

ESTIMATED DISASTER ECONOMIC INJURY WORKSHEET FOR BUSINESSES

Accurate responses to the questions below will assist in the evaluating a request for an economic injury disaster declaration from the U. S. Small Business Administration.

Name of Business: _____ Type of Business: _____

Owner Details

Last Name: _____

First Name: _____

Work Phone: _____

Home Phone: _____

Email: _____

Property Owner: _____

Dates of Economic Impact

When did the impact start
and what is the estimated end date?

From: To:

Business Owner Mailing Address

Address 1: _____

Address 2: _____

City: _____ State: _____ Zip Code: _____

County: _____

Physical Business Street Address

Same as Above

☐

Address 1: _____

Address 2: _____

City: _____ State: _____ Zip Code: _____

County: _____

Estimated Adverse Economic Impact

What were your businesses' revenues during the affected damage period? _____

What were your businesses' revenues during that **SAME** period of the prior year? _____

Amount of business interruption insurance received or anticipated, if any: _____

Please provide a brief explanation of what adverse economic effects the disaster had on your business:

How many people did you employ prior to disaster? _____ How many did you employ after disaster: _____

Physical Damage to Business Property

If your business also suffered property damage, please answer the following questions:

Estimated dollar loss to: Real Property (Building), if owned: _____

Contents *: _____

* - includes machinery and equipment,
furniture and fixtures, inventory, leashold
improvements, etc.

Insurance recovery expected or received for property damages: _____

Date Form
Completed: _____

I certify that the information provided above is correct and accurate to my best knowledge.

Form Completed By: _____ Title: _____

Print Form

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