PHYSICAL DISASTER SURVEY FORM

1. CONTACT NAME:

2. BUSINESS NAME (if any):

3. ADDRESS:

4. PHONE: (working daytime number, including area code)

5. DATE OF DAMAGE: 6. TYPE OF DISASTER:

7. ❑ OWNER ❑ RENTER

8. DAMAGE TO:
❑ HOME (owner only)
❑ CONTENTS AND/OR PERSONAL PROPERTY (PP)
❑ BUSINESS

9. BUSINESS ACTIVITY:

10. DESCRIPTION OF CONTENTS DAMAGE: (if none- go to next section)

Personal:	❑ Appliances	❑ Furniture	❑ Clothing
Business:	❑ Machinery & Equipment	❑ Furniture/Fixtures/Supplies	❑ Inventory

11. DESCRIPTION OF REAL PROPERTY DAMAGE: (if none- go to next section)

a. Improvements TO the land:

❑ Land (Erosion)	❑ Landscaping	❑ Fencing
❑ Driveway/Sidewalk	❑ Access Road/Bridge	❑ Parking Lot

❑ Other _____

b. Improvements ON the land (Structures):

❑ Building(s)	❑ Detached Garage	❑ Storage Building

❑ Other _____

SIZE OF BUILDING: _____ SIZE OF LOT: _____

12. ADDITIONAL COMMENTS:

13. ESTIMATED

	BUILDING(S)	LAND & IMPROVEMENTS	CONTENTS/PP
AMOUNT OF DAMAGE	$	$	$
PRE-DISASTER VALUE	$	$	$
INSURANCE COVERAGE	$	$	$

(Enter zero if no insurance coverage for the specific loss)

14. INSURANCE AGENT:

15. PHONE: