

[Company Name]  
[Claims Department Address]  
[City, State, Zip Code]  
[Phone Number]  
[Email Address]

[Date]

[Policyholder Name]  
[Business Name]  
[Mailing Address]  
[City, State, Zip Code]

**RE: Business Interruption Claim Assessment**

Claim Number: [Insert Claim Number]  
Policy Number: [Insert Policy Number]  
Date of Loss: [Insert Date]

Dear [Policyholder Name],

We have completed our assessment of your Business Interruption claim regarding the loss that occurred on [Date of Loss]. Our evaluation was based on the financial documentation provided, the terms of your insurance policy, and the verified period of restoration.

**Assessment Summary:**

- **Indemnity Period:** [Start Date] to [End Date]
- **Calculated Lost Net Income:** \$[Amount]
- **Continuing Normal Operating Expenses:** \$[Amount]
- **Total Calculated Loss:** \$[Amount]
- **Less Deductible/Waiting Period:** -[\$Amount]
- **Final Settlement Offer:** \$[Amount]

**Explanation of Findings:**

[Insert brief explanation of how the loss was calculated, referencing specific policy clauses or financial records used].

**Next Steps:**

If you accept this assessment, please sign the attached Release Form and return it to our office. Upon receipt, we will issue payment within [Number] business days. If you disagree with this assessment, you may submit additional documentation for review by [Deadline Date].

Should you have any questions regarding this assessment, please contact your claims adjuster, [Adjuster Name], at [Adjuster Phone Number].

Sincerely,

[Signature]

[Name of Adjuster/Representative]

[Title]

[Insurance Company Name]