Business Interruption Loss Assessment Form

Business Details

| Business Name |
|--|
| |
| Owner/Contact Person |
| |
| Address |
| |
| Phone |
| |
| Incident Details |
| Date of Incident |
| |
| Type of Incident |
| |
| Description of Incident |
| |
| |
| Loss Details |
| Period of Interruption Start |
| |
| Period of Interruption End |
| |
| Description of Impact to Business Operations |
| |
| |
| Financial Information |
| Estimated Gross Revenue Lost |
| |
| Estimated Ongoing Expenses |
| |
| Insurance Policy Number |
| |
| Other Relevant Financial Information |
| |
| Additional Comments |
| |
| |