



# Claims Questionnaire Data Summary

The Fire Victim Trust (“Trust”) is developing the official Claims Questionnaire that will be required to file a claim and expects that it will be available for completion on 8/17/2020. The Trustee and Claims Administrator have prepared this summary describing the data that will be solicited on the Claims Questionnaire so that Claimants and their counsel may begin to gather and organize that information now. We have also prepared Claims Questionnaire Guidelines, which are available in the Support section of your Portal and provide narrative descriptions for each section of the questionnaire.

CLAIMS QUESTIONNAIRE DATA SUMMARY			
	QUESTION	DATA / FORMAT / OPTIONS	REQ TO COMPLETE QUESTIONNAIRE?
<b>A. CLAIMANT DATA</b>			
1.	<b>Claimant Type</b>	(1) Individual; (2) Business; (3) Trust; (4) Estate; and (5) Government Entity	Yes
2.	<b>Taxpayer ID</b>	(1) SSN; (2) EIN; (3) ITIN; or (4) FIN	Yes
3.	<b>Name</b>	(1) First Name; (2) Last Name; (3) Middle Initial; and (4) Suffix	Yes
4.	<b>Date of Birth</b>	Date	Yes
5.	<b>Gender</b>	Provide gender, for the purpose of resolving liens, if applicable	If Claimant Type = Individual
6.	<b>Authorized Business Representative</b>	(1) First Name; (2) Last Name; (3) Middle Initial; and (4) Suffix	If Claimant Type = Business / Trust Estate
<b>B. REAL PROPERTY LOSS LOCATIONS</b>			
1.	<b>Street Address</b>	(1) Street 1; (2) Street 2; (3) City; (4) State; (5) Zip Code; (6) Country	Yes
2.	<b>APN</b>	Parcel Number	No
3.	<b>Fire</b>	(1) Camp; (2) Butte; (3) North Bay & North Bay Fire	Yes
4.	<b>Whether you are a title owner of the Real Property</b>	If Yes, list all other title owners; If No, indicate whether you received an assignment of the right to make a claim	If Claiming Real Property Losses
5.	<b>Whether you still own the Real Property</b>	Yes / No	
6.	<b>Whether you have repaired or restored the property</b>	Yes / No	
7.	<b>Whether you have a genuine desire to repair or restore the property</b>	Yes / No	
8.	<b>Supporting Documents: Fair Market Value</b>	Provide documents supporting the Fair Market Value immediately before and after the Fire	No
<b>C. REAL PROPERTY CLAIMS DATA</b>			
<b>C.1: RESIDENTIAL REAL PROPERTY</b>			
1.	<b>Type of Dwelling</b>	(1) Apartment; (2) Manufactured Home; (3) Single Family Home; (4) Condominium; (5) Mobile Home; or (6) Multi-Family Home	If Claiming Residential Real Property Losses



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2.	<b>Size of Dwelling</b>	Square Feet	
3.	<b>Whether you were renting the dwelling to other individuals</b>	If Yes, provide a list of the individuals who rented the property	
4.	<b>Whether the Dwelling was uninhabitable</b>	Yes / No	
5.	<b>Whether you were Displaced by the Fire</b>	If yes, provide the date you were displaced.	
6.	<b>Description</b>	A brief description of the damaged residential real property	
7.	<b>Supporting Documents</b>	Records reflecting any improvements to the property or the cost to repair or replace the dwelling	No
<b>C.2: COMMERCIAL REAL PROPERTY</b>			
1.	<b>Type of Structure</b>	(1) Agricultural; (2) Hospitality / Lodging; (3) Retail; (4) Apartment / Condo Building; (5) Industrial; (6) Transportation / Airplane Related; (7) Commercial Office Building; (8) Mobile Home Park; (9) Educational / School Facility; (10) Parking Structure / Facility; (11) Healthcare / Medical Facility; (12) Public / Community Facility; or (13) Other	If Claiming Commercial Real Property Losses
2.	<b>Size of Commercial Structure</b>	Square Feet	
3.	<b>Estimated or actual cost of repairing or rebuilding the commercial property</b>	Provide dollar amount	
4.	<b>Description</b>	A brief description of the damaged commercial property	No
5.	<b>Supporting Documents</b>	Records reflecting any improvements to the property	
<b>C.3: OTHER STRUCTURES</b>			
1.	<b>Type of Structure</b>	(1) Barn; (2) Detached Garage; (3) Pumphouse; (4) Outhouse; (5) Shed / Storage Unit; (6) Shop; or (7) Other	If Claiming Other Structure Losses
2.	<b>Size of Commercial Structure</b>	Square Feet	
3.	<b>Features</b>	(1) Electricity; (2) Permanent Foundation; and (3) Plumbing	
4.	<b>Description</b>	A brief description of the damaged structure	No
5.	<b>Supporting Documents</b>	Records reflecting cost to repair or replace the damaged or destroyed structures	
<b>C.4: FORESTRY / LANDSCAPING</b>			
1.	<b>Description</b>	A brief description of the damage	If Claiming Forestry / Landscaping Losses
2.	<b>Acreeage of Damage</b>	Acres	



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3.	<b>Estimated or Actual Cost to Replace the Trees and Landscaping</b>	Provide dollar amount	
4.	<b>Supporting Documents</b>	Documents supporting the claim	No
<b>D. PERSONAL PROPERTY</b>			
1.	<b>Value of Lost or Damaged Personal Property</b>	Provide dollar amount	If Claiming Personal Property Losses
2.	<b>Description</b>	A brief description or itemized list of the damaged personal property	
3.	<b>Supporting Documents</b>	Documents supporting the claim	No
<b>E. BUSINESS INCOME LOSS</b>			
1.	<b>Whether the claim relates to a physical injury that you sustained as a result of the Fire</b>	Yes/No	If Claiming Business Income Losses
2.	<b>Whether the claim relates to damage to property in which you had a property interest at the time of the Fire</b>	Yes/No	
3.	<b>NAICS Code</b>	The six-digit NAICS (North American Industry Classification System) Code used for tax filings	
4.	<b>Industry Description</b>	A brief description of your business's industry	
5.	<b>Business Owners</b>	For each owner of a non-publicly traded business, provide: (1) Owner Name; (2) Owner's Taxpayer ID; (3) % of Ownership; and (4) Legal Form of Entity if the owner is not a natural person	
6.	<b>Whether the business permanently ceased operations and/or declared bankruptcy since the Fire(s)</b>	If yes, indicate the date the business ceased operations and/or declared bankruptcy	For Each Loss Location Associated with the Business Losses
7.	<b>Whether Business was Interrupted as a result of the Fire</b>	If yes, indicate which Fire(s) caused business interruption.	
8.	<b>Whether you resumed your business at the Loss Location or intend to</b>	If yes, provide the date the business operations resumed or are anticipated to resume If no, you must provide an explanation of why	
9.	<b>Business Income Losses</b>	Provide: (1) the Amount Claimed; (2) the Start Date and End Date of the period when the amount claim is calculated; and (3) whether your business is affected by seasonality	
10.	<b>Lost Inventory</b>	Provide:(1) the Amount Claimed; and (2) documentation supporting the lost inventory	
11.	<b>Commercial Vehicles</b>	Provide: (1) the Amount Claimed; and (2) documentation supporting the lost vehicles	
12.	<b>Other Contents</b>	Provide:(1) the Amount Claimed; and (2) documentation supporting the loss	



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13.	<b>Additional Remediation Expenses</b>	Provide additional amounts of losses for the following items: (1) Increased / temporary security; (2) Temporary Utilities; (3) Temporary Labor; (4) Other Mitigation Steps such as relation or expedited shipping costs; or (5) Temporary Water Supply	
14.	<b>Additional Explanation</b>	Include further information or explanation regarding your business loss claim	No
<b>F. PERSONAL INCOME LOSS (LOST WAGES)</b>			
1.	<b>Whether the claim relates to a physical injury that you sustained as a result of the Fire</b>	Yes / No	If Claiming Personal Income Loss
2.	<b>Whether the claim relates to damage to property in which you had a property interest at the time of the Fire</b>	Yes / No	
3.	<b>Whether you are claiming lost income as a result of damage to your employer's property from the Fire</b>	Yes / No	
4.	<b>Employer Information</b>	Provide: (1) Employer Name; (2) Address of Employer; (3) Employer Telephone Number; (5) Employer Identification Number	For each Claiming Job
5.	<b>Employment Information</b>	Provide: (1) Employment Start Date; (2) Employment End Date; (3) Length of time out of work; and (4) Total Lost Wages	
6.	<b>Additional Explanation</b>	Include further information or explanation regarding your lost wages claim	No
<b>G. EMOTIONAL DISTRESS</b>			
<b>G.1: PROXIMITY TO THE FIRE</b>			
1.	<b>Whether you feared for your safety or the safety of your family while evacuating or sheltering-in-place as a result of the Fire</b>	Yes / No	If Claiming Emotional Distress for Proximity to the Fire
2.	<b>Whether you evacuated as a result of the Fire</b>	If yes, provide the Date and Time of the evacuation.	
3.	<b>Whether you Sheltered-in-Place during the Fire</b>	Yes / No	
4.	<b>Evacuation or Shelter-in-Place Address</b>	Provide: (1) Street 1; (2) Street 2; (3) City; (4) State; (5) Zip Code; (6) Country	
5.	<b>Relationship to Evacuation or Shelter-in-Place Address</b>	Indicate: (1) Home; (2) School; (3) Work; or (4) Other	
6.	<b>Whether you suffered a physical injury or illness as a result of the fire</b>	If yes, indicate whether that injury was: (1) Burn; (2) Smoke Inhalation; or (3) Other.	



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7.	Whether you received counseling or medical treatment	If Yes, provide: (1) the Diagnosis you received; (2) a description of the treatment you received; (3) Start Date of your treatment (4) End Date of your treatment; and (5) any medications prescribed If No, explain why	
8.	Family Members	For each family member who was with you as you evacuated or sheltered-in-place, provide: (1) name of individual; (2) relationship to you; (3) whether they suffered burn(s), smoke inhalation, serious physical injury or illness; and (4) whether you were physically present and witnessed any of the identified injuries to the individual.	
9.	Narrative	A narrative explanation detailing your experience evacuating or sheltering-in-place as a result of the Fire and the Fire's impact on you and your family	No
<b>G.2: SUBSTANTIAL INTERFERENCE WITH THE USE OR ENJOYMENT OF PROPERTY</b>			
1.	Whether you experienced emotional distress or mental anguish from the loss of use or enjoyment of your property as a result of the Fire	Yes / No	If Claiming Emotional Distress for Substantial Interference with the Use or Enjoyment of Property
2.	Property Address at the time of the Fire	(1) Street 1; (2) Street 2; (3) City; (4) State; (5) Zip Code; (6) Country	
3.	If real property, indicate relationship to property	(1) Own; (2) Rent; or (3) Other	
4.	Whether you resided full-time or more than half of the time at the property	Yes / No	
5.	Whether you were displaced from the property as a result of the Fire	If Yes, provide the date you were displaced	
6.	Whether you have resumed living at the property if you were displaced	If Yes, provide the date you resumed living at the property	
7.	Whether you lost sentimental or irreplaceable personal property in the Fire	Yes / No	
8.	Whether you received counseling or medical treatment	(1) the Diagnosis you received; (2) a description of the treatment you received; (3) Start Date of your treatment (4) End Date of your treatment; and (5) any medications prescribed	
9.	Narrative	narrative explanation detailing your experience with the loss of use or substantial interference with the use of or enjoyment of your property from the Fire	No
<b>H. PERSONAL INJURY</b>			



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1.	Whether the injury required a hospitalization	Yes / No	If Claiming Personal Injury
2.	The type of injury	Indicate the type of injury	
3.	The date of the injury	Provide the date you sustained the injury	
4.	The Medical Provider / Facility that treated the injury	Provide the medical provider/facility that treated the injury	
5.	Start date of treatment received	Provide the treatment start date	
6.	End Date of treatment received	Provide the treatment end date	
7.	Narrative Statement	If desired, explain your recovery and how the injury has affected your life	No
8.	Supporting Documents	Documents supporting the claim	
<b>I. WRONGFUL DEATH</b>			
The Trust will provide requirements for Wrongful Death claims in a separate communication for firms and claimants who intend to assert this type of claim.			
<b>J. OTHER OUT OF POCKET EXPENSES</b>			
1.	Description of the Expense	Provide a description of the expense you are asserting for compensation	If Claiming Other Out of Pocket Expenses
2.	Expense Amount	Provide a dollar amount	
3.	Third-Party Records	Receipts, medical bills, etc. showing that you paid the expenses out of pocket.	
<b>K. OTHER DAMAGES</b>			
1.	Description of the claim	Provide a description of the other damages you are asserting for compensation	If Claiming Other Damages
2.	Requested amount	Provide a dollar amount	
3.	Supporting Documents	Documents supporting the claim	
<b>L. MEDICAL INSURANCE</b>			
1.	Whether the Claimant has lived in any state other than California since the Fire	Yes/No & Other State if Yes	No
2.	If you received healthcare or prescription drug benefits from (1) Department of Veterans Affairs; (2) TRICARE; or (3) Indian Health Service	Provide:(1) Claim Number; (2) Enrollment Start Date; (3) Enrollment End; (4) Branch; (4) Sponsor; (5) Sponsor's SSN; (6) Treating Facility; (7) Tribe [Indian Health Service, only]	
3.	If you were entitled to receive medical items, services, and/or prescription drugs from any federal, state, or other governmental body	Provide: (1) Name of Plan/Entity; (2) Policyholder Name; (3) Policy Number; (4) Medical Condition Covered by Plan/Entity	



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4.	<b>If you received medical treatment for any claimed physical injury, emotional distress, or mental health issue that was covered by a Private Healthcare Insurance Plan</b>	Provide: (1) Name of Plan/Entity; (2) Policy Holder Name; (3) Policy Number; (4) Medical Condition Covered by Plan Entity	
5.	<b>PLRP Opt Out</b>	Upon submission of the Claims Questionnaire the Claimant will automatically enroll in the Private Lien Resolution Program unless he/she elects to opt out of the program by checking a box on the Claims Questionnaire	
<b>M. OTHER INSURANCE INFORMATION</b>			
<b>STEP 1: IDENTIFY INSURANCE COVERAGE TYPES</b>			
1.	<b>Dwelling (typically Coverage A)</b>	Provide: (1) Extended/Enhanced Replacement Cost Coverage; (2) Code Upgrade Coverage; Debris Removal; and (4) Landscaping	Yes
2.	<b>Other/Appurtenant Structures (typically Coverage B)</b>	Provide: (1) Extended/Enhanced Replacement Cost Coverage; (2) Code Upgrade Coverage; and (3) Debris Removal	
3.	<b>Personal Property (typically Coverage C)</b>	N/A	
4.	<b>Loss of Use / Additional Living Expense (typically Coverage D)</b>	This coverage type will include coverage for Rental Loss.	
5.	<b>Damage to Business Structure</b>	Provide: (1) Extended Replacement Cost; (2) Code Upgrade; (3) Debris Removal; and (4) Business Fixtures	
6.	<b>Business Interruption Loss</b>	Provide: (1) Extra Expense; and (2) Evacuation Expense	
7.	<b>Business Personal Property</b>	N/A	
8.	<b>Other</b>	N/A	
<b>STEP 2: DATA REGARDING EACH INSURANCE COVERAGE</b>			
1.	<b>Name of Insurance Carrier</b>	Provide the name of your insurance carrier	Yes, if coverage identified
2.	<b>Insurance Policy Number</b>	Provide the insurance policy number	
3.	<b>Policy Limits</b>	Provide policy limits	
4.	<b>How much you were paid</b>	Provide dollar amount	
5.	<b>Estimated Amount Not Covered</b>	Provide dollar amount	
<b>N. OTHER ASSISTANCE</b>			
1.	<b>Small Business Association (SBA) loan</b>	Indicate: (1) Entity Providing Assistance; (2) Name of Recipient; (3) Amount Received; (4) Date Received; (5) Purpose of Assistance; (6) Whether the Assistance Requires Repayment; (7) Whether the Assistance was Repaid; and	Yes
2.	<b>Federal Emergency Management Agency (FEMA)</b>		



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3.	<b>Wildfire Assistance Program Payment</b>	(8) Date of Repayment or Date Repayment is Due	
4.	<b>Whether Claimant Receives Certain Government Benefits</b>	(1) Assistance Dog Special Allowance Program (ADSA); (2) California Food Assistance Program (CFAP); (3) CalFresh; (4) CalWorks; (5) Cash Assistance Program for Immigrants (CAPI); (6) In Home Supportive Services (IHSS); (7) General Assistance (GA)/General Relief (GR); (8) Medicaid (Medi-Cal); (9) Section 8 Housing/Low Income Housing; (10) Social Security Income (SSI); (11) Social Security Disability Insurance (SSDI); or (12) Supplemental Nutritional Assistance Program (SNAP)	No
O. BANKRUPTCY			
1.	<b>Whether you have been a debtor in a bankruptcy proceeding that (a) commenced on or after the date of the Fire or (b) commenced before but remained open on the date of the Fire</b>	Yes / No	Yes