

Business Interruption Insurance Claim Form

This **business interruption insurance claim form** is designed to help businesses document and submit claims efficiently after an unexpected event disrupts their operations. It captures essential details such as the nature of the interruption, financial losses incurred, and supporting evidence. Using this form ensures a streamlined process for timely compensation and business recovery.

1. Business Information

Business Name

Insurance Policy Number

Contact Name

Contact Phone

Contact Email

2. Incident Details

Date of Incident

Type of Incident

-- Select --

Description of the Incident

3. Business Interruption Details

Interruption Start Date

Interruption End Date (if known)

Impact on Business Operations

4. Financial Losses

Estimated Financial Loss (USD)

Explanation of Calculations

5. Supporting Documentation

Upload Supporting Documents

(financial statements, repair invoices, photos, etc.)

Choose File

No file selected

6. Declaration & Signature



I declare that the information provided above is accurate and complete to the best of my knowledge.

Signature

Date

Submit Claim