

**ESTIMATED DISASTER ECONOMIC INJURY WORKSHEET
FOR BUSINESSES**

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

1. Name of Property Owner: _____
Name of Property Owner: _____
Business/Property Address: _____
Mailing Address: _____
Telephone Numbers: Business: _____ Home: _____

2. **Estimated Adverse Economic Impact**

Did the disaster economically impact your business? If so, when did the impact start and end?

_____ to _____
(month/year) (month/year)

What were your business' revenues during that period? \$ _____

What were your business' revenues during the same period of the prior year? \$ _____

3. Amount of business interruption insurance received or anticipated, if any: \$ _____

4. Provide a brief explanation of what adverse economic effects the disaster had on your business:

5. How many people did you employ **prior** to the disaster? _____

How many people did you employ **after** the disaster? _____

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

6. Estimated dollar loss to:

Real property (building), if owned: \$ _____

Contents (machinery and equipment, furniture and fixtures, inventory, leasehold improvements, etc): \$ _____

7. Insurance recovery received or anticipated for **property** damages: \$ _____

Signature of Business Owner/Representative

Date

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.

**Attach this form to an e-mail and send it to:
business.dced@pa.gov**