

## FORM E – INDUSTRY/COMMERCE: INDIRECT DAMAGE/ REIMBURSEMENTS

Census code Province           |\_|\_|\_|  
 Census code Municipality       |\_|\_|\_|  
 Municipality           |\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|  
 Hamlet               |\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|  
 Form ID               |\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|  
 Team ID               |\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|  
 Date                 |\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|

### Index

Section 1: Indirect damage

Section 2: Reimbursements

SECTION 1: Indirect damage		
Aspect	Data	Notes
Lack of usability	<input type="checkbox"/> Yes <input type="checkbox"/> No  Duration                    _ _ _  days Cause _____	
Activity Disruption	<input type="checkbox"/> Yes <input type="checkbox"/> No  Duration                    _ _ _  days  Cause: <input type="checkbox"/> Internal factors _____ <input type="checkbox"/> External factors _____	
Missed orders	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Unemployment	<input type="checkbox"/> Yes <input type="checkbox"/> No  Duration                    _ _ _  days Number of employees    _ _ _   Contractual form of suspension _____	
Actual reopening 100% activity	<input type="checkbox"/> Yes <input type="checkbox"/> No  Date _____	

SECTION 1: Indirect damage		
Aspect	Data	Notes
Damage due to humidity	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Time from the event        _   _   days	
	Affected items _____	

SECTION 2: Reimbursements		
Aspect	Data	Notes
Private reimbursement (from insurance)	<input type="checkbox"/> Yes <input type="checkbox"/> No	