

# Business Income Loss Information Gathering Worksheet

**Basic Information**

Name of Insured \_\_\_\_\_

Policy Number \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

\_\_\_\_\_

Fax \_\_\_\_\_

\_\_\_\_\_

E-mail \_\_\_\_\_

Contact Person \_\_\_\_\_

Date of Loss \_\_\_\_\_

Responsibilities \_\_\_\_\_

Does the company use an accountant

Other key people and responsibilities:

Who \_\_\_\_\_

\_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

City \_\_\_\_\_

\_\_\_\_\_

Phone number \_\_\_\_\_

Type of business (check one box)

Services performed (check the boxes)

- Corporation (1120 and 1120S)
- Partnership (1065)
- Proprietorship (1040 and Schedule C)
- Limited Liability Company (1065)

- Tax return
- Monthly financial statements
- Quarterly financial statements
- Annual financial statements
- Other, describe \_\_\_\_\_

Briefly describe what the company does, what happened to cause the loss, how the loss has affected the business and what the expected suspension period may be and if it is a total suspension:

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