

FORM E – INDUSTRY/COMMERCE: INDIRECT DAMAGE/ REIMBURSEMENTS

Census code Province | LLL|
 Census code Municipality | LLL|
 Municipality | LLLLLLLLLL|
 Hamlet | LLLLLLLL|
 Form ID | LLLL|
 Team ID | LLL|
 Date | LLL| LLL | LLL|

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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 LLL days Cause _____	
Activity Disruption	<input type="checkbox"/> Yes <input type="checkbox"/> No Duration LLL days Cause: <input type="checkbox"/> Internal factors <hr/> <input type="checkbox"/> External factors <hr/>	
Missed orders	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Unemployment	<input type="checkbox"/> Yes <input type="checkbox"/> No Duration LLL days Number of employees LLL Contractual form of suspension <hr/>	
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	