

# INITIAL DAMAGE ASSESSMENT - BUSINESS LOSSES

(1) COUNTY: \_\_\_\_\_

(3) INCIDENT (X)  
 FLOOD  
 HURRICANE  
 TORNADO  
 OTHER \_\_\_\_\_

(4) ASSESSMENT TEAM  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

(5) INCIDENT PERIOD: \_\_\_\_\_

(2) MUNICIPALITY: \_\_\_\_\_

(6) DATE OF SURVEY: \_\_\_\_\_

(Specify)

(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 COVERED BY U.I.		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						<40% MIN.	40-75% MAJ.	>75% DEST.
(8)	(9)	(10)		(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)	(20)
		Tenant	Owner				LAND:\$ STRUCTURE:\$ CONTENTS:\$ OTHER:\$	\$ \$ \$ \$	\$ \$ \$ \$				
		Tenant	Owner				LAND:\$ STRUCTURE:\$ CONTENTS:\$ OTHER:\$	\$ \$ \$ \$	\$ \$ \$ \$				
		Tenant	Owner				LAND:\$ STRUCTURE:\$ CONTENTS:\$ OTHER:\$	\$ \$ \$ \$	\$ \$ \$ \$				
		Tenant	Owner				LAND:\$ STRUCTURE:\$ CONTENTS:\$ OTHER:\$	\$ \$ \$ \$	\$ \$ \$ \$				
		Tenant	Owner				LAND:\$ STRUCTURE:\$ CONTENTS:\$ OTHER:\$	\$ \$ \$ \$	\$ \$ \$ \$				
		Tenant	Owner				LAND:\$ STRUCTURE:\$ CONTENTS:\$ OTHER:\$	\$ \$ \$ \$	\$ \$ \$ \$				
		Tenant	Owner				LAND:\$ STRUCTURE:\$ CONTENTS:\$ OTHER:\$	\$ \$ \$ \$	\$ \$ \$ \$				
		<b>TOTALS</b>											