

# CONFIDENTIAL CALIFORNIA WILD FIRES CLIENT QUESTIONNAIRE

## CLIENT'S BACKGROUND INFORMATION

*Note: If you are filling out this form for a child, deceased person, or person for whom you have Power of Attorney, put their information in this section.*

First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_ Suffix: \_\_\_\_\_

SSN: \_\_\_\_\_ DOB: \_\_\_\_\_ Sex: Male  Female

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ County: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Insurance Company: \_\_\_\_\_

## DWELLING DAMAGE

1. Did your home, either owned or rented by you, suffer fire damage during the California North Bay Fires?

Yes  No

a. Was your home described above in one of the following zip codes?

94515, 94534, 94558, 94559, 94574, 94599, 94951, 95401, 95402, 95403, 95404, 95409, 95416, 95425, 95441, 95442, 95449, 95452, 95453, 95469, 95470, 95476, 95482, 95490? No  Yes

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Rent  Sole Owner  Co-Owner  Name of Owner(s): \_\_\_\_\_

Relationship(s) to Owner(s): \_\_\_\_\_ Phone Number(s) \_\_\_\_\_

Present intent to re-build: No  Yes

Fully destroyed by fire  Partially destroyed by fire  Smoke damage  Death of Pet/Livestock

\* If you have additional addresses, please use the back of this form to list each address and answers to question 1.

Please provide the following information for each individual residing in the affected home:

Full Name	DOB (mm/dd/yyyy)	Relationship	Injured?	Describe the Injury

## REPRESENTATIVE INFORMATION (Minor, Deceased or Power of Attorney)

First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_ Suffix: \_\_\_\_\_

Relationship: \_\_\_\_\_ Type of Rep: \_\_\_\_\_

Who are you Representing? : \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ County: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**BUSINESS DAMAGE**

2. Did your place of business, either owned or rented by you, suffer fire damage during the California North Bay Fires? Yes  No

a. Was your business described above in one of the following zip codes?

94515, 94534, 94558, 94559, 94574, 94599, 94951, 95401, 95402, 95403, 95404, 95409, 95416, 95425, 95441, 95442, 95449, 95452, 95453, 95469, 95470, 95476, 95482, 95490? No  Yes

Name of Business: \_\_\_\_\_ TIN: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Rent  Sole Owner  Co-Owner  Name of Owner(s): \_\_\_\_\_

Relationship(s) to Owner(s): \_\_\_\_\_ Phone Number(s) \_\_\_\_\_

Fully destroyed by fire  Partially destroyed by fire  Smoke damage

\* If you have additional addresses, please use the back of this form to list each address and answers to question 2.

**LOSS OF INCOME DUE TO FIRE DAMAGE TO YOUR PLACE OF EMPLOYMENT**

3. Did your place of employment suffer fire damage during the California North Bay fires? Yes  No

a. If yes, is your place of employment in one of the following zip codes?

94515, 94534, 94558, 94559, 94574, 94599, 94951, 95401, 95402, 95403, 95404, 95409, 95416, 95425, 95441, 95442, 95449, 95452, 95453, 95469, 95470, 95476, 95482, 95490? No  Yes

Name of Business: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Fully destroyed by fire  Partially destroyed by fire  Smoke damage

b. If yes, have you suffered a loss of income?

Yes  Amount: \$ \_\_\_\_\_ No

\* Please describe your loss of income: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\* Please note that proof of employment (pay stubs, income tax return, etc) as well as confirmation that the place of employment actually burned and then closed as a result of the fire, will be required in order to move forward with this type of claim.

**PHYSICAL INJURY AND/OR EMOTIONAL DISTRESS FROM THE FIRE**

4. Did you suffer physical injuries as a direct result of the California North Bay Fires cases? Yes  No

a. If yes, was the physical injury sustained in one of the following zip codes?

94515, 94534, 94558, 94559, 94574, 94599, 94951, 95401, 95402, 95403, 95404, 95409, 95416, 95425, 95441, 95442, 95449, 95452, 95453, 95469, 95470, 95476, 95482, 95490? No  Yes

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

b. If yes, were you hospitalized and/or treated by a physician for the physical injuries? Yes  No

c. Are you claiming emotional distress as a result of the Fire? Yes  No

i. If yes, have you sought treatment? Yes  No

d. Describe Injury and/or emotional distress: \_\_\_\_\_

**DECEASED PARTY**

5. Is the injured party deceased? Yes  No  Was death caused by the California North Bay Fire? Yes  No

Name of Decedent: \_\_\_\_\_ Relationship to decedent: \_\_\_\_\_

If yes, Date of Death: \_\_\_\_\_ Cause of death: \_\_\_\_\_ Will/Probate? Yes  No