

ECONOMIC INJURY SURVEY FORM

1. COMPANY NAME:	
2. CONTACT NAME:	
3. ADDRESS:	
4. COUNTY:	
5. PHONE:	(working daytime number, including area code)
6. DATE OF DISASTER:	7. TYPE OF DISASTER
8. <input type="checkbox"/> OWNER	<input type="checkbox"/> RENTER
9. Have you used savings to pay bills?	<input type="checkbox"/> YES <input type="checkbox"/> NO
10. Have you taken on more debt (loans or credit card advances) to pay bills	<input type="checkbox"/> YES <input type="checkbox"/> NO
11. Have you sold any assets to pay bills?	<input type="checkbox"/> YES <input type="checkbox"/> NO
12. Have you stopped, slowed or reduced your payments to creditors?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If you answered NO to all questions, please stop. Otherwise, continue with other information.	
13. FISCAL YEAR END:	
14. LAST YEAR GROSS SALES:	
15. Y-T-D GROSS SALES, PRIOR TO DISASTER:	
16. GROSS SALES FROM DISASTER DATE TO NOW (if available):	
17. PROJECTED GROSS SALES FROM DISASTER DATE TO FISCAL YEAR END:	
18. ESTIMATE BUSINESS INTERRUPTION INSURANCE RECOVERY	
19. ESTIMATED DATE WHEN BUSINESS WILL RETURN TO NORMAL:	
20. ADDITIONAL COMMENTS:	