King County

Office of Emergency Management
Department of Executive Services
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Disaster Damage Reporting Form For BUSINESSES

Version 1.0

The purpose of this form is to collect information of businesses affected by this incident in order to make a preliminary assessment of damages following a disaster. After filling out this form, click the "Submit by E-mail" button and send the xml file generated as an attachment to ecc.kc@kingcounty.gov. You may print this form before submitting via e-mail and keep it for your records.

THIS IS NOT A CLAIMS FORM

Incident Information

Jurisdiction:	Incident Type	Incident Date	Report Date	Report Time	Form Type
King County	Flooding	12/2/07 0600 - Ongoing	05-Dec-2007	2:35 PM	Online

Contact Information

Contact Name

Contact Phone

Business Information

Name of Business Owner

First Name *Last Name*

Business Address

Street *City* *Zip Code*

Business Name

Select the option that applies to you and the impacted business facility

What is the estimated pre disaster *fair market value* (FMV) of the business? (include property if owned)

Insurance Coverage

Select the type of insurance covering your damages caused by this incident:

My deductible is a dollar amount of (not applicable if you chose "(N) None" from the list above)

Was or is the business closed due to the disaster?

For how many days?

Do you have business continuity insurance?

Description of Damages

What is the estimated ***structure*** loss? *

What is the estimated ***content (furnishing & inventory)*** loss?

Select the category that best describes damages to your business:

Provide a description of the damages to the business (structure when applicable and content):

* Applicable only for property that is owned. Leave blank if propery is leased

Send By E-mail