

# Disaster Financial Assistance for Small Business

## July 11-12, 2024, Flash Flooding

**Disaster assistance area:** Annapolis, Digby, Hants and Kings Counties and Affected Areas

**Date of disaster:** July 11-12, 2024, **Application deadline: October 31, 2024**

### ***Do you qualify?***

Answer the following questions to see if you might be eligible for assistance.

- **Motor Vehicles are not eligible, do not apply.**
- **Insurance Deductibles are not eligible, do not apply.**

**Please have your insurance company complete the Confirmation of Insurance Form on page 2 and 3.**

### **Did the damage occur during the disaster event noted above?**

- YES.** Continue to the next question.
- NO.** Sorry, you are NOT eligible. **DO NOT complete the application form.**

### **Do you own the property?**

- YES.** Continue to the next question.
- NO.** I rent or lease the property. A copy of your rental agreement will be required.

# Disaster Financial Assistance for Small Business

## DISASTER FINANCIAL ASSISTANCE Confirmation of Insurance

### To be completed by your insurance company or your agent:

Please Note: If you are having trouble completing the forms or have questions regarding disaster financial assistance, please call 211. The confirmation of insurance is not the application, but it must be submitted in support of the application. If you are having trouble obtaining a completed form from your insurance company or broker, you can call the Insurance Bureau of Canada at 1-844-227-5422. The Insurance Bureau of Canada cannot answer specific questions regarding your insurance policy, those questions must go to your insurance company or Insurance agent.

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

Name of Co-Applicant: \_\_\_\_\_

Civic address where damage occurred (civic number, street, community): [Nova Scotia Civic Address Finder](#)

\_\_\_\_\_

Municipality: \_\_\_\_\_ County: \_\_\_\_\_ Postal code: \_\_\_\_\_

Phone number: \_\_\_\_\_ Email: \_\_\_\_\_

Type of Policy Carried:     Homeowner's Policy     Tenant's Policy     Business

Policy Number: \_\_\_\_\_ Name of Insurer: \_\_\_\_\_

Policy Expiry Date: \_\_\_\_\_ Name of Brokerage (If applicable): \_\_\_\_\_

Name of Insurance Representative: (If applicable): \_\_\_\_\_

Phone Number: \_\_\_\_\_

**With reference to the policy in force during the time frame of the emergency event, July 11-12, 2024 Flash Flooding did the following coverage apply?**

1. Sewer back up coverage	<input type="checkbox"/> Yes, coverage limit available \$ _____ <input type="checkbox"/> Not purchased, maximum available to purchase \$ _____ <input type="checkbox"/> Not available for purchase by applicant
2. Any form of overland water coverage	<input type="checkbox"/> Yes, coverage limit available \$ _____ <input type="checkbox"/> Not purchased, maximum available to purchase \$ _____ <input type="checkbox"/> Not available for purchase by applicant

# Disaster Financial Assistance for Small Business

## To be completed by your insurance company or your agent:

### Cont.: Confirmation of Insurance Available

3. Coverage for food spoilage, freezer or refrigerator damage	<input type="checkbox"/> Yes, coverage limit available \$ _____ <input type="checkbox"/> Not purchased, maximum available to purchase \$ _____ <input type="checkbox"/> Not available for purchase by applicant
4. Coverage for clean-up of damaged trees and debris on the ground.	<input type="checkbox"/> Yes, coverage limit available \$ _____ <input type="checkbox"/> Not purchased, maximum available to purchase \$ _____ <input type="checkbox"/> Not available for purchase by applicant

5. If the answer is "Yes" to any of the above questions, then it is MANDATORY that the loss be reported to the insurance company.

Has the claim been reported to the insurance company?  Yes;  No.

6. Was a claim paid?  Yes;  No. Amount paid \$ \_\_\_\_\_

(If yes, you must provide confirmation of insurance settlement)

7. 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

### Comments:

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\_\_\_\_\_  
Signature of an authorized representative of the insurer

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**We/I, \_\_\_\_\_, do solemnly declare that I/we carry no insurance (no fire, theft, or liability) on the property listed on the Disaster Financial Assistance application and therefore I/we have no insurance representative available to complete the above form.**

# Disaster Financial Assistance for Small Business

## Income and Employee Eligibility Confirmation / Validation

(To be completed by Applicant's Accountant)

<b>Business Owner's Name:</b> _____
<b>Applicant Business Name:</b> _____
<b>Business Address:</b> _____

With reference to the Applicant's request for Disaster Financial Assistance due to **July 11-12, 2024, Flash Flooding**, confirmation is made of the following:

- Gross revenues as reported for tax purposes by \_\_\_\_\_ (Applicant's Business Name) of at least \$10,000 but not more than \$2 million for the tax period immediately preceding the year of the disaster, 2022.
  
- 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.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 2024.

Name of Accountant: \_\_\_\_\_

Address of Accountant: \_\_\_\_\_

Signature and designation: \_\_\_\_\_

# Disaster Financial Assistance for Small Business

## Ownership Eligibility Confirmation/Validation

(To be completed by Applicant's Lawyer)

**Business Owner's Name:** \_\_\_\_\_

**Applicant Business Name:** \_\_\_\_\_

**Business Address:** \_\_\_\_\_

With reference to the Applicant's request for Disaster Financial Assistance due **to July 11-12, 2024, Flash Flooding**, confirmation is made of the following:

- applicant's business was an owner-operated enterprise,
- Owner-operator was acting as a day-to-day manager, and,
- Said owner-operator owned at least 50% of the business.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 2024.

Lawyer's Name: \_\_\_\_\_

Lawyer's Address: \_\_\_\_\_

Signed by: \_\_\_\_\_

# Disaster Financial Assistance for Small Business

## To be completed by applicant:

### 1 Give your personal information:

Name: \_\_\_\_\_ Social Insurance Number: \_\_\_\_\_

Civic address where damage occurred (civic number, street, community): [Nova Scotia Civic Address Finder](#)

\_\_\_\_\_

Municipality: \_\_\_\_\_ Postal code: \_\_\_\_\_

Mailing address (if different): \_\_\_\_\_

Municipality: \_\_\_\_\_ Postal code: \_\_\_\_\_

Phone number: \_\_\_\_\_ Email: \_\_\_\_\_

### 2 Give insurance information:

Name of insurance company: \_\_\_\_\_

Policy number: \_\_\_\_\_

Agent's name: \_\_\_\_\_ Agent's phone number: \_\_\_\_\_

### 3 Have you attached a copy of the denial letter from your insurance company?

- Denial letter attached, proving that I could not have bought insurance for this type of loss.
- I will provide it at a later date.

### 4 Describe the damage to this property:

Please **do not** mail in photographs of the damage with your application but be prepared to provide these at a later date if requested. Include additional pages to describe the damage, if needed. Retain "before" photos for each item, if any exist, to establish pre-disaster condition.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



# Disaster Financial Assistance for Small Business

## To be completed by applicant:

### 6 Have you attached a copy of your rental agreement, if applicable?

- Rental agreement attached.
- I will provide it at a later date.
- I own the property.

### 7 Would you like an advanced payment of up to \$3,000?

Yes

(If yes, please ensure the application is fully completed including the *Income and Employee Eligibility Confirmation/Validation* and *Ownership Eligibility Confirmation/Validation* forms are completed.)

No

\*DISCLAIMER: Please be advised, if accepted, this advance payment amount will be deducted from the total payment you may be eligible to receive under the program once our final assessment of the damage to your property is complete.

Should the advance payment be greater than the total amount you are eligible to receive once our final assessment of the damage is complete, repayment will be required. Repayment amounts, if any, must be paid in full within one year of the date the final assessment notice is issued. Any outstanding amounts could be withheld from future Disaster Financial Assistance Program entitlements. **Should you cash the cheque, you will be presumed to have done so with the full understanding, acceptance and agreement of these terms and conditions.**

### 8 Sign the certification and consent:

I certify that:

- I am the applicant named in this application.
- the damages described arise from and were caused by the declared disaster event.
- the information I have provided on this form is complete and accurate.

I agree that Emergency Management Office personnel or an independent adjustor appointed by the Emergency Management Office may inspect and examine the following to verify the information in this application:

- the property, which is the subject of this application for assistance, by giving at least 24 hours' notice.
- appropriate related insurance coverage.
- appropriate related assistance from charitable and other organizations.
- other relevant records maintained by municipal, provincial, or federal government departments.

I consent to the use and storage of this information within the rules as set out in the Freedom of Information and Protection of Privacy Act ([nslegislature.ca/legc/statutes/freedom.htm](https://www.nsls.gov.ca/legc/statutes/freedom.htm)).

Applicant's Name (please print): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Co-applicant's Name, if applicable (please print): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# Disaster Financial Assistance for Small Business

## 9 Email this form to the Emergency Management Office (optional)

You may start your application electronically.

Email the completed form to [emo@novascotia.ca](mailto:emo@novascotia.ca)

You must follow up with the signed application and mail it along with the attachments by the deadline below.

**Mail a signed copy of this form and attachments by October 31, 2024, to:**

### Disaster Financial Assistance

PO Box 2581

Halifax, NS B3J 3N5

### What happens now?

If you have any questions or need help with the application, call 211 or visit [ns.211.ca](http://ns.211.ca).