

SBA PHYSICAL DISASTER SURVEY SHEET

I. NAME:		Date of Damage:	1/0/1900
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Address:			
Present Telephone Number with area code:		Type of Disaster:	0

Name of Property			
Type of Applicant or Structure:		Renter:	
		Homeowner:	
		Other:	
		Single Family:	
		Business:	
		Multiple Family:	
		Nonprofit:	
<i>Place a "X" in appropriate block</i>			
<small>If other is entered please explain in comments section 7.</small>			

2. MARKET VALUE OF PROPERTY- Please provide fair market value (FMV) pre-disaster or Fair Replacement Value (FRV). Use whichever is lower.			
STRUCTURE (includes total cost to replace primary buildings)			
		Home, mobile home, business structure	
		detached garage, storage building, other	
CONTENTS (includes total cost to replace personal/business property)			
		Personal - clothing, furniture, household, appliances, other	
		Business - machinery, equipment, inventory, other	
LAND AND IMPROVEMENTS (includes total cost to replace/repair damage to land)			
		Land + Access road, bridge, driveway, sidewalk, parking lot, fencing, landscape, utilities, sewer lines, debris removal/other.	

Name - Phone No. of Insurance Co./Agent	
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3. ESTIMATED DISASTER LOSS IN DOLLARS			
		Structures	
		Contents	
		Land and Improvements	

4. AMOUNT OF INSURANCE			
		Structure	
		Contents	
		Land and Improvements	

5. DOLLAR AMOUNT OF UNINSURED LOSS		<i>This area totals automatically.</i>	
<small>(Estimated Disaster Loss) (3) - (Amount of Insurance) (4) = Total</small>			
		Structure	
		Contents	
		Land and Improvements	
			TOTAL

6. PERCENT OF UNINSURED LOSS (5) DIVIDED BY(2) = % UNINSURED LOSS		<i>This area totals automatically.</i>	
<small>Dollar Amount of Uninsured Loss divided by Fair Market/Replacement Value.</small>			
Structure	Paragraph (5)	ided By Para (2)	=
			% Uninsured Loss
Contents	Paragraph (5)	ided By Para (2)	=
			#VALUE! % Uninsured Loss
Land & Improve	Paragraph (5)	ided By Para (2)	=
			% Uninsured Loss
<small>Use one with largest percentage</small>			

7. COMMENTS: Provide details of loss, I.E. Kitchen and Bedrooms destroyed. <i>Continue on reverse side if necessary.</i>			

Instructions for workbook

Before entering any information save to a designated file and do not save over master file. Suggest file names should be date - disaster - municipality - county (example --- 122209 - Fire - Municipality Name - County Name)

Physical Consolidation Sheet

Only three blocks can be filed on the PDL Consolidation Worksheet, the rest of the worksheet is filled in when you complete Sheet 1 through Sheet 36.

County of Political Sub-division: (enter data) Town, County, PA

Type of Disaster: (enter: Fire, Flood, Tornado, etc)

Period of Occurrence: Enter Date of disaster (example: 12/22/09)

Sheet 1 through Sheet 36

This sheets you enter the individual damage information: These sheets are protected so only blocks to be entered can be accessed. Date and Disaster type will populate from PDL Consolidation Sheet.

Once information is entered change the tab name to the individual name listed on that sheet. Each tab should have one name on it. If you have multiple of same last name use also first initials or letters of first name to differentiate each sheet.

Section 1 – Personnel Information

Name: Name of individual experiencing the loss

Date of Damage: The date the disaster occurred

Address: Address of the property that was damaged

Present Telephone Number: The telephone number where you can be reached if additional or clarifying information is required.

Type of Disaster: Enter type of disaster such as flood, tornado, hurricane, etc.

Name of Property Owner: This pertains to renters. If you are a renter, enter the name of the property owner or landlord

Type of Applicant or Structure: Please check the appropriate block. Multi-Family means a Row Home, Duplex Home, etc.

Section 2 – Market Value of Property. This sections requests the pre-disaster value of selected items. In each of these categories, use all property located at your address.

a. Structure: Please provide the pre-disaster real estate value (what you could have sold your home for before the disaster occurred) or fair replacement value (the pre-disaster cost to build your home new). Use whichever is lower. Structure means your home, mobile home, business structure. Do not include the value of your land in this category. If there was no damage to the structure, leave this line blank.

b. Contents: Please provide the pre-disaster value of all your personal property or business property. Personal property includes all the contents of your home such as clothing, furniture, household appliances, etc. This does not include the cost or an automobile. Business property includes such items as machinery, equipment, inventory, products in process of completion, etc.

c. Land and Improvements: Please provide the pre-disaster value of items such as the land, sewers, sidewalks, driveways, landscaping, bridges, access roads, fencing, and other improvements you have made to the land. This category includes any detached building or garage located within a one-acre of the principal structure. If there was no damage to the land or improvements to the land, let this line blank

Section 3 – Estimated Disaster Loss in Dollars. For the same three categories highlighted in Block 2 above, provide the estimated disaster loss in dollars here:

a. Structure: Includes the total cost to repair or replace all primary buildings damaged or destroyed in this disaster. These are the same buildings outlined in paragraph 2a above.

b. Contents: Includes the cost to replace all your personal (such as furniture, clothing, appliances, other household items) or business property (such as machinery, equipment, inventory) lost in the disaster. This does not include the loss of your automobile. This is the disaster loss for the values placed in paragraph 2b above.

c. Land and Improvements: This includes the cost to replace or repair damage to the land such as the land (fill), access roads, bridges, driveway, sidewalk, parking lot, fencing, landscaping, debris removal, etc. This is the amount of the disaster loss for the items you valued in paragraph 2c above.

Section 4 – Amount of Insurance. This part requests information on the amounts of insurance you carried on each of the above three categories. If this disaster was caused by surface runoff water (flooding), and you had no flood insurance, each of the three categories should reflect zero dollars in insurance coverage. If this disaster was caused by flooding and you carried flood insurance, the amount reflected in each of the three categories would reflect the amount as shown in your flood insurance policy.

a. Structure: Insured amount. If zero, enter 0

b. Contents: Insured amount. If zero, enter 0

c. Land and Improvements: Insured amount. If zero, enter 0

Section 5 – Dollar Amount of Uninsured Loss. Please leave blank. This part will be completed by the interviewer.

Section 6 – Percent of Uninsured Loss. Please leave blank. This part will be completed by the interviewer.

Section 7 – Comments: Provide details of loss such as kitchen and bedroom destroyed by water; personal property was destroyed due to the tornado; three feet of water on the first floor; etc. Provide any additional comments you believe would help explain what happened to you. Only a few brief sentences are needed.