BUSINESS DIRECT LOSS OF PERSONAL PROPERTY (DLPP)

BUSINESS SUBSTITUTE PERSONAL PROPERTY (SPP)

BUSINESS HIGH BULK – LOW VALUE (HBLV)

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **NAME:** |       | **CODE:** |       | **PARCEL:** |       | **REVIEWER:** |       |
|  |  |  |  |  |
| Attached | Previously Submitted | Submit when available | Form # | Required Items |
|  |
| [ ]  | NA | NA | Voucher | Original **signed** claim voucher **+ 1 copy**  |
|  |  |  |  |  |
| [ ]  | [ ]  | NA | W-9 | Original **+ 1 copy** (if not previously submitted)  |
|  |  |  |  |  |
| [ ]  | NA | NA | #25 | **Top** portion completed with agent’s signature |
|  |  |  |  | **Middle** portion completed |
|  |  |  |  |  |
| [ ]  | [ ]  | NA | INV | Large or unique items should be noted in the caption. |
|  |  |  | **\*** | Photos must clearly identify the personal property being inventoried |
|  |  |  |  |  |
| [ ]  | [ ]  | NA | Move Bid | **LOW** professional mover’s bid  |
|  |  |  |  |  |
| [ ]  | [ ]  |  | #27 | Bid Specifications - must be **signed** by the bidder |
|  |  |  |  |  |
| [ ]  | [ ]  | NA | Move Bid | **HIGH** professional mover’s bid |
|  |  |  |  |  |
| [ ]  | [ ]  | NA | #27 | Bid Specifications - must be **signed** by the bidder |
|  |  |  |  |  |
| [ ]  | [ ]  | [ ]  | Receipt | Receipt from the sale of the replaced or abandoned business equipment (if applicable) |
|  |  |  |  |  |
| [ ]  | [ ]  | [ ]  | FMV | Proof of in-place FMV of business equipment replaced or abandoned |
|  |  |  |  |  |
| [ ]  | NA | NA | # 8 | **“PARC”** Agent’s Report detailing the claim  |
|  |  |  | **\*** | **Delivery Instructions** must be noted |
|  |  |  | **\*** | R8 does not need to be lengthy, but it must be specific and complete  |
|  |  |  | **\*** | R8 must be **signed** by both the agent and displacee |
|  |  |  | **🡺** | **Include appraised in-place FMV of business equipment** |
|  |  |  | **🡺** | **Include cost of substitute item (SPP Only)** |
|  |  |  | **🡺** | **Include proceeds from the sale or trade-in value of business eqp.** |

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| **COMPLIANCE CERTIFICATION** |
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| *I,* AGENT NAME & TITLE, AGENT COMPANY*, certify that this submittal is made in good faith; that the supporting data is accurate and complete to the best of my knowledge and that this submittal is in accordance with 49 CFR Part 24, PL 91-646 and IC 32-24 and that all applicable rules and regulations of the Federal Highway Administration have been complied with.* |
|  |  |
|  | (Signature) |
|  | Phone: AGENT PHONEEmail: AGENT EMAIL |

Reviewer Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_