

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. <input type="checkbox"/> OWNER		<input type="checkbox"/> RENTER	
8. DAMAGE TO: <input type="checkbox"/> HOME (owner only)			
<input type="checkbox"/> CONTENTS AND/OR PERSONAL PROPERTY (PP)			
<input type="checkbox"/> BUSINESS			
9. BUSINESS ACTIVITY:			
10. DESCRIPTION OF CONTENTS DAMAGE: (if none—go to next section)			
Personal: <input type="checkbox"/> Appliances		<input type="checkbox"/> Furniture	
		<input type="checkbox"/> Clothing	
Business: <input type="checkbox"/> Machinery & Equipment		<input type="checkbox"/> Furniture/Fixtures/Supplies	
		<input type="checkbox"/> Inventory	
11. DESCRIPTION OF REAL PROPERTY DAMAGE: (if none—go to next section)			
a. Improvements TO the Land:			
<input type="checkbox"/> Land (Erosion)		<input type="checkbox"/> Landscaping	
		<input type="checkbox"/> Fencing	
<input type="checkbox"/> Driveway/Sidewalk		<input type="checkbox"/> Access Road/Bridge	
		<input type="checkbox"/> Parking Lot	
<input type="checkbox"/> Other _____			
b. Improvements ON the Land (Structures):			
<input type="checkbox"/> Building(s)		<input type="checkbox"/> Detached Garage	
		<input type="checkbox"/> Storage Building	
<input type="checkbox"/> 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:			