OMB Approval No. 3245-0136 Expiration Date: xx/xx/xxxx

Purpose of form: Used by Disaster Assistance to record information regarding disaster damage

LL C CMALL DUCINECE ADMINISTRATION												
U. S. SMALL BUSINESS ADMINISTRATION Dispator Survey Workshoot												
Disaster Survey Worksheet												
Disaster Assistance - Field Operations Center (FOC)												
State Name of Govern				or or Authorized Re	oresentative	Date of Request	Date of Request					
Type and Cause	of Disaster			Date(s) of occurrence			Date(s) of Survey					
County or Politic	al Subdivision Surve	yed		SBA Survey Team Member(s)								
DAMAGE SUMMARY												
	e Qualifying for SB .	A Purposes										
	Estimated Properties Homes			Businesses/Non-Profit		Number	\$ Amount					
	Number	\$ Amount	Number	\$ Amount	Homes							
Majors					Business							
Minors					Non-Profit							
TOTALS					TOTALS							
FOC Recomm				Approve	Date	Disapprove						
. SS Bircoloi	FOC Director's Signature Date											

PLEASE NOTE: The estimated burden for completing this form is 5 minutes per response. You are not required to respond to any collection of information unless it displays a current valid OMB approval number. Comments on the burden should be sent to U.S. Small Business Administration, Chief, AIB, 409 3rd St., SW, Washington, DC 20416 and Desk Officer for the Small Business Administration, Office of Management and Budget, New Executive Office Building, Room 10202, Washington, DC 20503. OMB Approval (3245-0136). PLEASE DO NOT SEND FORMS TO OMB.

SBA Form 987 (12/09)

Field Worksheet For Individuals and Businesses Meeting 40% Uninsured Loss Criteria

ADDRESS	TYPE	REPLACEMENT VALUE	LOSS AMOUNT	INSURANCE AMOUNT	UNINSUF AMOUNT	RED LOSS PERCENTAGE
					\$0	#DIV/0!
					\$0	#DIV/0!
					\$0	#DIV/0!
					\$0	#DIV/0!
					\$0	#DIV/0!
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					\$0	#DIV/0!
					\$0	#DIV/0!
					\$0	#DIV/0!
					ФО.	#DD //O
					\$0	#DIV/0!

^{*} Types: HO=Homeowners, HR=Home Renter, MH=Manufactured Home, BO=Business (Owns Premises) BR=Business (Rents or