

# MY KATRINA INSURANCE HORROR STORY

NAME: \_\_\_\_\_

CURRENT ADDRESS: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_

ALTERNATE NUMBER: \_\_\_\_\_

ADDRESS OF KATRINA PROPERTY (IF NOT YOUR CURRENT ADDRESS): \_\_\_\_\_

ASSESSED PRE-KATRINA VALUE OF PROPERTY: \_\_\_\_\_

INSURANCE COMPANY: \_\_\_\_\_

AMOUNT OF HOMEOWNERS POLICY

FOR STRUCTURE: \_\_\_\_\_

FOR CONTENTS: \_\_\_\_\_

AMOUNT PAID OUT BY INSURANCE COMPANY

FOR STRUCTURE: \_\_\_\_\_

FOR CONTENTS: \_\_\_\_\_

AMOUNT OF INSURANCE THROUGH THE NATIONAL FLOOD INSURANCE PROGRAM

FOR STRUCTURE: \_\_\_\_\_

FOR CONTENTS: \_\_\_\_\_

- I DID NOT LIVE IN A FLOOD PLAIN, SO I DID NOT HAVE FLOOD INSURANCE.
- MY INSURANCE AGENT TOLD ME THAT I DID NOT NEED FLOOD INSURANCE.

AMOUNT PAID OUT BY THE NATIONAL FLOOD INSURANCE PROGRAM

FOR STRUCTURE: \_\_\_\_\_

FOR CONTENTS: \_\_\_\_\_

Please attach pictures, documentation, or any details you would like to share.

Return to:

**My Katrina Horror Story  
C/O U.S. Rep. Gene Taylor  
P.O. Box 900  
Gulfport, MS 39502**