

Private Property Application: Designated Disaster Area

Provincial Disaster Assistance Program

P.O. Box 227
Regina, Canada
S4P 2Z6

APPLICATION NUMBER

For office use only

| Municipality Name | Date of Loss | Type of Event |
|-------------------|--------------|---------------|
| | | |

(1) APPLICATION TYPE

Please check one box per application; if more than one category applies, use separate applications:

| | |
|--|--|
| Registered Home Owner (Principal Residence Only) | Tenant |
| Number of people living at affected residence: | Adults (18+) _____ Minor(s) _____ |
| Other: (explain) _____ | Agricultural Operation Small Business/ Rental Property |
| Non-Profit: (Describe type) _____ | |

Have you had a previous claim with PDAP? Yes No

If yes, advise year of previous claim and PDAP claim no.

_____ Year _____ Previous Claim No.

(2) APPLICATION INFORMATION (please print)

Claimant name:

| | | |
|-----------|------------|-------------|
| Last Name | First Name | Middle Name |
|-----------|------------|-------------|

Business Name (If damage is to an income or business property)

Contact names:

| | | |
|-----------|------------|-------------|
| Last Name | First Name | Middle Name |
|-----------|------------|-------------|

Claimant Mailing Address:

| | | | | |
|--------|--------|-------|-----------------------|-------------|
| Unit # | Street | Prov. | City, Town or Village | Postal Code |
|--------|--------|-------|-----------------------|-------------|

| | | | |
|-------------------|---------------------|------------|---------------|
| Primary Telephone | Secondary Telephone | Cell Phone | Email Address |
|-------------------|---------------------|------------|---------------|

ALTERNATIVE ADDRESS AND TELEPHONE NUMBER I CAN BE CONTACTED AT

| | | | | | |
|--------|--------|-----------------------|-------|-------------|------------------|
| Unit # | Street | City, Town or Village | Prov. | Postal Code | Telephone Number |
|--------|--------|-----------------------|-------|-------------|------------------|

(3) DAMAGED PROPERTY INFORMATION IF DIFFERENT FROM MAILING ADDRESS.

(Damaged property must be owned by the applicant to be eligible)

| Urban | | | | Rural | | | | |
|--------------|--------|-----------------------|-------------|--|-----|-----|-----|---------|
| Civic | Unit # | Street | | QTR | SEC | TWP | RGE | WEST of |
| | | City, Town or Village | Postal Code | | | | | |
| Legal | Lot | Block | Plan | Enter additional addresses in section (6) below. | | | | |

For flooding disasters, at its highest level, how high was the water in the affected building?

| | | |
|--------------------------------|------------------------------|--------------------|
| Less than or equal to 4 inches | Less than or equal to 4 feet | Higher than 4 feet |
|--------------------------------|------------------------------|--------------------|

Has either appliance been affected? Furnace/Boiler Water heater (Rent Own)

Is there evidence of mould? Yes No. If yes, describe location(s) below

| | | | | | |
|-------------|----|-----|-------------|----|-----|
| Electricity | On | Off | Water/Sewer | On | Off |
| Natural Gas | On | Off | Telephone | On | Off |

(3) DAMAGED PROPERTY INFORMATION IF DIFFERENT FROM MAILING ADDRESS.
(Damaged property must be owned by the applicant to be eligible)

| | | |
|--|-----|----|
| Are there safety concern(s) that present an immediate danger? If Yes, identify: _____ | Yes | No |
| Has there been any visible foundational issues (movement, cracks, shifting)? If yes, describe the location and extent of issues: _____ | Yes | No |

(4) INSURANCE INFORMATION

| | | |
|---|--|--|
| Do you carry insurance for your residence/buildings and/or belongings? | Yes | No |
| Name of Insurance Broker/Agent | Telephone Number | |
| Date Broker/Agent was Notified of the Damage and Loss _____ | Has your claim been denied by your insurer? | |
| | Yes (Please attached written documentation from your insurance agency/broker.) | No (Please provide an explanation in section (6) below.) |
| Pending | | |
| <p><i>All residential, small business/agricultural operations and tenant claims require a signed letter from their insurance provider (not broker) including policy number, date of loss, legal land description and it must state if any coverage will be provided. Verbal denials and emails will not be accepted as proof of a lack insurance coverage.</i></p> | | |

(5) TYPE OF LOSS:

| | | |
|--|------------------------------|--------------------------------|
| Sewer back-up | Overland Flooding or Seepage | Both sewer back-up and seepage |
| Plow Wind/Tornado | Other: (describe) _____ | |
| <p><i>Overland Flooding is water entering a building through surface opening; seepage is water entering a building through cracks in walls and/or floor slab. Sewer back-up is water and/or sewage coming up from drains, toilets, sump pits or the cleanout valve.</i></p> | | |

(6) CLAIMANT WRITTEN STATEMENT

Statement of Event: (Describe the event and measures you have taken including dates – if additional room is required, please attached a separate sheet).

(7) ITEMS LOST OR DAMAGED

- Additional items may be listed on a separate sheet, numbered consecutively following the items listed below.
- PDAP requires pictures to be taken for all loss and/or damages and provided to the adjuster.

Description of Item(s)

| | |
|-----------|-----------|
| 1. _____ | 2. _____ |
| 3. _____ | 4. _____ |
| 5. _____ | 6. _____ |
| 7. _____ | 8. _____ |
| 9. _____ | 10. _____ |
| 11. _____ | 12. _____ |
| 13. _____ | 14. _____ |

(8) DISPLACEMENT (Residential)

Are you currently displaced? Yes No
 Is Emergency Social Services (ESS) assisting you? Yes No
 Was this residence occupied by applicant(s) on the day of the disaster? Yes No

If no, explain: _____

Date displacement began: _____ Return date: _____

Where are you staying? Hotel Family/Friends Rental Unit Other

If Other, describe arrangements: _____

(9) DISPLACEMENT (Small Business – including agricultural operations and landlords)

Can your business operate under current conditions at its' present location? Yes No

If no, describe why not: _____

Do you own, rent, or lease your business building? Own Rent Lease

If rented or leased, has the property owner been contacted? Yes No Unable to contact

If no or unable to contact, explain: _____

(10) EMERGENCY RESPONSE AND CLEAN-UP DETAILS (measures taken to prevent further damages or to provide public safety during the eligible event)

Have you incurred any expenses related to emergency response? Yes No

If yes, approximate dollar value spent to date: _____

• Please be advised that receipts and photos must be provided to PDAP to substantiate the measures being taken and costs incurred for emergency response.

Total Clean-up Hours (attach log of hours): Flooding/Heavy Rain: _____ Tornado/Plow Wind: _____

| <u>Type of Equipment</u> | <u>Owned/Rented/Borrowed</u> | | | <u>Hours Used</u> | <u>Explanation of Use</u> |
|--------------------------|------------------------------|--------|----------|-------------------|---------------------------|
| | Owned | Rented | Borrowed | | |
| _____ | Owned | Rented | Borrowed | _____ | _____ |
| _____ | Owned | Rented | Borrowed | _____ | _____ |
| _____ | Owned | Rented | Borrowed | _____ | _____ |
| _____ | Owned | Rented | Borrowed | _____ | _____ |
| _____ | Owned | Rented | Borrowed | _____ | _____ |
| _____ | Owned | Rented | Borrowed | _____ | _____ |
| _____ | Owned | Rented | Borrowed | _____ | _____ |
| _____ | Owned | Rented | Borrowed | _____ | _____ |
| _____ | Owned | Rented | Borrowed | _____ | _____ |

If using your own heavy equipment, include the type, size, model number, horse power (if applicable) and list the activity.

(11) DECLARATION

I am the Applicant or I am named as the contact person in Part 2, and I declare that I/We:

- am at least 18 years of age; a Small Business/Agricultural Operation, Partnership, Corporation, Non-Profit Organization or Communal Organization that carries on business in Saskatchewan;
- have read, understand and agree to the conditions of the Program;
- consent to and authorize the release of any information to the Program administrators relating to claims from any government ministry, crown, agency, or third party for the purpose of verifying information under this application;
- authorize the Ministry of Government Relations to request information from any federal or provincial government ministry, crown or agency, or from any third party, and consent to disclose any information contained in this application or pertaining to payment, to such ministry, crown, agency, or third party, for the purpose of administering the Program;
- consent to and authorize any ministry, crown, agency, or third party mentioned above, who is requested to verify or provide information, to disclose that information to Government Relations;
- consent to and authorize Government Relations to disclose information relating to my application or payment to any review committee that may be established for the purposes of this Program, in the event that a review is requested;
- authorize Government Relations, or its designated representatives, to enter the premises identified on the application for the purposes of verifying information under this application;
- understand that Government Relations assumes no liability whatsoever from my participation in the Program;
- certify that no other application has been made or will be made under this Program or any similar program in another province, with respect to the same expenditures claimed on this application;
- agree to disclose all other sources of funding including financial and/or in-kind contributions from industry, insurance, federal, provincial, or municipal governments in respect to any claim on this application; and
- have not knowingly submitted any false or misleading information; and that the information given on this application is true and correct in every respect.

Applicant Signature(s)

Dated _____

SIX MONTH DEADLINE FOR SUBMISSION OF APPLICATION

- **Application form(s) must be filed within six (6) months from the date of loss. Submissions received after this date may result in PDAP not providing assistance.**

SIX MONTH DEADLINE DATE:

INSTRUCTIONS

1. Save the form after filling the information.
2. Click on the Validate button.
 - A red text **Validated No** will appear if any mandatory information is missing. Fill the missing information and click the validate button again.
 - A blue text **Validated Yes** will appear if all the information filled correctly.
3. Save the form again after validating.
4. Email the form to PDAP.