



BUSINESS INTERRUPTION CLAIM FORM

Business Name: _____ Business Phone: _____ - _____ - _____

Address: _____ City: _____ State: _____ Zip: _____

Business Owner (if applicable): _____ Phone: (____) _____ - _____

Business Organization: Corporation _____ Partnership _____ LLC _____ Individual / Sole Proprietorship _____

Claim Submitted by: _____ Title: _____ Phone: (____) _____ - _____

Normal Days of Operation: M _____ TU _____ W _____ TH _____ F _____ SA _____ SU _____

Normal Hours of Operation: (Open) _____ : _____ A.M. _____ P.M. _____ (Close) _____ : _____ A.M. _____ P.M. _____

Date of Business Interruption: _____ - _____ - _____ Time of Business Interruption: _____ : _____ A.M. _____ P.M. _____

Date Gas Service Restored: _____ - _____ - _____ Time Gas Service Restored: _____ : _____ A.M. _____ P.M. _____

Atmos Energy Customer Account Number (if applicable): _____

1. Examples of Supporting Documentation Required to Support Claim (Including Loss Period):

- a) Profit & Loss Statements – minimum two years
- b) Federal Tax Returns – minimum two years
- c) Bank Statements – minimum two years
- d) Payroll Records – minimum two years
- e) Tenant Lease Agreement(s) for affected tenants and monthly rent rolls (if applicable)
- f) Management Agreements (if applicable)
- g) Appointment Books (if applicable)
- h) Receipts for Extra Business Expenses
- i) Miscellaneous Photographs and Receipts, e.g., spoilage (if applicable)

2. Please give a detailed description of your claim (include additional pages if needed):

Claimant or Claimants acknowledge that a fully completed Atmos Energy claim form, accompanied by relevant supporting documentation, is required to investigate and process this claim. By signing this claim form, I / we attest that the information submitted herein is factual and accurate and that documents provided to support this claim are copies of authentic records for this business.

Signature of Claimant: _____ Date: _____ - _____ - _____

Signature of Claimant: _____ Date: _____ - _____ - _____

This Section Completed by Atmos Energy

Date Received by AEC Claims Team: _____ - _____ - _____ AEC Claim #: _____