



**Monterey County
Office of Emergency Services
Business Damage Survey**

This is not an application for assistance. The purpose of this document is to gather damage information in order to assess the County's eligibility for assistance from the State and Federal governments

Date: _____ **Incident Date:** _____
Contact Name: _____ **Email Address:** _____
Business Name: _____
Owner Name: _____
Damaged Business Address: _____ **Temporary Mailing Address:** _____

Contact Numbers:

Please Specify: Building owner Renter

Type of Business:

Is this building also used for residential purposes? Yes No

Pre-disaster Estimated Building Value: \$ _____ **Est. Damage Amt.\$** _____

Briefly Describe Damage (such as completely destroyed, smoke damage, inaccessible, vehicle loss, etc.):

Insurance Coverage: (Such as Business insurance, Renters insurance, Business Loss coverage, etc.)

Was the property insured? Yes No *If yes, please answer the following:*

Amount of coverage for real property? \$ _____

Amount of coverage for personal property? \$ _____

Does your policy include business loss coverage: Yes No

Please answer the following:

1. Are you unemployed or have you lost your income as a result of this disaster? Yes No

If yes, please explain:

2. Estimated business income loss due to disaster?

3. What is your greatest concern at this time?

5. If applicable, would you like to be contacted by non-profit agencies that may assist with long-term recovery efforts? Yes No

Return form to: Monterey Co. Office of Emergency Services, 1322 Natividad Rd., Salinas, CA 93906 or by email at: bowerd@co.monterey.ca.us