

**COMMONWEALTH OF PENNSYLVANIA**  
**PENNSYLVANIA EMERGENCY MANAGEMENT AGENCY**

**INSURANCE COMMITMENT**

**Applicant/Subgrantee**

Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

County \_\_\_\_\_

Disaster No. \_\_\_\_\_

Applicant's Disaster ID No. \_\_\_\_\_

PW No. \_\_\_\_\_

Approved PW Amount \_\_\_\_\_

Location of Damaged Property  
\_\_\_\_\_  
\_\_\_\_\_

Description of Damage  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Type of Insurance-**FLOOD** or **OTHER** (Circle one)

REQUIRED

IN EFFECT

Limits of Coverage-Buildings

\$ \_\_\_\_\_

\$ \_\_\_\_\_

-Contents

\$ \_\_\_\_\_

\$ \_\_\_\_\_

Policy Number \_\_\_\_\_ Effective Date \_\_\_\_\_ Expiration Date \_\_\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

**NOTE: A COPY OF THE INSURANCE POLICY DECLARATION PAGE MUST BE SUBMITTED.**

**APPLICANT'S COMMITMENT**

The applicant hereby assures the Governor's Authorized Representative that it has obtained and will maintain the required insurance for the life of the insured property as a condition for obtaining Federal disaster assistance under P.L. 93-288, as amended.

**APPLICANT'S AUTHORIZED REPRESENTATIVE**

Signature \_\_\_\_\_ (date)

Title \_\_\_\_\_ Telephone No. (\_\_\_\_) \_\_\_\_\_

State Public Assistance Officer Review \_\_\_\_\_ (date)