

Commercial Auto Insurance Claim for Loss of Income

[Your Name]

[Your Address]

[City, State, ZIP Code]

[Email Address]

[Phone Number]

[Date]

[Insurance Company Name]

[Insurance Company Address]

[City, State, ZIP Code]

Subject: Claim for Loss of Income Due to Accident - Policy Number: [Your Policy Number]

Dear [Claims Adjuster's Name],

I am writing to formally file a claim for loss of income on my commercial auto insurance policy as a result of an accident that occurred on [Date of Accident]. My vehicle, [Description of Vehicle], was involved in the incident, which led to significant damage and prevented me from conducting my business.

As a result of this accident, I was unable to operate my business for [Number of Days] days, resulting in a loss of income totaling [Total Amount of Income Lost]. I have attached all relevant documentation, including:

- Accident report
- Repair estimates
- Proof of income and business operations
- Any additional supporting documents

I kindly request your prompt attention to this matter and look forward to your response to begin the claims process. Please feel free to contact me if you need any further information or clarification.

Thank you for your assistance.

Sincerely,

[Your Name]

[Your Title/Position, if applicable]

[Business Name, if applicable]