

# Business Interruption Proof of Loss Form

## Policy Holder Information

Business Name

Policy Number

Business Address

Contact Person

Phone Number

Email

## Loss Details

Location of Loss (if different)

Date of Loss

Time of Loss

Cause of Loss

Description of Incident

## Financial Information

Period of Interruption (Start Date)

Period of Interruption (End Date)

Amount Claimed

Basis of Calculation / Supporting Documents

## Declaration

I/We declare that the information provided is true and correct to the best of my/our knowledge.

Signature

Date