



# JORDAN Z. MARKS

ASSESSOR/RECORDER/COUNTY CLERK

COUNTY OF SAN DIEGO

BUSINESS DIVISION

9225 CLAIREMONT MESA BLVD., SAN DIEGO, CA 92123-1211

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**BUSINESS & LEASED EQUIPMENT**

858/505-6100

**VESSELS & AIRCRAFT**

858/505-6200

## PROPERTY DAMAGED BY MISFORTUNE OR CALAMITY

**(This questionnaire must be completed and returned with the Application For Reassessment form BUSF750A)**

**Business Account No.** \_\_\_\_\_

Applicant Name: \_\_\_\_\_

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

Normal Property Location: \_\_\_\_\_

Tax Bill Number: \_\_\_\_\_

1. Was the loss due to no fault of your own? Yes  No

2. Was the loss due to theft? Yes  No

3. Full Cost: \_\_\_\_\_

4. Insurance Company: \_\_\_\_\_

5. Policy Number: \_\_\_\_\_

6. Insured Value: \_\_\_\_\_

7. Amount of Payoff: \_\_\_\_\_

8. Date of Payoff: \_\_\_\_\_

9. Copy of accident report made to Insurance agency.

10. Copy of any survey or report of condition made after loss.

11. Copies of any reports made to or by any Government Agency.

12. Describe briefly the type of loss and how the loss occurred: (use addendum sheet(s) as necessary)

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**I certify (or declare) under penalty of perjury that the foregoing statements are true and correct.**

Signature \_\_\_\_\_ Date \_\_\_\_\_ Daytime Phone No. \_\_\_\_\_