rm/Great Rm/Game Rm	1	1	\$ 10,260.00	\$ 10,260.00	25%	\$ 2,565.00	\$ 7,695.00	
5	Office	1	1	\$ 3,100.00	\$ 3,100.00	20%	\$ 620.00	\$ 2,480.00	
6	Foyer	1	1	\$ 1,180.00	\$ 1,180.00	30%	\$ 354.00	\$ 826.00	
7	Bathrooms	1	1	\$ 1,200.00	\$ 1,200.00	20%	\$ 240.00	\$ 960.00	
8	Bedroom 1	1	1	\$ 4,200.00	\$ 4,200.00	20%	\$ 840.00	\$ 3,360.00	
9	Bedroom 2	1	1	\$ 3,350.00	\$ 3,350.00	20%	\$ 670.00	\$ 2,680.00	
10	Bedroom 3	1	1	\$ 4,225.00	\$ 4,225.00	20%	\$ 845.00	\$ 3,380.00	
11	Bedroom 4	1	1	\$ 5,630.00	\$ 5,630.00	20%	\$ 1,126.00	\$ 4,504.00	
12	Bedroom 5	1	1		\$ -	20%	\$ -	\$ -	
13	Garage/ Shed	1	1	\$ 23,305.00	\$ 23,305.00	25%	\$ 5,826.25	\$ 17,478.75	
14	Misc Items	1	1	\$ 29,462.00	\$ 29,462.00	25%	\$ 7,365.50	\$ 22,096.50	
15	Clothes	1	1	\$ 30,000.00	\$ 30,000.00	40%	\$ 12,000.00	\$ 18,000.00	
16	DVD's/VCR's/Records	1	1	\$ 3,300.00	\$ 3,300.00	50%	\$ 1,650.00	\$ 1,650.00	
17	Utility Room	1	1	\$ 1,325.00	\$ 1,325.00	20%	\$ 265.00	\$ 1,060.00	
18	Jewelry, Furs, Memorabilia, etc...	1	1	\$ 2,200.00	\$ 2,200.00	5%	\$ 110.00	\$ 2,090.00	
19					\$ -		\$ -	\$ -	
20					\$ -		\$ -	\$ -	
21					\$ -		\$ -	\$ -	
22					\$ -		\$ -	\$ -	
23					\$ -		\$ -	\$ -	
24					\$ -		\$ -	\$ -	
25					\$ -		\$ -	\$ -	
26					\$ -		\$ -	\$ -	
27					\$ -		\$ -	\$ -	
28					\$ -		\$ -	\$ -	
29					\$ -		\$ -	\$ -	
30					\$ -		\$ -	\$ -	

TOTALS: \$ 139,582.00 \$ 38,219.50 \$ 101,342.50

LESS DEDUCTIBLE: \$500.00

SUB TOTAL: \$ 100,842.50

LESS PRIOR PAYMENT(S): \$0.00

LESS EXCESS: \$842.50

AMOUNT PAYABLE: \$100,000.00

THANK YOU for being an Allstate Customer

FEDERAL EMERGENCY MANAGEMENT AGENCY
NATIONAL FLOOD INSURANCE PROGRAM

O.M.B. NO. 3067-0021

CONTENTS

February 15, 2006
Date of Report

Insured and Location WEISS, ROBERT 13 TREASURE ISLE, SLIDELL, LA 70461						Policy No. 080523923		
Adjusting Firm and Address Allstate Insurance-National Catastrophe Team PO Box 94054, PALATINE, IL 60094				(ADJUSTER) Mung T Hatten		Adjuster's File No. 5114245292F		Date of Loss 8/29/2005
1	2	3	4	5	6	7	8	9
ITEM	DESCRIPTION	QUANTITY	AGE	REPLACEMENT COST	LOSS OR DAMAGE	DEPRECIATION	A.C.V. FLOOD LOSS	A.C.V. WIND LOSS

Contents

1	REPLACED CONTENT PER CONTENT WORKSHEET	1		\$139,562.00 ^w	\$139,562.00	\$38,219.50	\$101,342.50	
---	---	---	--	---------------------------	--------------	-------------	--------------	--

Summary

Estimate Totals	\$139,562.00	\$38,219.50	\$101,342.50
Less Non-Recoverable Depreciation	-\$38,219.50	-\$38,219.50	
Sub-Total	\$101,342.50	\$0.00	\$101,342.50
Less Deductible Applied	-\$500.00		-\$500.00
Less Excess	-\$842.50	\$0.00	-\$842.50
Contents Claim	\$100,000.00	\$0.00	\$100,000.00

Price Database Legend
w = Write-in

General Information

Estimate ID 5114245292 Lien Holder NONE
 Property Owner WEISS Current Address 210 CYPRESS LAKES CIRCLE
 Address 13 TREASURE ISLE City SLIDELL
 City SLIDELL State/Province LA
 State/Province LA Zip/Postal Code 70458
 Zip/Postal Code 70461 Phone Number 985-641-4314

Construction Type Site-Built Housing

Survey Date 10/07/05
 Adjuster Name MIKE WELLS FCN Number 654

Building Data

Residence Type Single-Family Residence Town House End Unit Duplex
 Low-Rise Multiple Town House Inside Unit

Style:

10 % One Story % 1-1/2 Story Finished % 3-1/2 Story Finished
90 % Two Story % 1-1/2 Story Unfinished % 3-1/2 Story Unfinished
 % Three Story % 2-1/2 Story Finished % Bi-level (Total Area)
 % Split Level % 2-1/2 Story Unfinished % Bi-level

Total Floor Area (SF) 3765 Single-Family: 400- 25,000 Town House: 100- 10,000
 Low Rise Mult: 600- 300,000 Duplex: 200- 20,000

Number of Units 4 3-150 (Low-Rise Multiples only)

Quality 4 ^{SEE PHOTO} 1=Low (SFR only) 3=Average 5=Very Good
 2=Fair 4=Good 6=Excellent

Condition 4 1=Worn Out 3=Average 5=Very Good
 2=Badly Worn 4=Good 6=Excellent

Depreciation

Depreciation Method

- 1 M&S Table & Typical Life 4 Entered Percentages
 2 M&S Table, Entered Typical Life 5 None
 3 Age/Life (Straight Line) 6 M&S Table & Typical Life, Condition Adjustment

Effective Age 8 0-100

Typical Life _____ 0-100 (Methods 2 & 3 only)

Percent Dollars

Physical+Functional _____ (Method 4 only)

Physical _____ (Method 4 only)

Functional _____

External _____

Apply all percentages to Replacement New Cost

Site-Built Housing

Components (see back page for a list of all components)

Code	System	Description	Area/Units	%	Quality	Depr %	Age	Life
169	WALLS	STUCCO ON BLOCK		100				
208	ROOF	COMP SHINGLE		100				
351	HVAC	HEATED & COOLED		100				
430	FLOOR	CARPET & PAD		50				
434	FLOOR	CERAMIC TILE		50				
537	APPL	DISHWASHER	1					
538	APPL	EXHAUST FAN & HOOD	1					
540	APPL	GARBAGE DISPOSAL	1					
542	APPL	OVEN, DOUBLE	1					
525	APPL	RANGE TOP	1					
527	APPL	TRASH COMP	1					
529	APPL	SECURITY SYS	1					
531	APPL	VACUUM SYS	1					
601	PLUMB	FIXTURES	12					
602	PLUMB	ROUGH IN	2					
642	FINISH	SINGLE 2 STORY	1					
152	FINISH	STAIRCASE		100				
1003	PROPERTY	WATER/RATS		100				

Section

Section Type

- Attached Garage
- Attached Garage w/Full Living Area
- Detached Garage
- Attached Garage w/Partial Living Area
- Built-In Garage
- Detached Garage w/Full Living Area
- Basement
- Detached Garage w/Partial Living Area

Description

GARAGE UNDER 2ND FLOOR - NO WALLS - OPEN

Size

3765

Quality

3

1=Low 3=Average 5=Very Good
2=Fair 4=Good 6=Excellent

Depreciation %

 0-100

Effective Age

 0-100

Typical Life

 0-100

Code	System	Description	Area/Units	%	Quality	Depr %	Age	Life

Additions

Type	Description	Units	Cost	Depr %	LM	Trend	Base Date
							/
							/
							/
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							/
							/

Types:

- Basic Basic Structure Cost Extra Extras
- Bsmnt Basement Cost Depr Depreciation
- Garage Garage Cost Misc Miscellaneous

Remarks/Notes

Cost Adjustments

- Local Multiplier _____ 0.4 – 6.0
- Local Multiplier Adjustment (%) _____ -100-100
- Architect's Fee (%) _____ 0 - 20
- Rounding Value (\$) _____ 0 - 100000
- Report Date (mm/yyyy) _____ 10/1975 through current month/year
- Single Line Backdate (mm/yyyy) _____ 10/1975 through current month/year
- Base Date (mm/yyyy) _____ 10/1975 through current month/year
- Effective Age Adjustment Value _____ 0 - 10
- Depreciation % Adjustment Value _____ 0 - 10
- Energy Adjustment Mild Moderate Extreme Superinsulated
- Foundation Adjustment Mild Moderate Extreme
- Hillside Adjustment Flat Moderate Steep
- Seismic Adjustment None Zone 1 Zone 2 Zone 3 Zone 4
- Wind Adjustment None Adjust for Wind
- Type Name _____
- Story Height 20 6.0 30.0 Feet

Property Owner <u>Robert Weiss</u>		Date <u>10/7/2005</u>																			
Address <u>Lot 13 Treasure Isle</u>		Surveyed By <u>Mike Wells</u>																			
City <u>Slidell</u>		Cost as of <u>September, 2005</u>																			
State/Province <u>LA</u>	Zip/Postal Code <u>70461</u>	Appraisal For _____																			
Type <u>Single-family Residence</u>	Quality <u>3.00</u> Average	Total Floor Area <u>3,765</u>																			
Style <u>One Story 10%; Two Story 90%</u>		Number of Units _____																			
Exterior Walls <u>Masonry, Stucco on Block 100%</u>		Interior Wall Height <u>20</u>																			
Age <u>8</u>	Condition <u>3.00</u> Average	Basement Depth _____																			
Region <input type="checkbox"/> Western <input checked="" type="checkbox"/> Central <input type="checkbox"/> Eastern																					
		Factor	Quantity																		
1. COMPUTE RESIDENCE BASIC COST		1.480	3,765																		
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>Wall Height Factor</td> <td>X</td> <td>Floor Area</td> <td>X</td> <td>Selected Sq. Ft. Cost</td> <td>=</td> <td>Cost</td> <td>=</td> <td>Extended Cost</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>53.68</td> <td>\$</td> <td>299,116</td> </tr> </table>		Wall Height Factor	X	Floor Area	X	Selected Sq. Ft. Cost	=	Cost	=	Extended Cost							53.68	\$	299,116		
Wall Height Factor	X	Floor Area	X	Selected Sq. Ft. Cost	=	Cost	=	Extended Cost													
						53.68	\$	299,116													
Square Foot and Lump Sum Adjustments																					
2. Roofing <u>Composition Shingle</u>																					
3. Energy: <input checked="" type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Extreme <input type="checkbox"/> Superinsulated																					
4. Foundation: <input checked="" type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Extreme Hillside: <input checked="" type="checkbox"/> Flat <input type="checkbox"/> Moderate <input type="checkbox"/> Steep																					
5. Seismic: <input checked="" type="checkbox"/> None <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 Wind: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes																					
6. Subfloor <u>Deduct: Default Subfloor</u>																					
7. Floor Insulation: <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Extreme																					
8. Floor Cover <u>see detail sheet</u>																					
9. Plaster Interior																					
10. Heating/Cooling <u>Warmed & Cooled Air</u>																					
11. Plumbing Fixtures: <u>Total 12 Base 8</u>																					
12. Plumbing Rough-ins: <u>Total 2 Base 1</u>																					
13. Dormers																					
14. Fireplaces <u>Single 2-Story Fireplace</u>																					
15. Built-in Appliances <u>see detail sheet</u>																					
16. SUBTOTAL: ADJUSTED RESIDENCE COST: Total of Lines 1 to 15.																					
17. Basement																					
18. Porches, Decks, Breezeways, etc.																					
19. Balconies																					
20. Exterior Stairways																					
21. SUBTOTAL: RESIDENCE COST: Total of Lines 16 and 20.																					
22. Garages/Carports																					
23. SUBTOTAL OF ALL BUILDING IMPROVEMENTS: Total of Lines 21 and 22.																					
24. Multipliers: <u>Current Cost (.98) X Local (.90) X Other (1.00)</u>																					
25. Additional Components																					
26. TOTAL BUILDING COST NEW: Line 23 x Line 24 + Line 25.																					
27. Depreciation: Physical and Functional																					
28. External and/or Excessive Functional Obsolescence																					
29. Additional Depreciation																					
30. TOTAL DEPRECIATED COST: Line 26 - Lines 27 to 29.																					
31. Yard Improvements																					
32. Miscellaneous																					
33. Land/Site Value																					
34. TOTAL INDICATED VALUE: Total of Lines 30 to 33.																					

Standard Report

Estimate ID:
 Property Owner:
 Address:
 City:
 State/Province:
 ZIP/Postal Code:
 Surveyed By:
 Survey Date:

5114245292
 Robert Weiss
 Lot 13 Treasure Isle
 Slidell
 Louisiana
 70461
 Mike Wells
 10/7/2005

Single-family Residence
 Effective Age: 8
 Cost as of: September, 2005
 Style: One Story 10%/ Two Story 90%
 Exterior Wall: Masonry, Stucco on Block 100%
 Plumbing Fixtures: 12

Floor Area: 3,765 Square Feet
 Quality: 3 Average
 Condition: 3 Average

	Units	Cost	Total
Base Cost	3,765	58.16	218,972
Plumbing Fixtures	12	840.40	10,085
Composition Shingle	3,765	0.89	3,351
Carpet, Custom or High-Value	1,882	9.36	17,616
Ceramic Tile, Custom or High-Value	1,882	19.55	36,793
Warmed & Cooled Air	3,765	4.07	15,324
Plumbing Rough-ins	2	338.80	678
Single 2-Story Fireplace	1	2,981.44	2,981
Dishwasher, Deluxe	1	1,210.00	1,210
Exhaust Fan & Hood, Custom, Stainless Steel or Cop	1	2,728.00	2,728
Garbage Disposer, Deluxe, Heavy Duty	1	374.00	374
Oven, Custom Double Wall	1	3,476.00	3,476
Range Top	1	400.40	400
Trash Compactor	1	488.40	488
Security System, Hard Wired	1	2,288.00	2,288
Vacuum Cleaner System	1	1,496.00	1,496
Basic Structure Total Cost	3,765	84.53	318,260
Replacement Cost New	3,765	84.53	318,260
Physical + Functional Depreciation 6.0%			19,097
Total Depreciated Cost			299,163
Total			\$299,163

Cost data by Marshall & Swift/Boeckh, LLC and its licensors.

Remarks

Short Report

Estimate ID: 5114245292
Property Owner: Robert Weiss
Address: Lot 13 Treasure Isle
City: Slidell
State/Province: Louisiana
ZIP/Postal Code: 70461
Surveyed By: Mike Wells
Survey Date: 10/7/2005

Cost as of: September, 2005

Single-family Residence

	Units	Cost	Total
Base Cost	3,765	58.16	218,972
Basic Structure Total Cost	3,765	84.53	318,260
Replacement Cost New	3,765	84.53	318,260
Total Depreciated Cost			299,163
Total			<u>\$299,163</u>

Cost data by Marshall & Swift/Boeckh, LLC and its licensors.

Remarks

Depreciation Report

Single-family Residence
 Effective Age: 8
 Cost as of: September, 2005
 Style: One Story 10%/ Two Story 90%
 Exterior Wall: Masonry, Stucco on Block 100%
 Plumbing Fixtures: 12

Floor Area: 3,765 Square Feet
 Quality: 3 Average
 Condition: 3 Average

	Units	Unit Cost	Total Cost New	Less Depreciation	Total Cost Depreciated
Base Cost	3,765	58.16	218,972	13,139	205,833
Plumbing Fixtures	12	840.40	10,085	605	9,480
Composition Shingle	3,765	0.89	3,351	201	3,150
Carpet, Custom or High-Value	1,882	9.36	17,616	1,057	16,559
Ceramic Tile, Custom or High-Value	1,882	19.55	36,793	2,208	34,585
Warmed & Cooled Air	3,765	4.07	15,324	919	14,405
Plumbing Rough-ins	2	338.80	678	41	637
Single 2-Story Fireplace	1	2,981.44	2,981	179	2,802
Dishwasher, Deluxe	1	1,210.00	1,210	73	1,137
Exhaust Fan & Hood, Custom, Stainless Steel or Cop	1	2,728.00	2,728	164	2,564
Garbage Disposer, Deluxe, Heavy Duty	1	374.00	374	22	352
Oven, Custom Double Wall	1	3,476.00	3,476	209	3,267
Range Top	1	400.40	400	24	376
Trash Compactor	1	488.40	488	29	459
Security System, Hard Wired	1	2,288.00	2,288	137	2,151
Vacuum Cleaner System	1	1,496.00	1,496	90	1,406
Basic Structure Total Cost	3,765	84.53	318,260	19,097	299,163
Replacement Cost New	3,765	84.53	318,260		
Physical + Functional Depreciation 6.0%				19,097	299,163
Total Depreciated Cost				19,097	299,163
Total			\$318,260	\$19,097	\$299,163

Cost data by Marshall & Swift/Boeckh, LLC and its licensors.

Remarks

Input Data Listing

Estimate Number: 0
Category: All Categories

General Information

Estimate ID: 5114245292
Property Owner: Robert Weiss
Address: Lot 13 Treasure Isle
City: Slidell
State/Province: Louisiana
ZIP/Postal Code: 70461
Surveyed By: Mike Wells
Survey Date: 10/7/2005
User Defined 1:
User Defined 2:
User Defined 3:
User Defined 4:
User Defined 5:
Comment:
Replacement Cost New \$318,260
Total Depreciated Cost \$299,163
Total \$299,163

Building Data

Residence Type: Single-family Residence
Style: One Story 10% / Two Story 90%
Total Floor Area: 3,765
Quality: 3 Average
Condition: 3 Average

Depreciation

Type: M&S Table, M&S Typical Life
Cost as of: September, 2005
Effective Age: 8
Typical Life: 60
Functional: \$0 plus 0%
External: \$0 plus 0%

Component	Units/%	Quality	Depreciation
Exterior Walls			
169 Masonry, Stucco on Block	100%		
Roofing			
208 Composition Shingle	100%		
Heating/Cooling			
351 Warmed & Cooled Air	100%		

Component	Units/%	Quality	Depreciation
Floor Cover			
430 Carpet, Custom High-Value (SF or %)	50%		
434 Ceramic Tile, Custom, High Value (SF or %)	50%		
Appliances			
537 Dishwasher, Deluxe (#)	1		
538 Exhaust Fan & Hood, Custom, Stainless Steel or Cop	1		
540 Garbage Disposer, Deluxe, Heavy Duty (#)	1		
542 Oven, Custom Double Wall (#)	1		
525 Range Top (#)	1		
527 Trash Compactor (#)	1		
529 Security System, Hard Wired (#)	1		
531 Vacuum Cleaner System (#)	1		
Miscellaneous			
601 Plumbing Fixtures (#)	12		
602 Plumbing Rough-ins (#)	2		
642 Single 2-Story Fireplace (#)	1		

Additions

Remarks

Notes

Cost Adjustment

Local Multiplier:	0.9 (Default)	Local Multiplier Adjustment:	0 (Default)
Architect's Fees:	1.3 (Default)	Rounding Value:	0 (Default)
Report Date:	09/2005 (Default)	Single-Line Backdate:	09/2005 (Default)
Base Date:	09/2005	Effective Age Adj. Value:	0 (Default)
Depreciation % Adj. Value:	0 (Default)	Energy Adjustment:	Mild (Default)
Foundation Adjustment:	Mild (Default)	Hillside Adjustment:	Flat
Seismic Adjustment:	No Adjustment	Wind Adjustment:	Wind Adjustment
Type Name:	None (Default)		

FAST PATH CONTENTS

Formal Living Room

2000 Sofa
900 Loveseat
400 Chair
300 End Table
400 Coffee Table
1000 Rug
500 Lamp
600 Ottaman
1000 TV
700 Stereo
 Entertainment center
530 Pictures/Mirrors
 Curtains/Drapes
 Piano

Other _____

Average Age & Condition _____

Room Total = 8330

Dining Room

1900 Chairs
 Table
300 Lamp
1000 Hutch
1000 China
500 Rug
350 Linens
400 Pictures/Mirrors
300 Curtains/Drapes
 Bric a Brac

Other _____

Average Age & Condition _____

Room Total = 5350

Kitchen

700 Dinette
 Chairs
200 Cleaning Products
400 Flat ware
600 Pots & Pans
300 TV
 Rug
300 Microwave/Blenders/Mixers/Toaster Ovens
 /Coffee Maker/ETC
200 Dishes
300 Cooking Utensils
125 Food
 Pictures
 Curtains/Drapes

Average Age & Condition _____

Other _____

Room Total = 3145

Insured Weiss Robert

Adjuster _____

Living Room/GreatRoom/GameRoom

2500 Sofa
 Loveseat
400 Chair
300 End Table
500 Coffee Table
1300 Rug
300 Lamps
1000 Ottaman
1400 TV
600 Book Case
500 Stereo
300 Curtains/Drapes
 Pool Table
1000 Pictures/Mirrors

Other _____

Average Age & Condition _____

Room Total = 10260

Office

1300 Computer
300 Desk
100 Chairs
 End Table
200 Rug
100 Lamps
400 Printers/copiers/fax
200 File Cabinets
 TV
300 BookCase/books
 Pool Table
200 Pictures/Mirrors

Other _____

Average Age & Condition _____

Room Total = 3100

Foyer

Sofa
 Loveseat
500 Chair
500 Table
150 Curtains/Drapes

Other _____

Average Age & Condition _____

Room Total = 1150

Bathrooms 1 2 3

300 Towels
300 Hair Dryers/Ele Shavers Etc.
400 Makeup
 Pictures/Mirrors
200 Curtains/Drapes

Average Age & Condition _____

Other _____

All Baths Total = 1200

Claim Number 511 424 5292

Adjuster I.D. _____

Bedroom 1

1900 Bedroom set - King
 _____ Bedroom set - Queen
 _____ Bedroom set - Single
500 Sheets
200 Pillows
300 Mirror/Pictures
500 TV DVD/VCR
100 Radio
200 Lamp
 _____ Chair
200 Curtains/Drapes
200 Rugs
 _____ Fan

Average Age & Condition _____

Other chest of drawers 370

Room Total = 4200

Bedroom 2

_____ Bedroom set - King
1100 Bedroom set - Queen
 _____ Bedroom set - Single
500 Sheets
200 Pillows
300 Mirror/Pictures
300 TV DVD/VCR
100 Radio
100 Lamp
 _____ Chair
200 Curtains/Drapes
200 Rugs
 _____ Fan

Average Age & Condition _____

Other stuffed animal 350

Room Total = 3350

Bedroom 3

_____ Bedroom set - King
1300 Bedroom set - Queen
 _____ Bedroom set - Single
400 Sheets
100 Pillows
200 Mirror/Pictures
300 TV DVD/VCR
100 Radio
100 Lamp
200 Chair
200 Curtains/Drapes
200 Rugs
 _____ Fan

Average Age & Condition _____

Other chest of drawers # 1125

Room Total = 4225

Insured _____

Adjuster _____

Note: No items left outside such as lawn furniture, BBQ grills are covered.

Bedroom 4

_____ Bedroom set - King
 _____ Bedroom set - Queen
 _____ Bedroom set - Single
 _____ Sheets
 _____ Pillows
 _____ Mirror/Pictures
 _____ TV/DVD/VCR
 _____ Radio
 _____ Lamp
 _____ Chair
 _____ Drapes/Curtains
 _____ Rugs

Average Age & Condition _____

Other sewing machine & material
exercise machine

Room Total = 5630

Bedroom 5

_____ Bedroom set - King
 _____ Bedroom set - Queen
 _____ Bedroom set - Single
 _____ Sheets
 _____ Pillows
 _____ Mirror
 _____ TV
 _____ Radio
 _____ Lamp
 _____ Chair
 _____ Pictures
 _____ Drapes/Curtains

Average Age & Condition _____

Other _____

Room Total = _____

Garage/Shed

_____ Lawnmower
 _____ Power Tools/Hand Tools
 _____ Lawn Tools

Other see attachments

Other _____

Other _____

Average Age & Condition _____

Room Total = 23305

Misc Contents

3000 Clothes
3500 DVDs/VCRs/Records

Other utility km # 1325 jewelry # 2200

Misc Total = _____

Claim Number _____

Adjuster LD. _____

5114245292
File Room
K D / F

DROP FILE & MISSING FILE FORM

DROP FILE REQUEST

Claim Number: 5114245292 / 544246767 Today's Date: 2-21-06
Insured Name: Dr. Robert Weiss Date of Loss: 8-29-05
Adjuster Name: Mike Wells Desk Location: _____
Team/Unit: _____

*Please print clearly and provide all requested information.
Thank you*

*****File Room/Admin Use Only*****

MISSING FILE/PAPERWORK

Date Rec'd in File Rm and Init Search: 21 Day Deadline: _____
Date Found: _____
Date Sent to Reconstruct: _____

Description:
 Entire File Paperwork Check
 Other: _____

F/H Desk* _____
 PWS Review* _____
 TL/Mgr Desk/File Examiner* _____
 Mail Room/In Transit* _____
 Lake Mary 2* _____
 Lake Mary 1* _____
 Lake Mary 4* _____
 Other*: _____

**Please initial and date for each search. Searches should be conducted at least every 3 working days and results documented clearly on this form.*

MERRYL AND BOB WEISS
CLAIM NO: 5114245292
CLAIM NO: 5114246167

TO: Michael Wells
FAX: 1-813-433-5660
DATE: 11/27/05

Mike,

I am sending nine sheets including this cover sheet. Two are for 14 Treasure Isle and six are for 13 Treasure Isle. Please let us know something ASAP. Has a decision been made? When will we know? When will we be able to receive any money for the losses plus ALE's?

Thank,

Merryl Weiss

ELEVATION CERTIFICATE

FEDERAL EMERGENCY MANAGEMENT AGENCY
NATIONAL FLOOD INSURANCE PROGRAM

ATTENTION: Use of this certificate does not provide a waiver of the flood insurance purchase requirement. This form is used only to provide elevation information necessary to ensure compliance with applicable community floodplain management ordinances, to determine the proper insurance premium rate, and/or to support a request for a Letter of Map Amendment or Revision (LOMA or LOI). Instructions for completing this form can be found on the following pages.

SECTION A PROPERTY INFORMATION		FOR INSURANCE COMPANY USE
BUILDING OWNER'S NAME		POLICY NUMBER
DR. ROBERT WEISS		A
STREET ADDRESS (including Apt., Unit, Suite and/or Bldg. Number) OR P.O. ROUTE AND BOX NUMBER		COMPANY NUMBER
13 TREASURE ISLE		
OTHER DESCRIPTION (Lot and Block Numbers, etc.)		
LOT 13 - TREASURE ISLE SUBD.		
CITY	STATE	ZIP CODE
SLIDELL	LA	70461

SECTION B FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

Provide the following from the proper FIRM (See Instructions):

1. COMMUNITY NUMBER	2. PANEL NUMBER	3. SUFFIX	4. DATE OF FIRM INDEX	5. FIRM ZONE	6. BASE FLOOD ELEVATION (in All Zones, with depth)
725205	0533	D	4-2-1991	V15	10.0

7. Indicate the elevation datum system used on the FIRM for Base Flood Elevations (BFE): NGVD '29 Other (describe on tract)
8. For Zones A or V, where no BFE is provided on the FIRM, and the community has established a BFE for this building site, indicate the community's BFE: feet NGVD (or other FIRM datum—see Section B, Item 7).

SECTION C BUILDING ELEVATION INFORMATION

1. Using the Elevation Certificate Instructions, indicate the diagram number from the diagrams found on Pages 4 and 5 that best describes the subject building's reference level 2.
- (a). FIRM Zones A1-A30, A6, AH, and A (with BFE). The top of the reference level floor from the selected diagram is at an elevation of 11.15 feet NGVD (or other FIRM datum—see Section B, Item 7).
- (b). FIRM Zones V1-V30, VE, and V (with BFE). The bottom of the lowest horizontal structural member of the reference level from the selected diagram, is at an elevation of 11.15 feet NGVD (or other FIRM datum—see Section B, Item 7).
- (c). FIRM Zone A (without BFE). The floor used as the reference level from the selected diagram is 11.15 feet above or below (check one) the highest grade adjacent to the building.
- (d). FIRM Zone AO. The floor used as the reference level from the selected diagram is 11.15 feet above or below (check one) the highest grade adjacent to the building. If no flood depth number is available, is the building's lowest floor (reference level) elevated in accordance with the community's floodplain management ordinance? Yes No Unknown
2. Indicate the elevation datum system used in determining the above reference level elevations: NGVD '29 Other (describe under Comments on Page 2). (NOTE: If the elevation datum used in measuring the elevations is different than that used on the FIRM [see Section B, Item 7], then convert the elevations to the datum system used on the FIRM and show the conversion equation under Comments on Page 2.)
4. Elevation reference mark used appears on FIRM: Yes No (See Instructions on Page 4)
5. The reference level elevation is based on: actual construction construction drawings
(NOTE: Use of construction drawings is only valid if the building does not yet have the reference level floor in place, in which case this certificate will only be valid for the building during the course of construction. A post-construction Elevation Certificate will be required once construction is complete.)
5. The elevation of the lowest grade immediately adjacent to the building is: 11.15 feet NGVD (or other FIRM datum—see Section B, Item 7).

SECTION D COMMUNITY INFORMATION

1. If the community official responsible for verifying building elevations specifies that the reference level indicated in Section C, Item 1 is not the "lowest floor" as defined in the community's floodplain management ordinance, the elevation of the building's "lowest floor" as defined by the ordinance is: 11.15 feet NGVD (or other FIRM datum—see Section B, Item 7).
2. Date of the start of construction or substantial improvement: _____

SECTION E CERTIFICATION

This certification is to be signed by a land surveyor, engineer, or architect who is authorized by state or local law to certify elevation information when the elevation information for Zones A1-A30, AE, AH, A (with BFE), V1-V30, VE, and V (with BFE) is required. Community officials who are authorized by local law or ordinance to provide floodplain management information, may also sign the certification. In the case of Zones AO and A (without a FEMA or community issued BFE), a building official, a property owner, or an owner's representative may also sign the certification.

Reference level diagrams 6, 7 and 8 - Distinguishing Features-If the certifier is unable to certify to breakaway/non-breakaway wall, enclosure size, location of servicing equipment, area use, wall openings, or unfinished area Feature(s), then list the Feature(s) not included in the certification under Comments below. The diagram number, Section C, Item 1, must still be entered.

I certify that the information in Sections B and C on this certificate represents my best efforts to interpret the data available. I understand that any false statement may be punishable by fine or imprisonment under 18 U.S. Code, Section 1001.

CERTIFIER'S NAME: **J. V. BURKES, III** LICENSE NUMBER (or Alts. Seal): **LA.R.L.S. NO. 840**

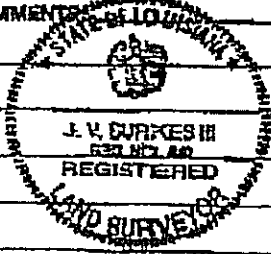
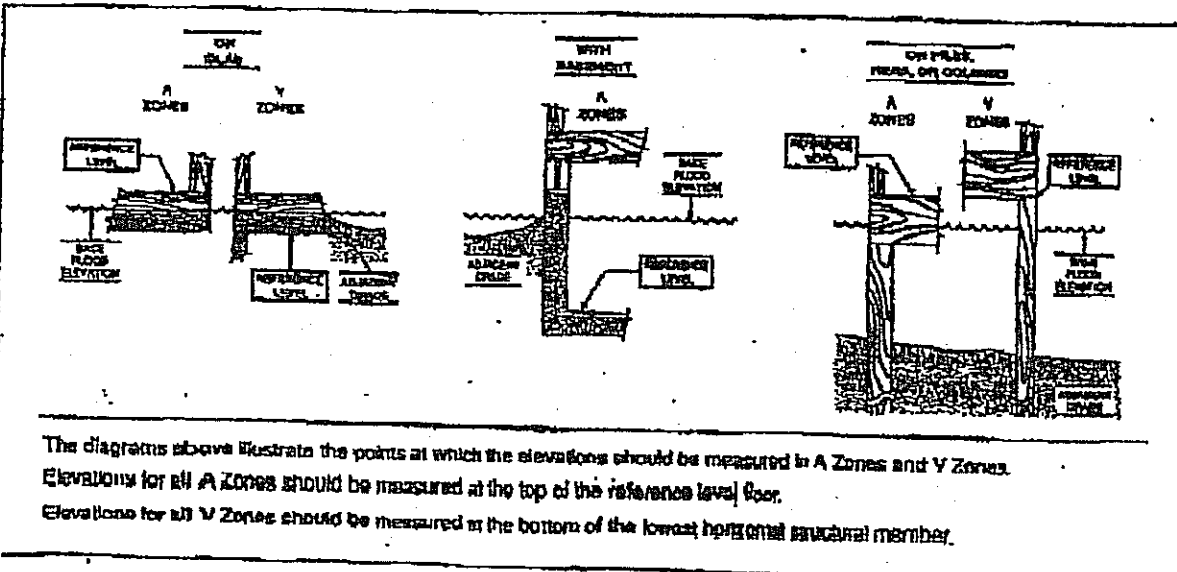
TITLE: **PRESIDENT** COMPANY NAME: **J.V. BURKES & ASSOC., INC.**

ADDRESS: **P.O. BOX 1568** CITY: **SLIDELL** STATE: **LA.** ZIP: **7045**

SIGNATURE: *J. V. Burkes III* DATE: **8-17-1984** PHONE: **504-649-001**

Copies should be made of this Certificate for: 1) community official, 2) insurance agent/company, and 3) building owner.

COMMENTS:



**National
Catastrophe Team**

February 25, 2006

Robert U Weiss, Jr.
Lot 13 Treasure Isle
Slidell, LA 70461

Our Insured: Robert U Weiss, Jr.
Date of Loss: 29 August 2005
Claim Number: 5114245292
Loss Location: Lot 13 Treasure Isle
Slidell, LA 70461

Dear Mr. Weiss:

Enclosed is a copy of the estimates and reports that are the basis for our conclusion that your flood claim will reach or exceed the limit of liability of your policy. As a result, Allstate Insurance Company has requested that the National Flood Insurance Program (NFIP) issue a check payable to you for the policy limit of \$250,000.00 **Building Property**, and \$100,000.00 **Personal Property and Other Coverages**. A portion of this payment may have been made to you in the form of an advance or prior payment.

If you would like to discuss this matter further, please call 800-326-0950, ext. 5588 and leave a message so that one of our catastrophe claim specialists can contact you and address your questions.

Sincerely,

Beli Karamovic
Claims Department

Enclosures:

Allstate Insurance Company
P.O. Box 94054 Palatine, IL 60094-0000 T 800.547.8676 F 888.859.3946

ALST-WEIS 0419

ENHANCED CHECK PROCESSING CHECK ROUTING **DONE**

*** FILL OUT ROUTING INFORMATION ACCURATELY and COMPLETELY ***

DATE CHECK ISSUED: 2/22/06

INSURED'S NAME: Robert U. Weiss Jr.

CARE OF: _____

STREET ADDRESS: Lot 13 Treasure Isle

CITY: Slidell

STATE: LA ZIP: 70461

ATTENTION: Robert U. Weiss Jr.

PHONE (REQUIRED) 504-577-5385

Mortgage Company None

PLEASE CHECK ONE BELOW (P.O. BOX'S MUST BE US MAIL)

DHL Delivery _____ (Stop Pay/Final) CK # _____

US MAIL _____ (ICC/Supp) CK# _____
MS

CLAIM NUMBER(required) 5114245292

VERIFYING CALL AGENT NAME: Mary Hatten EXT. 5059
your name

M. Hatten ROUTING CALL TO INSURED AND ROUTING FORM COMPLETE

- BP SETTLEMENT LETTER
- BP CLAIM SUMMARY
- BP FEMA LETTER
- BP CHECK

Mailed 2/28

DIARIED
By: _____

ALLSTATE CHECK COVERS ITEMS INDICATED BELOW
ALLSTATE FLOOD INSURANCE PROGRAM CHECK NO. 3158432

ALLSTATE - SOUTHWEST
FINANCIAL ACCOUNTING
8711 FREEPORT PKWY
IRVING, TX 75063

511

31

BATCH NO. 888-8277-4
DATE FEB/ 22/ 06

<u>CLAIM NO.</u>	<u>POLICY NO./TYPE</u>	<u>AMOUNT</u>	<u>DRAFT NO.</u>	<u>LOSS DATE</u>
511-4245292	0-80-523923-3 D	\$ 250,000.00	000000000	08/29/05

TOTAL AMOUNT OF BATCH \$ 250,000.00
NUMBER OF DETAILS IN BATCH 1



Allstate.
You're in good hands.

Flood Insurance Program
P.O. Box 34200
Bethesda, MD 20827-0200

12-1
1110

CHECK NO. 3158432

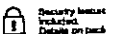
FIDUCIARY ACCOUNT

888-8277-4

DATE FEB 22 06

PAY TO THE ORDER OF WEISS, ROBERT U JR
210 CYPRESS LAKE CIR
SLIDELL LA 70458

AMOUNT **250,000.00



Bank of America Customer Connection
Bank of America, N.A.
Bank of America Customer Connection - TX

VOID IF NOT PRESENTED WITHIN ONE HUNDRED EIGHTY DAYS OF THE DATE OF ISSUE

Ronald P. Varejo

⑈3158432⑈ ⑆111000012⑆ 375 001 0253⑈

ALST-WEIS 0421

THIS CHECK COVERS ITEMS INDICATED BELOW
ALLSTATE FLOOD INSURANCE PROGRAM CHECK NO. 3158433

ALLSTATE - SOUTHWEST
FINANCIAL ACCOUNTING
8711 FREEPORT PKWY
IRVING, TX 75063

511

32

BATCH NO. 888-8277-5
DATE FEB/ 22/ 06

<u>CLAIM NO.</u>	<u>POLICY NO./TYPE</u>	<u>AMOUNT</u>	<u>DRAFT NO.</u>	<u>LOSS DATE</u>
511-4245292	0-80-523923-3 C	\$ 100,000.00	000000000	08/29/05

TOTAL AMOUNT OF BATCH \$ 100,000.00
NUMBER OF DETAILS IN BATCH 1



Allstate.
You're in good hands.

Flood Insurance Program
P.O. Box 34200
Bethesda, MD 20827-0200

7-1
1110

CHECK NO. 3158433

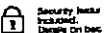
FIDUCIARY ACCOUNT

888-8277-5

DATE FEB 22 06

PAY TO THE ORDER OF WEISS, ROBERT U JR
210 CYPRESS LAKE CIR
SLIDELL LA 70458

AMOUNT **100,000.00



Bank of America Customer Connection
Bank of America, N.A.
Bank of America Customer Connection - TX

VOID IF NOT PRESENTED WITHIN ONE HUNDRED EIGHTY DAYS OF THE DATE OF ISSUE

Ronald P. Vargo

⑈ 3158433 ⑆ 1110000121 375 001 0253 ⑈

ALST-WEIS 0422

Photo Sheet

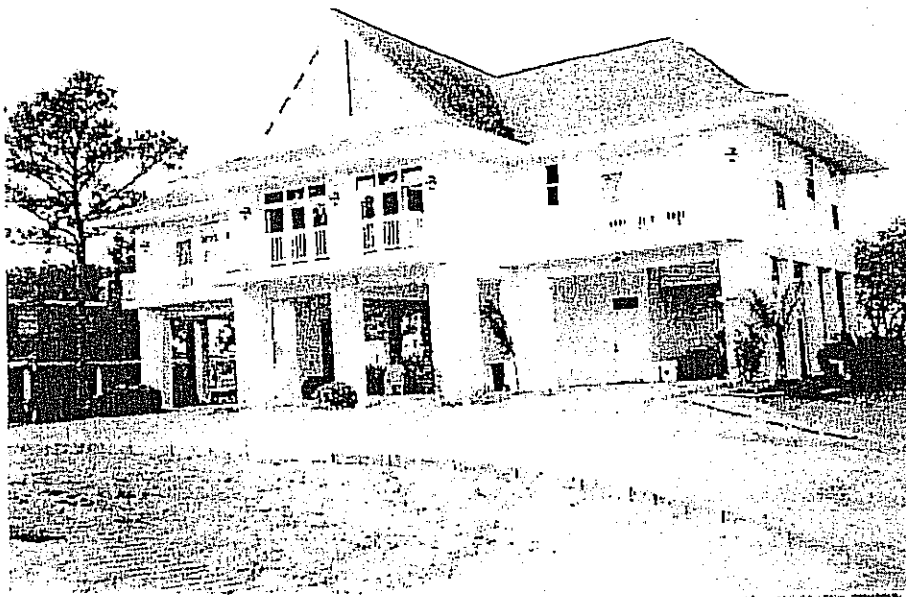
Insured WEISS, ROBERT

Coverage AA

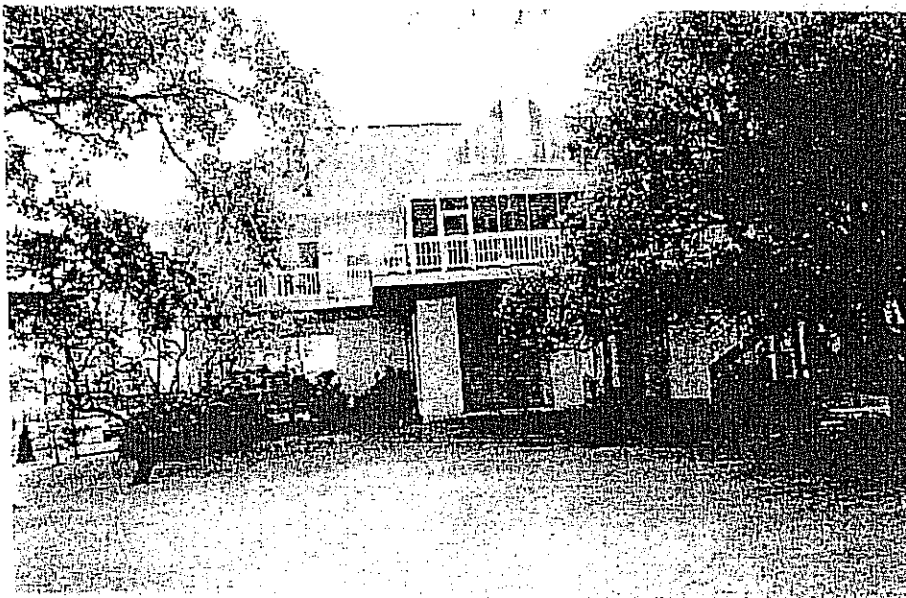
Claim # 5114245292F

Policy # 080523923

Ins Claim # 5114245292



RISK FRONT BEFORE



RISK REAR BEFORE

Photo Sheet

Insured WEISS, ROBERT

Coverage AA

Claim # 5114245292F

Policy # 080523923

Ins Claim # 5114245292



RISK FRONT AFTER



RISK REAR AFTER

Photo Sheet

Insured WEISS, ROBERT

Coverage AA

Claim # 5114245292F

Policy # 080523923

Ins Claim # 5114245292



Slab



Slab and debris

Photo Sheet

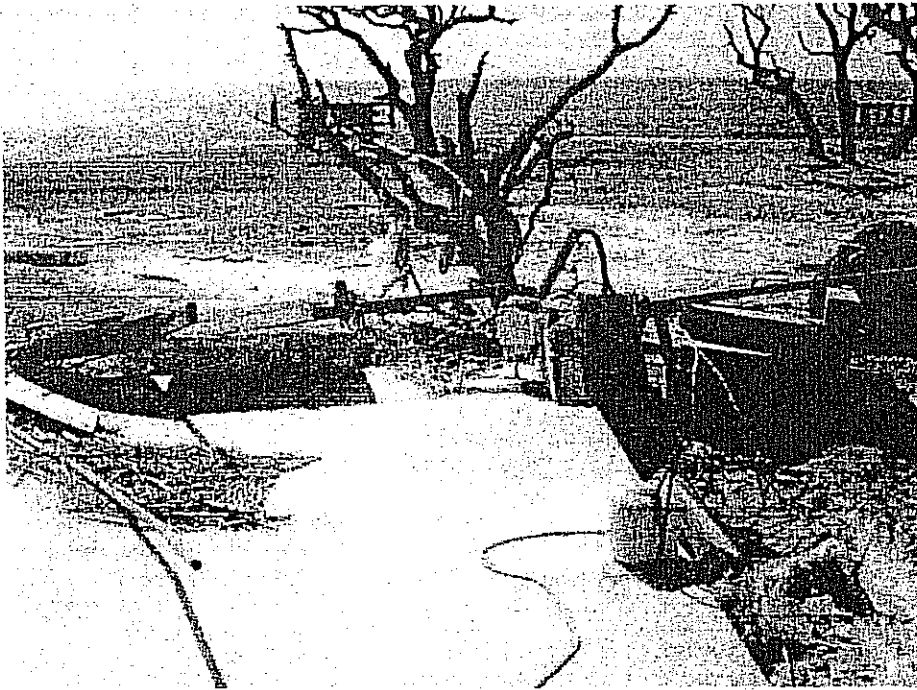
Insured WEISS, ROBERT

Coverage AA

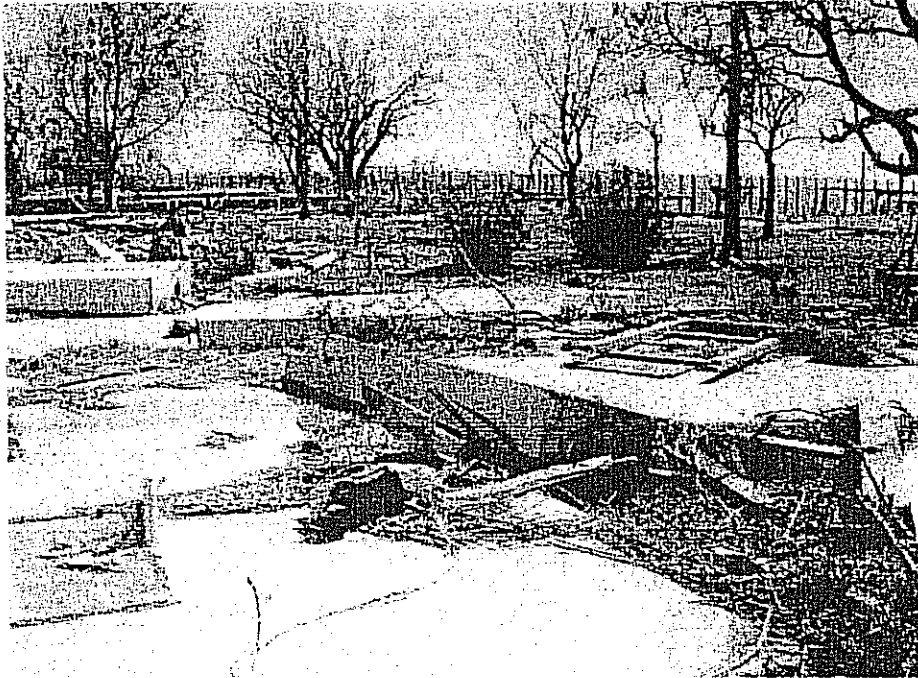
Claim # 5114245292F

Policy # 080523923

Ins Claim # 5114245292



Support anchors



Slab debris

Photo Sheet

Insured WEISS, ROBERT

Coverage AA

Claim # 5114245292F

Policy # 080523923

Ins Claim # 5114245292



Support columns

FEDERAL EMERGENCY MANAGEMENT AGENCY
 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.

O.M.B. NO 3067-0021

NATIONAL FLOOD INSURANCE PROGRAM PRELIMINARY REPORT

INSURED WEISS, ROBERT POLICY NUMBER 080523923
 PROPERTY ADDRESS LOT 13 TREASURE ISLE, SLIDELL, LA 70461 DATE OF LOSS 8/29/2005
 MAILING ADDRESS 13 TREASURE ISLE, SLIDELL, LA 70461 CATASTROPHE NO. K
 INSURED TELEPHONE NUMBER HOME (504) 577-5385 WORK _____ ADJ. FILE NO. 5114245292F
 ADJUSTING COMPANY Allstate Insurance-National Catastrophe Team TAX ID NO. _____
 ADJUSTER ADDRESS PO Box 94054, PALATINE, IL 60094 ADJ. PHONE NO (800) 547-8676

DATE LOSS ASSIGNED 10/7/2005 DATE INSURED CONTACTED 10/7/2005 DATE LOSS INSPECTED 10/7/2005

ENCL	<input type="checkbox"/> Building worksheets ()	<input checked="" type="checkbox"/> Photographs (2)	<input type="checkbox"/> Proof of Loss	<input type="checkbox"/> Other _____	
	<input checked="" type="checkbox"/> Contents worksheets ()	<input type="checkbox"/> Narrative (pp)	<input type="checkbox"/> R/C Proof	<input type="checkbox"/> Other _____	
INSURANCE	Coverage verified from: <input checked="" type="checkbox"/> NFIP <input type="checkbox"/> Agent's Daily <input type="checkbox"/> Insured's Policy		Program <input type="checkbox"/> Emergency <input checked="" type="checkbox"/> Regular		
	Term <u>3/10/2005</u> to <u>3/10/2006</u>		Form: <input checked="" type="checkbox"/> Dwelling <input type="checkbox"/> General Property <input type="checkbox"/> RCBAP		
	RESERVES:		Coverage	Deductible	Reserve
			Building \$ <u>250,000</u>	\$ <u>500</u>	\$ <u>250,000</u>
ADVANCE PAYMENT REQUESTED? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		Building \$ _____	Contents \$ _____		
RISK	Type of Building: <input checked="" type="checkbox"/> Single Family <input type="checkbox"/> 2-4 Family <input type="checkbox"/> Condo Association <input type="checkbox"/> Condo Unit <input type="checkbox"/> Other Residential <input type="checkbox"/> Non residential		Serial Number _____		
	Occupancy <input checked="" type="checkbox"/> Owner <input type="checkbox"/> Tenant <input type="checkbox"/> State government owned <input type="checkbox"/> Unoccupied		Residency: <input checked="" type="checkbox"/> Principal <input type="checkbox"/> Seasonal		
	Title verified? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Source of verification _____		
	Number of floors in building including basement: <input type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3 or more		Is building a split level? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	In case of multiple occupancy, indicate floor(s) occupied by insured <input type="checkbox"/> Basement <input type="checkbox"/> First <input type="checkbox"/> Second and/or above		Is basement floodproofed? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	Type of basement <input checked="" type="checkbox"/> None <input type="checkbox"/> Unfinished <input type="checkbox"/> Finished		Foundation area enclosure <input checked="" type="checkbox"/> None <input type="checkbox"/> Breakaway walls <input type="checkbox"/> Unfinished <input type="checkbox"/> Finished		
	Building elevated? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		Is risk under construction? <input checked="" type="checkbox"/> No <input type="checkbox"/> New building <input type="checkbox"/> Improvement in progress		
	Foundation structure:		Prior condition of		
	Piers: <input checked="" type="checkbox"/> 11 Concrete <input type="checkbox"/> 12 Wood <input type="checkbox"/> 13 Steel		Building: <input type="checkbox"/> Poor <input type="checkbox"/> Fair <input type="checkbox"/> Good <input checked="" type="checkbox"/> Very Good		
	Walls: <input type="checkbox"/> 30 Wood posts <input type="checkbox"/> 41 Reinf. concrete <input type="checkbox"/> 42 Block <input type="checkbox"/> 43 Reinf. concrete shear <input type="checkbox"/> 44 Treated plywood <input type="checkbox"/> 45 Brick <input type="checkbox"/> 46 Other		Contents: <input type="checkbox"/> Poor <input type="checkbox"/> Fair <input type="checkbox"/> Good <input checked="" type="checkbox"/> Very Good		
Exterior wall structure: <input type="checkbox"/> 1 Reinf. concrete <input type="checkbox"/> 2 Concrete block <input checked="" type="checkbox"/> 3 Wood stud		Exterior wall surface treatment: <input type="checkbox"/> 1 Unfinished <input type="checkbox"/> 2 Stone/brick veneer			
Contents are <input checked="" type="checkbox"/> Household <input type="checkbox"/> Other than household		<input checked="" type="checkbox"/> Stucco <input type="checkbox"/> 4 Wood siding <input type="checkbox"/> 5 Metal sheathing/siding			
Contents located in <input type="checkbox"/> Basement <input type="checkbox"/> First floor <input checked="" type="checkbox"/> Second floor and above		<input type="checkbox"/> 6 Vinyl sheathing/siding <input type="checkbox"/> 7 Other _____			
Nearest body of water <u>LAKE PONCHATRAIN</u>		Distance from risk: <u>1/4 MILE</u>			
ORIGIN	Was there a general and temporary condition of flooding: <input type="checkbox"/> No: Explain fully under Remarks. <input checked="" type="checkbox"/> Yes: Indicate cause of loss -				
	Hurricane Katrina created tidal surge causing general condition of flooding				
	Cause of Loss: <input checked="" type="checkbox"/> Tidal water overflow <input type="checkbox"/> 2 Stream, river, or lake overflow <input type="checkbox"/> 3 Alluvial fan overflow <input type="checkbox"/> 4 Accumulation of rainfall or snowmelt				
	Flood Characteristics <input checked="" type="checkbox"/> Velocity flow <input type="checkbox"/> 2 Low velocity flow or ponding <input type="checkbox"/> 3 Wave action <input type="checkbox"/> 4 Mudflow <input type="checkbox"/> 5 Erosion				
	Was flood associated with failure of a dam, storm drain system, pump(s), other flood control measure, etc? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Did other than natural cause contribute to flooding? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "yes" to either question, complete "Cause of Loss and Subrogation Report"					
Date/time water entered building <u>8/29/2005</u>		Water Height or Wave Action: Exterior <u>15-20 ft</u> Interior <u>8-12 ft</u>			
Date/time water receded building <u>8/30/05</u>		Main Building/Condo Assn.: _____			
Length of time water remained in building <u>1 DAY</u>		Apt. Building/Condo Unit _____			

2/15/2006
Date of Report

M. Hatcher
Adjuster's Signature

Applied for
Adjuster's SSN



Allstate Flood Insurance Program

Policy Declaration Page

12/13/2005

DIARIED

Policy Number:	0805239233	Effective At 12:01 AM:	03/10/2005 - 03/10/2006
		Endorsement Effective Date:	11/04/2005
Policy Type:	Standard		
Status:	Inforce Status	Payer:	INSURED - ROBERT U WEISS JR

Named Insured and Mailing Address:
ROBERT U WEISS JR

Insured Property Address:

210 CYPRESS LAKE CIR
SLIDELL, LA 70458

LOT 13 TREASURE ISLE
SLIDELL, LA 70461

Agent Name and Address:
DAVE MARTIN III AGY

First Mortgagee/Lender Name:

1900 FRONT STREET
ALLSTATE
SLIDELL, LA 70458-3248

Loan Number:

Second Mortgagee/Lender Name:

Third Mortgagee/Lender Name:

Loan Number:

Loan Number:

Property Description

Building:

Two Floors Without a Basement. Building is Single Family Residence. Elevated Building.

Contents:

Rating Information

Firm Zone: V15
Elevation Difference: 3.0

Community Number: 225205 0000 D

	Building		Contents
Coverage:	\$250,000.00	Coverage:	\$100,000.00
Deductible:	\$500.00	Deductible:	\$500.00
		Total Premium:	\$3,321.00

Please Refer to the Policy Jacket for a Full Explanation of Coverages

ALST-WEIS 0446

Flood Policies

Search for a Policy or Quote

Last Name or
Business Name:

First Name:

Take Action on a Policy or Quote

Policy Number or
Quote Id:

[Endorse Policy](#)

[Renew Policy](#)

[Cancel Policy](#)

[Overview](#) [Policy History](#)

View, Print or Email : [Doc Page](#) [Renewal Invoice](#)

Policy Information

Policy Number: 0805239233

Term Dates: 03/10/2005 - 03/10/2006

Insured: ROBERT U WEISS JR

Policy Type: Standard

Payer: INSURED - ROBERT U WEISS JR

Policy Status: Inforce Status

Activity Status: Endorsement Processed Status

Property Address: LOT 13 TREASURE ISLE
SLIDELL, LA 70461

Mailing Address: 210 CYPRESS LAKE CIR
SLIDELL, LA 70458

Primary Phone:

Secondary Phone: 504-641-4314

Email Address:

Agency Id: 000068533

Agency: DAVE MARTIN III AGY

Coverage Information

Building Coverage: \$250,000.00

Building Deductible: \$500.00

Contents Coverage: \$100,000.00

Contents Deductible: \$500.00

Premium: \$3,321.00

Replacement Cost: \$250,000.00

Rating Description: Rating Zone VE, Single Family, Two Floors, Obstructed Elevated Building, Elevation Difference 3 from Converted Policy

Community Information

Community: 225205 0000 D

FIRM Zone: V15

Program Type: Regular

SFHA: Yes

Property Information

Building Occupancy: Single Family

Building Type: Two Floors

Date of Construction: 07/01/1993

Post FIRM: Yes

Basement: No Basement

Elevated Building: Yes

Attached Garage: No

Builders Risk: No

State Government Owned: No

Principal Residence: Yes

RCBAP Number of Units: 0

Condo Type: Not a condo

RCBAP Highrise/Lowrise:

Contents Location:

Contents Household: Yes

Non-household Contents
Jesc:

Elevated Building Information

Building Constructed on: Piles, Posts, or Piers

Is there an enclosure: No

Enclosure Wall Type:

Used for Parking/Storage: Yes

Enclosure Square Feet:

Enclosure Type:

Openings to Code: No

Enclosure Use Description:

Enclosure Floor Elevation:

Certificate Information

Rating Elevation Location: 3 from Converted Policy

Lowest Floor: 19.2

Lowest Adjacent Grade:

Certificate Date:

Diagram Number:

Base Flood: 16.0

Certificate Type: Elevation/Survey

Source of Certificate: Elevation/Floodproof Certificate

Prior Policy Number:

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Insurance Company, Bridgewater New Jersey. All Rights Reserved.

Production - Prod060v2

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Activity History

Effective Date	Activity	Status	Processed Date
03/10/2001	Renewal	Processed	03/01/2001
03/10/2002	Renewal	Processed	03/01/2002
12/10/2002	Endorsement	Processed	08/16/2002
03/10/2003	Renewal	Processed	03/27/2003
07/09/2003	Endorsement	Processed	06/18/2003
03/10/2004	Renewal	Processed	03/09/2004
03/02/2005	Endorsement	Processed	03/14/2005
03/10/2005	Renewal	Processed	05/26/2005
05/11/2005	Endorsement	Processed	06/06/2005
11/04/2005	Endorsement	Processed	11/08/2005
03/10/2006	Renewal	Renewal Offered	

Claims History

Date of Loss	Status	Building Payment	Contents Payment
08/29/2005	Claim Open Status	\$0.00	\$0.00