



8. Please describe what happened and the interruption suffered by the business including exact location of construction works, distance from the business premises and impact on customers?

9. Please outline steps taken to reduce the impact of the interruption on the business?

10. Provide the following details about the business:

Number of years in operation

Are there multiple locations?      Yes                  No

If so, please specify

Staff numbers

Opening hours

Have any competitors within one mile opened or closed their business in the last 12 months?

Yes                          No

If so, please specify

11. Please outline what you believe to be the loss of profit to the business by completing the table below:

Shortfall in turnover		£
Loss of gross profit	A	£
Additional costs incurred as a result of interruption	B	£
Savings in costs or overheads made due to interruption	C	£
Claim for loss of profit	A+B-C	£

Please attach accounting documentation to support the above figures as follows:

- The documentation each business will need to provide will differ depending on the nature of the business. However, at a minimum, the following must be provided with each claim form.
- Financial Statements for the most recent financial year end that corresponds to the date of the interruption including the detailed profit and loss account and for two years preceding this set of financial accounts.
- Weekly sales for the 24 months prior to the loss up to the end of the period of interruption.
- Monthly management accounts for 24 months pre dating the interruption and post interruption up to the end of the period of interruption.
- VAT returns (if VAT registered) for the above period.
- A copy of all invoices for any additional costs incurred plus a description of the nature of the cost.
- A copy of all invoices for professional fees claimed including a breakdown of all time recorded by activity including narrations.
- Any reports from an accountant or a valuer that may have been relied upon in formulating the claim.
- Copies of the business insurance certificates and policies.
- Please note, other documents may be requested by an appointed third party on our behalf to enable assessment of the claim.

12. Does the business have Business Interruption / Loss of Profits / Consequential Loss insurance which may cover your losses?

Yes                      No

If so, please specify

Name of Insurer

Policy Number

Type of Insurance

