

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 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.**

Was insurance available to pay for your entire loss?

- YES. DO NOT complete the application form.** Disaster Financial Assistance only covers uninsurable losses, such as damage from overland flooding or storm surge, or losses for which unlimited coverage is unavailable. For an insurable loss, such as damages caused by wind, submit a claim to your insurance company.
- NO.** I cannot obtain unlimited coverage. Continue to the next question.

Is the property owned by the organization?

- YES.** Continue to the next question.
- NO.** The organization rents or leases the property. A copy of your rental agreement will be required. Continue to the next question.

Is the organization operated as a not-for-profit?

- YES.** Complete the application form.
- NO. DO NOT** complete the application form.

Is your organization operating a facility in the community's interest to which there is unrestricted public access?

For example, your organization doesn't limit access based on religious or ethnic grounds.

- YES.** Complete the application form.
- NO. DO NOT** complete the application form.

Include:

- Articles of Incorporation / Memorandum of Association / Bylaws;
- Financial statements.

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 Insurance agent, 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.

DISASTER FINANCIAL ASSISTANCE
 Confirmation of Insurance Available

Please Note: This form 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, call the Insurance Bureau of Canada at 1-844-227-5422.

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: 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?

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

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

8. **Comments:**

 Signature of an authorized representative of the insurer Phone Number Date

 Signature of Applicant Date

<p>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.</p>
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To be completed by applicant:

1 Give your personal information:

Name of organization: _____

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

Municipality: _____ County _____ Postal code: _____

Mailing address (if different): _____

Municipality: _____ Postal code: _____

Phone number: _____ Email: _____

2 Tell us who to contact if we have questions:

Name: _____ Position or title: _____

Phone number: _____ Email: _____

3 Give insurance information:

Name of insurance company: _____

Policy number: _____

Agent's name: _____ Agent's phone number: _____

4 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.

5 Describe the type of property affected:

For example, a wharf or a building: _____

To be completed by applicant:

6 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.

7 Complete this Schedule of Loss

- I understand that this application can be processed only after a Schedule of Loss is submitted.
- I understand that I must submit a written estimate or paid invoice for labour and building materials.

Note applicants should keep originals of any paid invoices/receipts as we are not responsible if they are lost in transmission or during processing of your application.

Itemized description of damage or loss:	Replacement cost estimate (attach estimate or paid invoice):	Amount claimed:
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TOTAL: _____

To be completed by applicant:

8 Have you attached a copy of the Articles of Incorporation?

- Articles of Incorporation attached.
 I will provide it at a later date.

9 Have you attached a copy of the organization's latest annual financial statements?

- Yes.
 I will provide it at a later date.

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

- Rental agreement attached.
 I will provide it at a later date.
 The business owns the property.

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

- Yes
(If yes, please attach proof of your Not-for-Profit registration):

- 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.**

12 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).

Applicant's Name (please print): _____

Signature: _____ Date: _____

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

Signature: _____ Date: _____

13 Email this form to the Emergency Management Office (optional)

You **may** start your application electronically.

Email the completed form to **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.