

# ESTIMATED DISASTER ECONOMIC INJURY WORKSHEET FOR BUSINESSES

This form is not required, but is a convenience in clarifying the supporting documentation the state is required to submit to the U.S. Small Business Administration when requesting an Economic Injury Disaster Loan Declaration. This information in any other format would also be acceptable. For your convenience, this form may be filled out electronically or manually.

Name of Business: \_\_\_\_\_ Type of Business: \_\_\_\_\_

## Owner Details

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Property Owner: \_\_\_\_\_

## Business Owner Mailing Address

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ County: \_\_\_\_\_

## Business Street Address

Address: \_\_\_\_\_  Same As Above

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ County: \_\_\_\_\_

## Estimated Adverse Economic Impact

When did the impact start and what is the estimated end date? From:  To:

What were your businesses' revenues during the affected damage period? 0.00 \_\_\_\_\_

What were your businesses' revenues during that **SAME** period of the prior year? \_\_\_\_\_

Amount of business interruption insurance received or anticipated, if any: \_\_\_\_\_

Please provide a brief explanation of what adverse economic effects the disaster had on your business:

How many people did you employ prior to disaster? \_\_\_\_\_ How many did you employ after disaster: \_\_\_\_\_

## Physical Damage to Business Property

If your business also suffered property damage, please answer the following questions:

Estimated dollar loss to: Real Property (Building), if owned: \_\_\_\_\_

Contents \*: \_\_\_\_\_ \* - includes machinery and equipment, furniture and fixtures, inventory, leasehold improvements, etc.

Insurance recovery expected or received for property damages: \_\_\_\_\_

Date Form Completed: \_\_\_\_\_

Form Completed By: \_\_\_\_\_ Title: \_\_\_\_\_

# SBA PHYSICAL DISASTER SURVEY SHEET

|                 |                |  |
|-----------------|----------------|--|
| <b>I. NAME:</b> | <b>Date of</b> |  |
| <b>Address:</b> | <b>Damage:</b> |  |

|  |                   |            |
|--|-------------------|------------|
| Present Telephone Number with area code: | Type of Disaster: | Select One |
|--|-------------------|------------|

|   |                  |  |            |  |   |
|---|------------------|--|------------|--|---|
| Name of Property                                      |                  |  |            |  |   |
| Type of Applicant or                                  | Renter:          |  | Homeowner: |  | Other:  |
| Structure:<br><i>Place a "X" in appropriate block</i> | Single Family:   |  | Business:  |  | if other is entered please explain in comments section 7. |
|   | Multiple Family: |  | Nonprofit: |  |   |

**2. MARKET VALUE OF PROPERTY**-Please provide fair market value (FMV) pre-disaster or Fair Replacement Value (FRV). Use whichever is lower.

**STRUCTURE** (includes total cost to replace primary buildings)

Home, mobile home, business structure

detached garage, storage building, other

**CONTENTS** (includes total cost to replace personal/business property)

Personal - clothing, furniture, household, appliances, other

Business - machinery, equipment, inventory, other

**LAND AND IMPROVEMENTS** (includes total cost to replace/repair damage to land)

Land + Access road, bridge, driveway, sidewalk, parking lot, fencing, landscape, utilities, sewer lines, debris removal/other.

Phone No. of Insurance Co./Agent

Name of Insurance Co./Agent

**3. ESTIMATED DISASTER LOSS IN DOLLARS**

|  |                              |  |
|--|------------------------------|--|
|  | <b>Structures</b>            |  |
|  | <b>Contents</b>              |  |
|  | <b>Land and Improvements</b> |  |

**4. AMOUNT OF INSURANCE**

|  |                              |  |
|--|------------------------------|--|
|  | <b>Structure</b>             |  |
|  | <b>Contents</b>              |  |
|  | <b>Land and Improvements</b> |  |

**5. DOLLAR AMOUNT OF UNINSURED LOSS** This area totals automatically.

(Estimated Disaster Loss) (3) - (Amount of Insurance) (4) = Total

|  |                              |         |
|--|------------------------------|---------|
|  | <b>Structure</b>             | \$ 0.00 |
|  | <b>Contents</b>              | \$ 0.00 |
|  | <b>Land and Improvements</b> | \$ 0.00 |
|  | <b>TOTAL</b>                 | \$ 0.00 |

**6. PERCENT OF UNINSURED LOSS (5) DIVIDED BY(2) = % UNINSURED LOSS** This area totals automatically.

*Dollar Amount of Uninsured Loss divided by Fair Market/Replacement Value.*

|                    |     |   |                |   |   |       |                  |
|--------------------|-----|---|----------------|---|---|-------|------------------|
| Structure          | (5) | 0 | Divided By (2) | 0 | = | 0.00% | % Uninsured Loss |
| Contents           | (5) | 0 | Divided By (2) | 0 | = | 0.00% | % Uninsured Loss |
| Land & Improvement | (5) | 0 | Divided By (2) | 0 | = | 0.00% | % Uninsured Loss |

Use one with largest percentage

**7. COMMENTS:** Provide details of loss, i.e. Kitchen and Bedrooms destroyed. Continue on separate sheet if necessary.