

CONFIDENTIAL FIRE 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: \_\_\_\_/\_\_\_\_/\_\_\_\_

DAMAGE ADDRESS: \_\_\_\_\_

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

Occupants in Damaged Property

Other occupants of the damaged property have valid claims. Please only add a person below if you know that the individual has signed or will sign a contract with our firms to represent him/her in a claim. This includes minors, those who have died, or others from whom you have Power of Attorney.

Table with 5 columns: Full Name, DOB, Relationship to You, Injured?, Describe injury. It contains four empty rows for data entry.

Other Properties

Did you own or rent other properties impacted by the fire:? Yes: No: Rent: Owned:

Location of other property/properties: \_\_\_\_\_

Loss of Income Due to Fire Damage to Your Place of Employment

Did your place of employment suffer fire damage during the 2017 Fires? Yes: [ ] No: [ ]

If yes, then was it: Fully destroyed by fire: Partially destroyed by fire: Smoke damaged:

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

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

Have you suffered a loss of income? Yes No

If yes, what is your estimated total loss of income: \$ \_\_\_\_\_

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

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