Disaster Financial Assistance Insurance Form – Small Business, Farms and Charitable Organizations

Instructions

The Disaster Financial Assistance (DFA) Program operates under the Emergency and Disaster Management Act and the Compensation and Disaster Financial Assistance Regulation. Section 8(1) of the Regulation states: ""eligible costs" does not include costs of expenses (a) recoverable at law of for which insurance was reasonably and readily available."

This form must be completed by applicants (Sections 1 and 3) and their insurance brokers (Sections 2 and 3) to determine eligibility for Disaster Financial Assistance (DFA). Completed forms must be uploaded with the DFA application.

Section 1. To be completed by applicant

Applicant/business name(s): _____

_____

Damaged property address: _____

Date of loss: _____

Go to Section 3

Section 2. To be completed by licensed insurance broker or agent

Please provide the full name of the insurance company, policy number and dates the policy was in effect for the damaged property when the loss occurred.

Name of policy holder: _____

Policy number:_____ Name of insurer: _____

Policy effective date:_____ Policy expiry date:_____

Name of brokerage:_____Phone:_____

Name of representative completing the form: _____

Go to Section 3

Electronic signature of representative who completed the form

_____

Signature

Section 3. To be completed by the applicant and the broker

Instructions for the applicant:

Please list the business/farm/charitable organization's assets that were damaged during the disaster (e.g. flood) event in the Table below.

Instructions for the broker:

For the business/farm/charitable organization assets listed below, please indicate whether insurance for damages caused by the disaster event (e.g. overland flood) was available and purchased at the time the policy was purchased or renewed. Include the maximum amount of insurance available at the time of purchase / renewal (available coverage limit) as well as the actual amount of coverage purchased (policy limit). **Please list dollar amounts including $0 if no insurance was available or purchased**. If no coverage limit, please write Unlimited.

Please fill in coverages that are applicable for the specific event (e.g. overland flood). Please add extra rows and continue on next page as needed.

Property	**Available coverage limit** (please state maximum limit available)	**Policy limit purchased**
Building(s)	$	$
Stock	$	$
Equipment	$	$
Tenant improvements	$	$
Other (leave blank if not applicable)	$	$