

DAMAGES QUESTIONNAIRE

A. Plaintiff Demographic Information

Enter information related to the plaintiff asserting a loss or injury caused by a fire. Enter Individual if the plaintiff is a person who does not operate as a business. Enter Business if the plaintiff is a business only. Enter Individual and Business if the plaintiff is a person who is also asserting losses as a business, such as loss of rental income. If Individual, enter the plaintiff's name and date of birth. If Business, enter the name of the business.

1.	Plaintiff Type	
2.	First Name	
3.	Middle Name	
4.	Last Name	
5.	Date of Birth	
6.	Business Name	

B. Loss Location Information

Complete this section if the plaintiff owned or rented a property affected by the fire. Enter the primary location where the plaintiff experienced a loss. If the plaintiff owned more than one property affected by the fire, we will contact you to collect information about additional loss locations. Where possible, include the APN, which is a unique number assigned to each parcel of land by a county tax assessor and is based on formatting codes depending on the home's location. The local government uses APNs to identify and keep track of land ownership for property tax purposes.

Enter whether the plaintiff is the owner, renter, or occupant of the loss location property. Enter Other if the plaintiff is not an owner, renter, or occupant. If the owner, enter any other interested owners. If not applicable, leave this field blank. Note whether the loss location is a primary residence, secondary residence, business property, or both a primary residence and a business property. Enter Yes or No if the plaintiff owns or rents other addresses impacted by the fire.

1.	Fire that Impacted the Property	
2.	Loss Location Address Line 1	
3.	Loss Location Address Line 2 (Apt. #, etc.)	
4.	City	
5.	State	
6.	Zip Code	
7.	Assessor Parcel Number (APN)	
8.	Relationship to Property	
9.	Other People with Ownership Interest in Property	
10.	Property Use	
11.	Owned/Rented Other Addresses Impacted by a Fire?	

C. Insurance Information

Enter information related to the plaintiff's insurance for the property identified in Section B as the loss location. For Claim Status, enter Closed if the plaintiff filed a claim and it is closed, Filed if the plaintiff filed a claim and it is open, Not Filed if the plaintiff has not filed a claim, or Unknown if you or the plaintiff do not know the status of the insurance claim. If the plaintiff has two insurance policies for the affected property, complete Questions 5-8. Otherwise, leave these Questions blank. Enter Yes or No if the plaintiff has more than two insurance policies for the property.

1.	Insurance Provider #1	
2.	Insurance Provider #1 Policy Number	
3.	Insurance Provider #1 Claim Number	
4.	Insurance Provider #1 Claim Status	
5.	Insurance Provider #2	
6.	Insurance Provider #2 Policy Number	
7.	Insurance Provider #2 Claim Number	
8.	Insurance Provider #2 Insurance Claim Status	
9.	Property Covered by More Than Two Policies?	

D. Homeowner Claims

If the plaintiff alleges damage to a home or other structure as a result of the fire, enter Totally Destroyed, Partially Damaged, or Smoke Damage Only. Enter None if the plaintiff's property sustained no damage as a result of the fire. Enter the acreage of the property using the options provided. Note whether the Loss Location was the plaintiff's primary residence, whether the plaintiff incurred relocation expenses, whether the plaintiff had to evacuate because of the fire, and the date the plaintiff resumed habitation in the primary residence following the fire.

1.	Home Destroyed or Damaged	
2.	Other Structures/Improvements Destroyed or Damaged	
3.	Acreage of the Property	
4.	Was the Loss Location the Plaintiff's Primary Residence?	
5.	Incurred Expenses for Living in Another Location After the Fire?	
6.	Did the plaintiff evacuate the Loss Location?	
7.	Date Plaintiff Resumed Habitation in Primary Residence	

E. Additional Real Property Losses

Enter Yes or No as to whether the plaintiff alleges this type of loss as a result of the fire.

1.	Damage to Crops	
2.	Damage to Trees	

F. Personal Property Damages

Enter Yes or No as to whether the plaintiff alleges damage to personal property, livestock, or vehicles because of the fire.

If the plaintiff had damage to a vehicle, enter information related to the plaintiff's vehicle insurance. For Claim Status, enter Closed if the plaintiff filed a claim and it is closed, Filed if the plaintiff filed a claim and it is open, Not Filed if the plaintiff has not filed a claim, or Unknown if you or the plaintiff do not know the status of the insurance claim. Enter Yes or No if the plaintiff has more than one vehicle insurance policy.

1.	Personal Property Damaged	
2.	Harm to Livestock	
3.	Vehicle Damage	
4.	Vehicle Insurance Provider	
5.	Vehicle Insurance Policy Number	
6.	Vehicle Insurance Claim Number	
7.	Vehicle Insurance Claim Status	
8.	Vehicle Covered by More than One Policy?	

G. Business Economic Loss and Lost Rental Income

Enter information if the plaintiff is a business or is the owner of a business affected by the fire. If the plaintiff is not a business or not an owner of a business affected by the fire, leave these questions blank. Enter Yes or No for Questions 44-48 as to whether the business or business owner is asserting this type of loss as it relates to the fire. Real property refers to the land and anything attached to the land, and personal property refers to anything that can be subject to ownership, except land.

The NAICS code is the North American Industry Classification System, which is the standard used by federal statistical agencies in classifying business establishments for the purposes of collecting, analyzing, and publishing statistical data related to the U.S. business economy. See <https://www.census.gov/eos/www/naics/> for more information on NAICS codes.

1.	Damage to Business Real Property	
2.	Damage to Business Personal Property	
3.	Loss of Use of Business Property	
4.	Loss of Profits	
5.	Loss of Rental income	
6.	NAICS Code	
7.	Description of the Business	

H. CMO 2 Confirmation

Enter the date and time when the plaintiff witnessed the fire. If the address where the plaintiff witnessed the fire is different than the loss location entered in Section B, enter this in Question 3. Otherwise, leave this field blank.

1.	Date Plaintiff Witnessed the Fire	
2.	Time When Plaintiff Witnessed the Fire	
3.	Address where Plaintiff Witnessed the Fire, if Different than Loss Location	

I. Personal Injury

Enter Yes or No for Questions 1 and 3-7 as to whether the plaintiff alleges personal injury because of the fire. For Question 2, select one of the options or leave this field blank to indicate the plaintiff is not alleging a physical injury.

1.	Wrongful Death and Survival	
2.	Physical Injury (Burn, Smoke Inhalation, or Other)	
3.	Loss of Consortium	
4.	Emotional Distress/Mental Anguish	
5.	PTSD Diagnosis Documented	
6.	Medical Expenses Incurred	
7.	Loss of Personal Income	

J. Personal Representative Information

Enter information in this section only if the plaintiff is either deceased or incapacitated. If deceased, enter the date of death and answer Yes or No as to whether the plaintiff's death was caused by the fire. If the plaintiff is alive and not incapacitated, leave these fields blank.

Enter the name and relationship to the plaintiff of anyone serving the role of Personal Representative for the plaintiff. If there is no Personal Representative, leave these fields blank.

1.	Plaintiff Deceased or Incapacitated?	
2.	Plaintiff's Date of Death?	
3.	Plaintiff's Death Caused by the Fire?	
4.	Personal Representative's First Name	
5.	Personal Representative's Last Name	
6.	Relationship of Personal Representative to Plaintiff	