CLAIM FOR BUSINESS LOSS

Business Name:_____ Address:_____

City:_____ State:_____ Zip:_____ Phone:_____-_____

Customer Account #:_____ Business Email:_____

Business Owner Name_____Owner Phone:_____ - _____

Date of Loss:_____ Time of Loss _____:_____ A.M. _____ P.M._____

If making a claim for business interruption:

1. Attach all applicable business records to support your claim such as: Profit & Loss Statements, Sales & Revenue Reports, Production Reports, Inventory Reports, Invoices, Purchase Orders, Payroll, etc. For physical damage, please provide purchase or repair receipts, cancelled checks, photographs, etc.

2. Please give a detailed description of your business loss:

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Signature of Owner/Claimant:_____Date:_____-_____-_____

By my signature, I attest that the information and documents provided to support this claim are true and accurate.

Printed Name of Owner/Claimant:_____

Your completed claim form accompanied by the necessary documents and information to support your claim is required in order to investigate and process your claim.