

**BUSINESS LOSSES**  
**INITIAL DAMAGE ASSESSMENT INFORMATION**

The information requested on this form is needed by the Snohomish County Department of Emergency Management (DEM) to include your private property damage in the County's initial damage assessment. Please complete as much of the form as possible and return it to a DEM by FAX at (425) 423-9152. You may also call this information in to a DEM representative at (425) 388-5060. Please do not mail. The information in the same order may also be e-mailed to: [dem@snoco.org](mailto:dem@snoco.org). Collection of this information is time sensitive.

**THIS FORM DOES NOT AUTOMATICALLY QUALIFY YOU FOR ANY CASH OR OTHER ASSISTANCE PAYMENTS BUT WITHOUT THIS INFORMATION YOUR PROPERTY AND THE COUNTY MAY NOT QUALIFY FOR ANY ASSISTANCE.**

**Jurisdiction:** Name of City, Community, or Development: \_\_\_\_\_

**Incident Type** (Circle one that best applies):

- a. **WIND DAMAGE** – INCLUDES WIND DAMAGE TO STRUCTURE and TREE BLOW-DOWN DAMAGE TO STRUCTURE
- b. **WIND DRIVEN RAIN AND FLOODING** – SAME AS "a" INCLUDES WATER DAMAGE
- c. **TIDAL FLOODING**
- d. **EARTHQUAKE**
- e. **LANDSLIDE** – NOT EARTHQUAKE
- f. **OTHER:** \_\_\_\_\_

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**Date(s) of Damage:** From: \_\_\_\_\_ To: \_\_\_\_\_

- 1. **Business Owner's Last Name:** \_\_\_\_\_ **First Name:** \_\_\_\_\_
- 2. **Business Name:** \_\_\_\_\_
- 3. **Street Address:** \_\_\_\_\_ **ZIP Code:** \_\_\_\_\_
- 4. **Occupant** (Circle one that applies):     **OWNER**                     **Leaser**
- 5. **Was Business Closed Due to Disaster** (Circle one that applies): **Yes (# of Days \_\_\_\_\_)**     **No**
- 6. **Insurance Type** (Circle one that applies):     **Structure & Content**                     **Renters Content**
- 7. **Business Continuity Insurance** (Circle one that applies):     **Yes**                     **No**

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8. **Insurance Deductible** (Choose One) Enter \$\$ amount or % amount:

by \$ Amount: \$ \_\_\_\_\_

by % of Structure Fair Market Value (FMV) % \_\_\_\_\_

9. **Estimated Pre-Disaster Fair Market Value (FMV) of the Property:** \$ \_\_\_\_\_

10. **Estimated STRUCTURAL Loss in Dollars (\$\$), BEST GUESS:** \$ \_\_\_\_\_  
Do Not wait for an insurance estimator or contractor's estimate.

11. **Estimated BUSINESS FURNISHING / INVENTORY LOSS in Dollars:** \$ \_\_\_\_\_

12. **Damage Category** (Circle One): **DESTROYED**    **MAJOR**    **MINOR**    **AFFECTED**

**Destroyed:** Total Loss, Permanently Closed for Business

**Major:** Significant or structural damage greater than 50% of value, Temporarily Closed for Business

**Minor:** Conditional use, repairable in less than 30 days, few \$1000's for repairs (Open for Business)

**Affected:** Business space damaged (Open for Business)

13. **BRIEF DESCRIPTION OF THE DAMAGE.** Be brief. Comment on the damage to the structure and contents and any access problems or restrictions. Damage to outbuildings and landscaping is not eligible.

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**Contact information:**

Current address (if different from above): \_\_\_\_\_  
\_\_\_\_\_

Current telephone phone number: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

E-mail address: \_\_\_\_\_