

# Business Interruption Insurance Proof of Loss

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## Policyholder Information

Business Name

Policy Number

Contact Person

Contact Phone/Email

Business Address

## Loss Information

Date of Loss

Location of Loss

Description of Loss Event

Cause of Loss

Period of Interruption

## Calculation of Loss

Description	Amount
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Gross Earnings/Revenue Lost	<input type="text"/>
Less: Expenses Saved	<input type="text"/>
Additional Expenses Incurred	<input type="text"/>
<b>Total Claimed</b>	<input type="text"/>

## Supporting Documentation

List documents provided (e.g., financial statements, invoices):

## Additional Remarks

Authorized Signature

Date