

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

Film Production Company: _____ Office Phone: _____

Production Title: _____ Fax: _____

Location of Film Event: _____

Business Name: _____

Email: _____ Fax: _____

Business Address: _____ GST Number: _____

CLAIM

- | | | |
|---|----------------|--------------|
| 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

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