

ESTIMATED DISASTER ECONOMIC INJURY WORKSHEET FOR BUSINESS
(return by fax to: 206-205-4056, Attn: Timothy Doyle)

Accurate responses to the questions below will assist in evaluating a request for a declaration of disaster.

1. Name of Business Owner: _____
Name of Property Owner: _____
Business/Property Address: _____
Mailing Address: _____
Telephone Numbers: Business: () _____ Home: () _____

2. **Estimated Adverse Economic Impact:**
What period of time was your business affected by the disaster? _____ to _____
MO/YR MO/YR

Estimate approximate dollar amount of gross sales/receipts for:

Disaster Period \$ _____

Corresponding Period Previous Year \$ _____

3. Business interruption insurance received or anticipated: \$ _____

4. Brief explanation of what adverse economic effects the disaster had on your business:

5. How many persons did you employ **prior** to the disaster? _____

How many persons did you employ **after** the disaster? _____

If your business also suffered a physical loss, answer te following questions:

6. Estimated dollar loss to:
Real Property (building), if owned: \$ _____
Personal property (machinery and equipment,
Furniture and fixtures, inventory, leasehold improvements, etc): \$ _____
7. Insurance recovery received or anticipated for **physical** damage: \$ _____

Signature of Business Owner/Representative

Date