

## **Instructions for Completing the “Estimated Disaster Economic Injury Worksheet for Business”**

### **Item 1**

Line 1

Enter the property owner’s name. If different than the business name, also enter the business name.

Line 2

If more than one owner, enter the co-owner’s name or names

Line 3

Enter the street address of the business location.

Line 4

Enter the mailing address of the business

Line 5

Enter the telephone numbers of the business and owner’s home.

---

### **Item 2**

Line 3

Enter the date that the economic impact to your business due to the disaster started or is estimated to start. Economic impact can be defined as a decrease in revenues from normal levels resulting in decreased gross profit. Then enter the date that revenues and gross profits returned to normal levels. This date may be in the future and will require an estimate.

Line 4

Enter the business’ revenues between the two dates you showed

Line 4

Enter the business’ revenues between the same two dates of the previous year.

---

### **Item 3**

Line 1

If you have business interruption insurance to cover losses due to the disaster, enter the amount received or anticipated. Enter zero if none.

---

### **Item 4**

Line 1

Enter a brief narrative explaining how the disaster affected your business’ revenues and operations

---

**Item 5**

Line 1

Enter the number of employees, including management and part-time employees, of the business prior to the date of the disaster.

Line 2

Enter the number of employees, including management and part-time employees, of the business after the end of the disaster. This may require an estimate.

---

**Item 6**

Line 2

Enter the estimated loss, in dollars, to the building occupied by the business, if owned by the business or an owner of the business..

Line 3

Enter the estimated loss, in dollars, to the contents of the business' building.

---

**Item 7**

Line 1

Enter the insurance recovery received or expected for disaster damage to the building and/or contents.

---

**Signature and Date**

Provide the signature of the business' owner or representative and enter the date the form was prepared.

# ESTIMATED DISASTER ECONOMIC INJURY WORKSHEET FOR BUSINESSES

This form is not required, but is a convenience in clarifying the supporting documentation the state is required to submit to the U.S. Small Business Administration when requesting an Economic Injury Disaster Loan Declaration. This information in any other format would also be acceptable. For your convenience, this form may be filled out electronically or manually.

**Name of Business:** \_\_\_\_\_ **Type of Business:** \_\_\_\_\_

## Owner Details

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Property Owner: \_\_\_\_\_

## Business Owner Mailing Address

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ County: \_\_\_\_\_

## Business Street Address

Address: \_\_\_\_\_  Same As Above

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ County: \_\_\_\_\_

## Estimated Adverse Economic Impact

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

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, leasehold improvements, etc.

Insurance recovery expected or received for property damages: \_\_\_\_\_

Date Form Completed:

Form Completed By: \_\_\_\_\_ Title: \_\_\_\_\_