

INITIAL DAMAGE ASSESSMENT -- BUSINESS LOSSES

(1) COUNTY _____

(2) MUNICIPALITY _____

(3) INCIDENT

- () FLOOD () TORNADO
 () HURRICANE
 () OTHER _____

(4) ASSESSMENT TEAM: _____

(5) INCIDENT PERIOD: _____

(6) DATE OF SURVEY: _____

(7) PAGE ____ OF ____

REF NO. (8)	NAME OF BUSINESS/ SITE LOCATION/ TELEPHONE NO. (9)	TENANT/ OWNER & TYPE BUS. (10)	ESTIMATED DAYS OUT OF OPERATION (11)	EMPLOYEES		REPLACEMENT COST OR FAIR MARKET VALUE (14)	ESTIMATED DOLLAR LOSS (15)	DOLLAR AMOUNT INSURANCE COVERAGE (16)	% Unins. Loss Bus. Value [[col 15] - (col. 16)/ [col. 14]] x 100% (17)	IF COL. 17 IS:		
				NUMBER (12)	COVERED BY U.I. (13)					<40% (✓) MIN (18)	40-75% (✓) MAJ (19)	>75% (✓) DEST (20)
		O/T				LAND: \$ _____ STRUCTURE: \$ _____ CONTENTS: \$ _____	\$ _____ \$ _____ \$ _____	\$ _____ \$ _____ \$ _____				
		O/T				LAND: \$ _____ STRUCTURE: \$ _____ CONTENTS: \$ _____	\$ _____ \$ _____ \$ _____	\$ _____ \$ _____ \$ _____				
		O/T				LAND: \$ _____ STRUCTURE: \$ _____ CONTENTS: \$ _____	\$ _____ \$ _____ \$ _____	\$ _____ \$ _____ \$ _____				
		O/T				LAND: \$ _____ STRUCTURE: \$ _____ CONTENTS: \$ _____	\$ _____ \$ _____ \$ _____	\$ _____ \$ _____ \$ _____				
		O/T				LAND: \$ _____ STRUCTURE: \$ _____ CONTENTS: \$ _____	\$ _____ \$ _____ \$ _____	\$ _____ \$ _____ \$ _____				
		O/T				LAND: \$ _____ STRUCTURE: \$ _____ CONTENTS: \$ _____	\$ _____ \$ _____ \$ _____	\$ _____ \$ _____ \$ _____				
		O/T				LAND: \$ _____ STRUCTURE: \$ _____ CONTENTS: \$ _____	\$ _____ \$ _____ \$ _____	\$ _____ \$ _____ \$ _____				
SUBTOTALS						\$ _____	\$ _____	\$ _____				