

INITIAL DAMAGE ASSESSMENT - BUSINESS LOSSES

(1) COUNTY: _____

(3) INCIDENT (X)

(4) ASSESSMENT TEAM

(5) INCIDENT PERIOD: _____

() FLOOD

() HURRICANE

() TORNADO

() OTHER _____

(Specify)

(6) DATE OF SURVEY: _____

(2) MUNICIPALITY: _____

(7) PAGE _____ OF _____

REF. NO.	NAME OF BUSINESS / SITE LOCATION / TELEPHONE NO.	NAME OF TENANT OR OWNER & TYPE OF BUSINESS	ESTIMATED DAYS OUT OF OPERATION	EMPLOYEES		REPLACEMENT COST OR FAIR MARKET VALUE	ESTIMATED DOLLAR LOSS	DOLLAR AMOUNT OF INSURANCE COVERAGE	% UNINSURED LOSS TO BUSINESS VALUE [(col. 15)-(col. 16) / (col. 14) X 100%]	IF COLUMN 17 IS:		
				NUMBER	COVERED BY U.I.					<40% (X) MIN.	40-75% (X) MAJ.	>75% (X) DEST.
(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)	(20)
		Tenant OR Owner (circle one)				LAND:\$ _____ STRUCTURE:\$ _____ CONTENTS:\$ _____ OTHER:\$ _____	\$ _____ \$ _____ \$ _____ \$ _____	\$ _____ \$ _____ \$ _____ \$ _____				
		Tenant OR Owner (circle one)				LAND:\$ _____ STRUCTURE:\$ _____ CONTENTS:\$ _____ OTHER:\$ _____	\$ _____ \$ _____ \$ _____ \$ _____	\$ _____ \$ _____ \$ _____ \$ _____				
		Tenant OR Owner (circle one)				LAND:\$ _____ STRUCTURE:\$ _____ CONTENTS:\$ _____ OTHER:\$ _____	\$ _____ \$ _____ \$ _____ \$ _____	\$ _____ \$ _____ \$ _____ \$ _____				
		Tenant OR Owner (circle one)				LAND:\$ _____ STRUCTURE:\$ _____ CONTENTS:\$ _____ OTHER:\$ _____	\$ _____ \$ _____ \$ _____ \$ _____	\$ _____ \$ _____ \$ _____ \$ _____				
		Tenant OR Owner (circle one)				LAND:\$ _____ STRUCTURE:\$ _____ CONTENTS:\$ _____ OTHER:\$ _____	\$ _____ \$ _____ \$ _____ \$ _____	\$ _____ \$ _____ \$ _____ \$ _____				
		Tenant OR Owner (circle one)				LAND:\$ _____ STRUCTURE:\$ _____ CONTENTS:\$ _____ OTHER:\$ _____	\$ _____ \$ _____ \$ _____ \$ _____	\$ _____ \$ _____ \$ _____ \$ _____				
		Tenant OR Owner (circle one)				LAND:\$ _____ STRUCTURE:\$ _____ CONTENTS:\$ _____ OTHER:\$ _____	\$ _____ \$ _____ \$ _____ \$ _____	\$ _____ \$ _____ \$ _____ \$ _____				
TOTALS						\$ _____	\$ _____	\$ _____				