## **Insurance Claim for Business Interruption**

Date: [Insert Date]

[Your Name] [Your Position] [Your Company Name] [Company Address] [City, State, Zip Code] [Email Address] [Phone Number]

[Insurance Company Name] [Insurance Company Address] [City, State, Zip Code]

Dear [Claims Adjuster's Name],

Subject: Claim for Business Interruption Due to Fire Damage - Policy Number: [Insert Policy Number]

I am writing to formally submit a claim for the business interruption we have experienced as a result of the fire that occurred on [Date of Fire] at our premises located at [Business Address]. The fire has caused significant damage to our operations, leading to a temporary closure.

Due to this unfortunate event, we are unable to conduct regular business activities, which has resulted in a substantial loss of revenue. Our estimated losses amount to [Insert Amount] for the period from [Start Date] to [End Date].

Enclosed are all pertinent documents supporting our claim, including:

- Copy of the fire department report
- Pictures of the damage
- Financial statements for the previous year
- Proof of lost revenue from [Insert Relevant Timeframe]
- Any other relevant documentation

We kindly request your assistance in processing this claim quickly, as it is essential for our business's recovery. Please let us know if you require any additional information or documentation.

Thank you for your prompt attention to this matter. We look forward to your swift response.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name] [Your Position] [Your Company Name]