

# LOSS OF BUSINESS\*

Please note: The Loss of Business form is for use between business owners and productions and is designed to present a case for negotiation. It is not intended to be adjudicated by anyone other than the two parties. **Once completed, please send this form to the production directly.**

## CONTACT INFORMATION

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Film Production Company: \_\_\_\_\_ Office Phone: \_\_\_\_\_

Production Title: \_\_\_\_\_ Fax: \_\_\_\_\_

Location of Film Event: \_\_\_\_\_

Business Name: \_\_\_\_\_

Email: \_\_\_\_\_ Fax: \_\_\_\_\_

Business Address: \_\_\_\_\_ GST Number: \_\_\_\_\_

## CLAIM

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- |   |                |              |
|---|----------------|--------------|
| 1. Actual revenue for the day of filming                  |                | \$ _____ (a) |
| 2. Revenue from the same day one week prior to filming    | \$ _____       |              |
| 3. Revenue from the same day two weeks prior to filming   | \$ _____       |              |
| 4. Revenue from the same day three weeks prior to filming | \$ _____       |              |
| 5. Revenue from the same day four weeks prior to filming  | \$ _____       |              |
| 6. Add line 2 to 5  | \$ _____ ÷ 4 = | _____ (b)    |
| Estimated loss of revenue: line (b) minus line (a)        |                | \$ _____ (c) |
| Multiply line (c) by gross profit margin %                |                | \$ _____ (d) |
| Total claim for lost revenue - from line (d)              |                | \$ _____     |

## AUTHORIZATION

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I verify that all information contained in this claim for lost revenue is accurate, based on the accounting records kept for my business. I understand that this is only a claim, and does not guarantee payment. However, if this claim is found to be true and accurate, I may receive payment up to the Total Claim Amount.

\_\_\_\_\_  
SIGNATURE

This document must be stamped and signed by a certified Accountant. If you do not have an accountant, receipts must be provided to verify claimed amount.

Accountant Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_  
ACCOUNTANT SIGNATURE

\_\_\_\_\_  
ACCOUNTANT STAMP