

Instructions: Initial Damage Assessment - Business Losses

A. General Information

1. **COUNTY** - The term "COUNTY" refers to the name of the county where the reported damages occurred. Information reported on the Initial Damage Assessment - Business Losses form is a composite of all such damages incurred within the stated "COUNTY".
2. **MUNICIPALITY** - Indicate the name of the municipality where these business or industrial losses were incurred.
3. **INCIDENT: FLOOD (), TORNADO (), HURRICANE (), OTHER ()** - The term "INCIDENT" refers to the flood, tornado, hurricane, fire, chemical spill, etc., which caused the need to file this report in the first place. Check the appropriate incident. If "OTHER" is checked, specify the incident by name.
4. **ASSESSMENT TEAM** - Indicate the last name, first initial, of those individuals responsible for obtaining the information contained on the form.
5. **INCIDENT PERIOD** - The "INCIDENT PERIOD" refers to the time span from when the incident occurred to when there is no longer a threat to people or their property. In the case of a hurricane, flood, or even a fire, the "INCIDENT PERIOD" may encompass several days. In the case of a tornado, the "INCIDENT PERIOD" is usually only one day. However, there are exceptions.
6. **DATE OF SURVEY** - The term "DATE OF SURVEY" refers to the date the information being reported is assessed. This may or may not be the date the incident occurred.
7. **PAGE ____ OF ____** - Pages should be numbered in consecutive order with the total number of pages indicated on each page, i.e., 1 of 5, 2 of 5, 3 of 5, etc.

B. Damage Assessment Information - Business Losses

8. **REF. NO.** - The term "REF. NO." is an abbreviation for "reference number". Each affected business or industry are to be numbered in consecutive order for ease in identification, totalling businesses and industries, etc.

9. **NAME OF BUSINESS/SITE LOCATION/ TELEPHONE NUMBER** - Indicate the name of the business or industry which incurred physical damages as a result of the incident. If more than one building or facility was affected per business or industry, summarize and report damages on one line only. Also enter the site location of the affected business or industry. For example, the site location would include the street, route, road, industrial park, etc, where the impacted structure is located. Also enter the business telephone number.
10. **TENANT/OWNER (circle choice) & TYPE OF BUS.** - Circle whether the damaged structure and contents being assessed is owned by the business occupant (circle O) or rented/leased by the business occupant, and thus a tenant (circle T). IF THE BUSINESS OCCUPANT IS A TENANT, ADD TO THE FORM A SECOND BUSINESS FOR THE OWNER OF THE BUILDING. Enter the kinds of products manufactured, stored, shipped, treated, sold, etc., by the affected entity. If services are provided, indicate the type of service, e.g., catering, landscaping, legal, financial, etc.
11. **ESTIMATED DAYS OUT OF OPERATION** - Estimate the number of days the affected business or industry will be inoperable as a result of the incident.
12. **NUMBER (EMPLOYEES)** - Obtain from the owner or other officials the number of people employed by the business or industry. If not readily available, give best estimate.
13. **COVERED BY U.I. (EMPLOYEES)** - Obtain from the employer or appropriate officials the number of employees covered by Unemployment Insurance. If the information is not readily available, give best estimate.
14. **REPLACEMENT COST OR FAIR MARKET VALUE** - Obtain from the employer or other appropriate officials, or estimate from tax records the total replacement cost OR fair market value of the damaged business' land, structure and contents.
15. **ESTIMATED DOLLAR LOSS** - Obtain from the owner or other appropriate officials the estimated total dollar loss incurred as a result of the incident. If the information is not readily available, give a best estimate. Include losses to inventory, equipment, furnishings, etc.

16. **DOLLAR AMOUNT INSURANCE COVERAGE** - Obtain from the owner or other appropriate officials the estimated total dollar amount of insurance coverage. If unknown, enter "unk".

17. **% UNINS. LOSS BUS. VALUE** - The "% UNINS. LOSS BUS. VALUE" is an abbreviation for the percent uninsured loss to the value of the business. This value consists of the relationship between the business's total losses, its insurance coverage, and the replacement cost OR total fair market value of land, structure and contents. The percentage is calculated by subtracting column 16 from column 15 and dividing that number by the dollar estimate listed in column 14. The entire result is then multiplied by 100%. For example, if the:

Estimated Dollar Loss = \$325,000
Dollar Amount of Insurance Coverage = \$100,000
Total Fair Market Value:
Land = \$120,000
Structure = \$675,000
Contents = \$200,500

Then, the % uninsured loss to the value of the business is:
$$[(\$325,000 - \$100,000) / (\$120,000 + \$675,000 + \$200,500)] \times 100\% = 22.6\%$$

If the insurance information required under column number 16, "DOLLAR AMOUNT INSURANCE COVERAGE", is not known, then do not attempt to calculate the percentage to be entered under column 17. Simply, leave this column blank.

18. **IF COL. 17 IS: <40% MIN** - If the percentage calculated and entered under column number 17, "% UNINS. LOSS BUS. VALUE", is less than 40%, check "MIN". Column number 17 must have been filled out in order to complete this entry. If column 17 is left blank, also leave columns 18, 19 and 20 blank.
19. **IF COL. 17 IS: 40%-75% MAJ** - If the percentage calculated and entered under column number 17, "% UNINS. LOSS BUS. VALUE", is between 40% and 75% (inclusive), check "MAJ". Column number 17 must be filled out in order to complete this entry. If column 17 is left blank, also leave columns 18, 19 and 20 blank.
20. **IF COL. 17 IS: >75% DEST** - If the percentage calculated and entered under column number 17, "% UNINS. LOSS BUS. VALUE", is greater than 75%, check "DEST". Column number 17 must have been filled out in order to complete this entry. If column 17 is left blank, also leave columns 18, 19 and 20 blank.