

Please check appropriate box:									
☐ Commercial ☐ Agriculture	e □ Aquacultur	e/Fisheries □ Ot	her		Lan	guage of (Choice □ En	glish □ Fre	nch
BUSINESS ADDRESS									
Registered Business Name:				Business Phone	Number	: Offic	e Use Only/F	ile #	
Street Address:		City/Town:			Provinc	e:	Postal Cod	e:	
OWNER ADDRESS		1					l		
Owner/Operator Name:			Cellular	Phone Number:	Ema	il Address:			
Street Address:		City/Town:			Provinc	e:	Postal Cod	e:	
List all Owners of the	Company/Rusin	ass and extent of n	articinati	on in the small	hueinaee	•	day to day	/ Percent	ane
List all Owners of the	. Company Busine	ess and extent of po	articipati	on in the sinair	Dusiness	,	Manager?		
PROPERTY DAMAGE INFO									
Date of Damage/Loss:	Approximate Dep	oth of Water:		☐ Basement		Type of B	asement:		
	(if applicable) feet	inches		☐ First Floor		□Full	_	lCrawl Space	
	meters	centim		☐ Other		□Fuii □Slab or		ICrawi Space]Walk Out	
						LI Slab Ol	i Graue L	IVVaik Out	
Damage to Existing Seawall or I	Riverbank Stabiliza	ation Wall:	☐ No	Damage to		y/Parking L		ar Building	
				☐ Yes ☐] No		Cor	nstructed:	
If there was a prolonged (over 7				ation:					
		d or borrowed from v		· · · · · ·					
Must include picture(s) of gen Cause of Damage (flood, ice		show brand name, v ris clean up, includin			er				
storm, heavy rains, etc.):	Do you have deb	ns clean up, includin	ig trees?	□ res □ No					
If yes, supply pictures, fill out Appendix E and have your insurance representative fill out Appendix A.									
Brief Description of Damage/Los	SS:								

Note: Applications will not be accepted after the deadline. The application deadline is 90 days from the date DFA Program was authorized. Please check our website at http://www.gnb.ca/disasterfinancialassistance or call toll free 1-888-553-8558 to verify the application deadline applicable to your weather event.

Description of Inventory/Equipment lost or damaged as a result of the disaster: (See Appendix D)

CLEANUP AND DISINFECT

On Appendix E of this application, please track, on a daily basis, the number of hours, you and your employees spent on clean up. Please have this available for the assessor during the site visit. For further information about clean up and disinfection, please refer to the "Flood Recovery for Home or Business" booklet or visit http://www2.gnb.ca/content/dam/gnb/Departments/pa-ap/pdf/Report_Damages/FloodRecovery-e.pdf

DOCUMENTATION REQUIREMENTS

Refer to Appendix F of this Application which provides information on the documentation requirements. Failure to provide required documentation will delay your claim being processed.

CONSENT TO RELEASE INFORMATION AND DECLARATION

SOURCE TO RELEASE IN ORIMATION AND BEOLAWATION	
I/We authorize the New Brunswick Emergency Measures Organiz	ation (NB EMO) to disclose all personal information that I/We
provide to NB EMO and that NB EMO collects about me/us to other	er relief organizations, humanitarian agencies and governments
that are offering any assistance whatsoever as a result of this dis	saster. I/We give NB EMO my/our permission to use my/our
personal information to fully evaluate my/our post-disaster circur	nstances, to determine my/our eligibility for disaster financial
assistance, and to ensure all sources of assistance to me/us are con	,
That I/We are the owner(s) (tenant(s)) of the land and premises and	d chattels located on the first page of this application form. That
I/We suffered damage to my/our lands and premises and chattels to	
which occurred within the Province of New E	
INSERT TYPE OF EVENT HERE	INSERT DATE OF EVENT HERE
I/We undertake that monies paid to me/us shall be used in rest	oring my/our lands and premises and chattels located at the
damaged address on the first page of this application form. You ma	ay be asked to demonstrate that the monies were used to repair
the property before the next claim is paid. If the repairs have not be	
IMA undertake to indemnify and save harmless the Dravines of Ne	by Prunquick form all plaims and domands of any other norman

I/We undertake to indemnify and save harmless the Province of New Brunswick form all claims and demands of any other person for payment of assistance made hereunder as a result of misrepresentations on **my/our** part.

I/We do solemnly declare that the foregoing representative statements are the best to **my/our** knowledge, information and belief, true in every particular detail, and **I/We** make this solemn declaration conscientiously, believing it to be true and knowing that is of the same force and effect as if made under oath and by virtue of the *Canada Evidence Act*.

I/We understand that this confidential information will be used only for the purpose for which it has been collected. It may only be conveyed to other government departments and agencies for the purpose of disaster financial assistance.

NOTE:

The Province of New Brunswick is not responsible for liens, mortgagees, or other creditors of the claimants and all payments made hereunder are made on the understanding that the claimant is the person legally entitled to assistance.

Suspicious claims will be referred to, and may be investigated by, the Department of Justice and Public Safety in order to ensure the protection of public funds. All necessary and appropriate action will be taken to initiate investigations, recover inappropriately obtained funds and pursue court action if required.

Signature of Applicant	Date	Signature of Applicant	Date	
Print Name		Print Name		

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CONFIRMATION OF INSURANCE AVAILABLITY DISASTER FINANCIAL ASSISTANCE (DFA)

Appendix A

This form MUST be completed by an authorized representative of your insurance company when applying for assistance through the Disaster Finance Assistance Program.

Please return to NB EMO, Recovery Services at 65 Brunswick Street, 2nd Floor, Fredericton, NB, E3B 1G5, fax to 506-453-5837or scan to email at emo.recovery@gnb.ca.

Na	me of Applicant:			
Na	me of Co-Applicant:			
Civ	ic Address:			
Add	dress of location where da	mage occurred:		
Тур	oe of Policy Carried:	☐ Homeowners Policy	☐ Tenants Policy	☐ Business
Pol	icy Number:		Name of Insurer:	
Pol	icy Expiry Date:	Name	e of Brokerage (If applicable):	
Na	me of Insurance Represen	tative: (If applicable):		
Co	ntact no.:			
	th reference to the policy ply?	in force during the time fra	me of the emergency event, did the fo	ollowing coverage
1.	Sewer back up coverage	•	☐ Yes Coverage limit available☐ Not purchased, maximum	\$
			available to purchase	\$
			□ Not available for purchase by applicant	
2.	Any form of overland wa	ter coverage	☐ Yes Coverage limit available	\$
			☐ Not purchased, maximum available to purchase	\$
			☐ Not available for purchase by applicant	·
3.	-	ge, freezer or refrigerator	☐ Yes Coverage limit available	\$
	damage		☐ Not purchased, maximum available to purchase	\$
			□ Not available for purchase by applicant	
4.		any of the above questions, the Has the claim been reported t	nen it is MANDATORY that the loss be roo the insurance company?	reported to □ Yes □ No
5.		☐ Yes ☐ No Amount Pa	· ———	

Note: If you reported the damage to your insurance company or broker and were advised by the "assigned adjuster" that there was no coverage, please provide a copy of the denial letter issued by your insurance company. If you did not receive a denial letter, please use comments section below to explain why the claim was denied.



CONFIRMATION OF INSURANCE AVAILABLITY DISASTER FINANCIAL ASSISTANCE (DFA)

Appendix A Page 2

6.	Comments:			
Sigi	ignature of an authorized representative of the insurer		Date	
	THE APPLICANT ACKNOWLEDGES THAT THE GOVERN APPLICATION WITH THE APPLICANTS INSURER.	NMENT MAY VERIFY THE	EINFORMATION SET OUT IN THIS	
Sigi	ignature of Applicant		Date	



OMUNB Organisation des mesures d'urgence du Income and Employee Eligibility Confirmation /Validation

Appendix B

(To be completed by Applicant's Lawyer)

Business Owner's Name (s):					
Day to Day Manager:					
Business Name:					
Business Address:					
With reference to the Applicant's r following:	request for Disaster Financial Assista	ance, confirmation is made of the			
 owner-operator is a 	 applicant's business is an owner-operated enterprise, owner-operator is acting as a day-to-day manager, and said owner-operator owns at least 50% of the business. 				
The following information must be	provided:				
percentage of ownership	r, partnership agreement or lawyer of the business. essment/lease agreement for the business.	3,			
	_day of				
Lawyer's Name:					
Address of Lawyer:					
, <u>—</u>					
Signature:					

Fax: 506-453-5837 or scan to email emo.recovery@gnb.ca or

Postage Mail to **NB EMO, Recovery Services**65 Brunswick Street, 2nd Floor
Fredericton, New Brunswick
E3B 1G5

Send this form to the NB Emergency Measures Organization, Recovery Services



Disaster Financial Assistance Small Business Income and Employee Eligibility Confirmation/Validation

Appendix C

(To be completed by Applicant's Accountant)

Business (Owner's Name (s):			
Business I	Name:			
Business A	Address:			
With referen	ce to the Applicant's requ	est for Disaster Financial Assistance, co	onfirmation is made of the following:	
1.			's Business Name) d immediately preceding the year of the	
2.	,	20% of their gross income from this bus	iness.	
3	3 That we have reviewed the total hours or days worked by all full time and part time staff of the claimant's business for the taxation year or T4 year immediately preceding the year of the disaster and can confirm that the total hours or days worked does not exceed the equivalent of hours or days that would have been worked by 20 full time employees. (Attach copies of the T4s)			
4.	Copies of recent filed fin and final assessment from	nancial statements, Income Tax documerom Revenue Canada.	nts including all applicable schedules	
Signe	ed this	_day of	_, 20	
Name	e of Accountant::			
Addre	ess of Accountant:			
Sign	ature and designation:			
	Send this form to the	e NB Emergency Measures Organizat	ion. Recovery Services	

Fax: 506- 453-5837 or scan to email emo.recovery@gnb.ca or

Postage Mail to **NB EMO, Recovery Services** 65 Brunswick Street, 2nd Floor Fredericton, New Brunswick E3B 1G5



Appendix D

Inventory/Equipment Lost or Damaged

Applicants Name:					
Description (Inventory and/or Equipment)	Year Purchased	Purchase Price	Assessor's Use Only		

Note: The assessor will review the list and determine values for damages based on an establish schedule of loss and the DFA guidelines. Any questions or concerns can be addressed at the time of site visit.



Appendix E

Clean up Log

		Cie	an up Log	
Αp	plicants I	Name:		
 2. 3. 	Where po must be the For struction of the dam If you have provide the not all be For furthe Business"	nrown away, the applicant should to ural damage, if the repairs must b nage before it is repaired. e rented or hired equipment to ass ese receipts to the assessor durin eligible under this program.	not be thrown a ake pictures of the e done before the sist you with clean g your site visit.	away until the assessor arrives. If items ne items. ne assessor arrives, please take pictures nup, keep receipts or invoices. You may Total amounts paid to contractors may se refer to the "Flood Recovery for Home or ww2.gnb.ca/content/dam/gnb/Departments/pa-
Date		Name of Person	Hours Worked	Description of Work

Office Use Only: DFA eligible hours worked ______ @ minimum wage = TOTAL \$ _____



Appendix F

Required Documentation – SMALL BUSINESS (Including Agriculture and Aquaculture Owners)

The definition for a Small Business as per the Disaster Financial Guidelines is outlined in C4.1. You must meet the criteria below before you submit an application;

For purposes of the DFA Program; a small business is an enterprise with yearly gross revenues, as reported for income tax purposes, of between \$4,800 and \$2,000,000, and employing not more than the equivalent of 20 full-time employees. It also must be other than a "hobby business," and be an owner-operated enterprise, where the individual owner-operator is/are acting as a day-to-day manager, own at least 50 per cent of the business and receives a minimum of 20% of their gross income from the business. Self-employed fishers, trappers, loggers and other harvesters of natural resources are included. One application should be made per small business.

With the exception of invoices which can be provided to the assessor during the site visit, you are

are con	d to submit copies of the following documentation, if applicable, with your application. If you cerned you may be unable to obtain any or all of the documentation prior to the application e, please call Recovery Services at 1-888-553-8558.
	Application form with original signature (cannot be faxed or emailed)
	Confirmation of Insurance form Appendix A and written confirmation from your insurance representative that your claim was denied and the reason why or that you could not have
_	purchased insurance coverage for the loss to your small business, farm, or Aquaculture.
	Appendix B – Lawyer Form Appendix C – Accountant Form
	Appendix D – Inventory/Equipment Lost or Damaged
	Appendix E – Clean-up Log
	The most recent filed financial statements and/or Income Tax documents including all
	applicable schedules showing % ownership, a business revenue and final assessment from
	Revenue Canada. Proof of ownership (copy of property tax bill)
	A copy of rental agreement or lease
	Human Resource records and/or T4's for all employees
	A certified share register, partnership agreement or lawyer certification confirming your percentage of ownership of the business.
	Pictures – before and after
	If you have estimates/quotes and/or invoices/receipts for cleanup or repairs, please have them available during the site visit to help the assessor identify eligible costs.
	Picture of generator clearly showing generator, brand name, wattage and serial number. May require multiple pictures to show required information.

Completed applications can be mailed to:

NBEMO Recovery Services 65 Brunswick Street, 2nd Floor Fredericton, New Brunswick E3B 1G5