

[Your Name/Company Name]

[Your Address]

[City, State, Zip Code]

[Phone Number]

[Email Address]

[Date]

[Adjuster Name]

[Insurance Company Name]

[Claims Department Address]

[City, State, Zip Code]

**RE: Letter of Instruction for Business Interruption Claim**

**Policy Number:** [Policy Number]

**Claim Number:** [Claim Number]

**Date of Loss:** [Date]

Dear [Adjuster Name],

This letter serves as formal instruction regarding the submission and processing of our business interruption claim resulting from [Briefly describe cause of loss, e.g., fire, flood, etc.] which occurred on [Date].

Please find the following instructions and initial documentation for this claim:

- **Loss Period:** We are claiming for the period of interruption beginning [Start Date] and ending [End Date/Expected End Date].
- **Primary Contact:** Please direct all correspondence, site visit requests, and queries to [Name] at [Phone/Email].
- **Documentation Provided:** Attached to this letter are the following records:
  - Profit and Loss statements for the last 24 months.
  - Monthly sales records and production reports.
  - Documentation of fixed costs and continuing expenses.
  - Details of extra expenses incurred to mitigate the loss.
- **Calculations:** We request that you review the provided financial data to calculate the loss of gross earnings and any applicable payroll coverage as defined in our policy.
- **Advanced Payment:** Due to the immediate impact on our cash flow, we request an initial advance payment of \$[Amount] while the full claim is being adjusted.

We expect this claim to be handled with urgency to ensure the continuity of our business operations. Please acknowledge receipt of this letter and provide a timeline for your site inspection and initial assessment.

Sincerely,

[Signature]

[Your Printed Name]

[Your Title]