

TRANSPORTATION • COMMUNICATIONS INTERNATIONAL UNION
DISASTER RELIEF FUND QUESTIONNAIRE

Name: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Phone No. where you can be reached in case of questions: _____

Lodge #: _____ Card #: _____ System Board _____ Membership Date: _____

Carrier Employed By _____ Position Held _____

Do you own your home? _____ Do you rent? _____ (home, apartment, room)
(CIRCLE ONE)

Type of Disaster _____ Date of Disaster _____

Did State or Federal Government declare it a Disaster? _____

If your home was damaged, please give approximate estimate of the amount of the damage \$ _____.

Amount of insurance carried on your home? _____.

Do you have extended coverage or disaster insurance carried on your home? _____ If so, what is the amount? \$ _____

What is the estimated value of household goods and personal effects lost or damaged? \$ _____. What is the amount of insurance carried on household goods and personal effects lost or damaged? \$ _____.

Amount received from Insurance Coverage: \$ _____.

Have you received assistance from any other source? _____. If so, please list names and amounts: _____

Total loss sustained, less monies recovered by insurance or other means \$ _____.

Signature of Member _____

(Approval Signature - Authorized Representative)

PLEASE READ INSTRUCTIONS ON REVERSE SIDE