

RESTAURANT LOSS DOCUMENTATION LETTER

Enhanced Version for Spoilage & Business Interruption Claims

Document Category: Business/Commercial Claims

Document Number: 20 of 33

Priority Level: URGENT - PERISHABLE LOSS

RESTAURANT BUSINESS INFORMATION

[Restaurant Legal Name]

DBA: [Restaurant Trade Name]

[Business Address]

[City, State ZIP]

Phone: [Number]

24-Hour Emergency: [Number]

Email: [Email Address]

Website: [URL]

Federal Tax ID: [EIN]

State Sales Tax ID: [Number]

Liquor License #: [Number]

Health Permit #: [Number]

[Date]

RECIPIENT INFORMATION

SENT VIA: Email (Immediate), Certified Mail, Hand Delivery

[Insurance Carrier Name]

Commercial Claims Department

Restaurant/Hospitality Division

Attn: [Adjuster Name], [Title]

[Address]

[City, State ZIP]

CC: Spoilage Claims Specialist

CC: Business Interruption Unit

CLAIM IDENTIFICATION

Re: Restaurant Loss Claim - Food Spoilage, Business Interruption & Extra Expenses

Policy Number: [Policy #]

Claim Number: [Claim #]

Date of Loss: [Date and Time]

Type of Loss: [Power Outage/Equipment Failure/Contamination/Natural Disaster]

Duration of Event: [Hours/Days]

Restaurant Type: [Full Service/Fast Casual/Fine Dining/etc.]

Seating Capacity: [#]

Normal Operating Hours: [Hours]

Temperature Log Attached: ☒ Yes

EXECUTIVE SUMMARY

Dear Claims Representative:

This letter comprehensively documents our restaurant's losses including food spoilage, beverage loss, business interruption, and extra expenses resulting from [describe event] on [date] at [time]. Total documented losses exceed **\$[amount]**.

CRITICAL TIMING: Health Department requires action within [hours]. Perishable evidence must be documented immediately.

SECTION 1: FOOD SPOILAGE LOSSES

COMPREHENSIVE INVENTORY LOSS BY STORAGE AREA

A. WALK-IN COOLER #1 (Meats/Poultry/Seafood)

Temperature at Discovery: [°F] (Required: 33-40°F)

Hours Above Safe Temperature: [#] hours

Volume: [Cubic feet]

Product Category	Item Description	Quantity	Unit	Cost/Unit	Total Cost	Supplier	Invoice #
BEEF							
Prime Rib	Choice grade	[#]	lbs	[\$[amount]]	[\$[amount]]	[Supplier]	[#]
Ribeye Steaks	14 oz portions	[#]	each	[\$[amount]]	[\$[amount]]	[Supplier]	[#]
Ground Beef	80/20 blend	[#]	lbs	[\$[amount]]	[\$[amount]]	[Supplier]	[#]
Filet Mignon	8 oz portions	[#]	each	[\$[amount]]	[\$[amount]]	[Supplier]	[#]
Subtotal Beef					[\$[amount]]		
POULTRY							
Chicken Breast	6 oz portions	[#]	each	[\$[amount]]	[\$[amount]]	[Supplier]	[#]
Whole Chickens	Organic	[#]	each	[\$[amount]]	[\$[amount]]	[Supplier]	[#]
Duck	Whole	[#]	each	[\$[amount]]	[\$[amount]]	[Supplier]	[#]
Turkey	Sliced deli	[#]	lbs	[\$[amount]]	[\$[amount]]	[Supplier]	[#]
Subtotal Poultry					[\$[amount]]		
SEAFOOD							
Salmon	Atlantic, fresh	[#]	lbs	[\$[amount]]	[\$[amount]]	[Supplier]	[#]
Shrimp	16-20 count	[#]	lbs	[\$[amount]]	[\$[amount]]	[Supplier]	[#]
Lobster Tails	8 oz	[#]	each	[\$[amount]]	[\$[amount]]	[Supplier]	[#]
Scallops	Diver, U-10	[#]	lbs	[\$[amount]]	[\$[amount]]	[Supplier]	[#]
Oysters	Fresh, dozen	[#]	doz	[\$[amount]]	[\$[amount]]	[Supplier]	[#]
Subtotal Seafood					[\$[amount]]		
PROCESSED MEATS							
Bacon	Thick cut	[#]	lbs	[\$[amount]]	[\$[amount]]	[Supplier]	[#]
Sausage	House-made	[#]	lbs	[\$[amount]]	[\$[amount]]	[Supplier]	[#]
Charcuterie	Assorted	[#]	lbs	[\$[amount]]	[\$[amount]]	[Supplier]	[#]
Subtotal Processed					[\$[amount]]		
COOLER #1 TOTAL					[\$[amount]]		

B. WALK-IN COOLER #2 (Produce/Dairy)

Temperature at Discovery: [°F] (Required: 33-40°F)

Hours Above Safe Temperature: [#] hours

Product Category	Item Description	Quantity	Unit	Cost/Unit	Total Cost	Supplier	Invoice #
FRESH PRODUCE							
Lettuce	Romaine	[#]	cases	\${amount}	\${amount}	[Supplier]	[#]
Tomatoes	Vine ripe	[#]	cases	\${amount}	\${amount}	[Supplier]	[#]
Herbs	Fresh assorted	[#]	units	\${amount}	\${amount}	[Supplier]	[#]
Vegetables	Mixed	[#]	lbs	\${amount}	\${amount}	[Supplier]	[#]
Fruits	Assorted	[#]	cases	\${amount}	\${amount}	[Supplier]	[#]
Subtotal Produce					\${amount}		
DAIRY PRODUCTS							
Milk	Whole, 2%, Skim	[#]	gal	\${amount}	\${amount}	[Supplier]	[#]
Cream	Heavy	[#]	qts	\${amount}	\${amount}	[Supplier]	[#]
Butter	Unsalted	[#]	lbs	\${amount}	\${amount}	[Supplier]	[#]
Cheese	Assorted	[#]	lbs	\${amount}	\${amount}	[Supplier]	[#]
Yogurt	Greek	[#]	cases	\${amount}	\${amount}	[Supplier]	[#]
Subtotal Dairy					\${amount}		
EGGS							
Eggs	Large	[#]	cases	\${amount}	\${amount}	[Supplier]	[#]
Egg Whites	Liquid	[#]	gal	\${amount}	\${amount}	[Supplier]	[#]
Subtotal Eggs					\${amount}		
BEVERAGES							
Juices	Fresh	[#]	gal	\${amount}	\${amount}	[Supplier]	[#]
Sodas	Bottled	[#]	cases	\${amount}	\${amount}	[Supplier]	[#]
Subtotal Beverages					\${amount}		
COOLER #2 TOTAL					\${amount}		

C. FREEZER UNITS

Temperature at Discovery: [°F] (Required: 0°F or below)

Hours Above Safe Temperature: [#] hours

Product Category	Item Description	Quantity	Unit	Cost/Unit	Total Cost	Status
FROZEN PROTEINS						
Frozen Shrimp	Various sizes	[#]	lbs	[\$[amount]]	[\$[amount]]	Total loss
Frozen Fish	Portions	[#]	lbs	[\$[amount]]	[\$[amount]]	Total loss
Frozen Chicken	Wings/tenders	[#]	lbs	[\$[amount]]	[\$[amount]]	Total loss
FROZEN DESSERTS						
Ice Cream	Premium, [flavors]	[#]	gal	[\$[amount]]	[\$[amount]]	Melted
Frozen Cakes	Specialty	[#]	each	[\$[amount]]	[\$[amount]]	Thawed
Sorbets	Assorted	[#]	qts	[\$[amount]]	[\$[amount]]	Melted
FROZEN PREPARATIONS						
Stocks	House-made	[#]	gal	[\$[amount]]	[\$[amount]]	Total loss
Sauces	Pre-made	[#]	qts	[\$[amount]]	[\$[amount]]	Total loss
Bread/Dough	Par-baked	[#]	units	[\$[amount]]	[\$[amount]]	Total loss
FREEZER TOTAL					[\$[amount]]	

D. PREP STATION REFRIGERATION

Multiple Units Affected: [#] units

Station	Items Lost	Quantity	Cost/Unit	Total	Time to Replace
Line Station 1					
Prepped proteins	Various	[#] lbs	[\$amount]	[\$amount]	[hours]
Cut vegetables	Mise en place	[#] pans	[\$amount]	[\$amount]	[hours]
Line Station 2					
Sauces	House-made	[#] qts	[\$amount]	[\$amount]	[hours]
Marinades	Specialty	[#] gal	[\$amount]	[\$amount]	[hours]
Salad Station					
Dressed greens	Ready	[#] portions	[\$amount]	[\$amount]	[hours]
Toppings	Prepped	[#] containers	[\$amount]	[\$amount]	[hours]
Dressings	House-made	[#] qts	[\$amount]	[\$amount]	[hours]
Dessert Station					
Pastry cream	Fresh	[#] qts	[\$amount]	[\$amount]	[hours]
Whipped cream	Made daily	[#] qts	[\$amount]	[\$amount]	[hours]
Fresh fruit	Cut	[#] containers	[\$amount]	[\$amount]	[hours]
PREP STATIONS TOTAL				[\$amount]	[hours] labor

E. BAR SPOILAGE

Bar Refrigeration Failed: ☒ Yes

Category	Item	Quantity	Unit Cost	Total Loss	Notes
Draft Beer					
Kegs - Domestic	[Brands]	[#] kegs	\${amount}	\${amount}	Warm/flat
Kegs - Import	[Brands]	[#] kegs	\${amount}	\${amount}	Spoiled
Kegs - Craft	[Brands]	[#] kegs	\${amount}	\${amount}	Off taste
Mix Degradation					
Fresh juices	Citrus/fruit	[#] gal	\${amount}	\${amount}	Fermented
Cream mixers	Various	[#] bottles	\${amount}	\${amount}	Separated
Simple syrups	House-made	[#] bottles	\${amount}	\${amount}	Cloudy
Garnish Loss					
Cut fruit	Citrus wheels	[#] containers	\${amount}	\${amount}	Dried out
Fresh herbs	Mint, basil	[#] bunches	\${amount}	\${amount}	Wilted
Specialty items	Olives, cherries	[#] jars	\${amount}	\${amount}	Spoiled
BAR TOTAL				\${amount}	

TOTAL SPOILAGE LOSS SUMMARY

Area	Amount	Disposal Cost	Total
Walk-in Cooler #1	\${amount}	\${amount}	\${amount}
Walk-in Cooler #2	\${amount}	\${amount}	\${amount}
Freezer Units	\${amount}	\${amount}	\${amount}
Prep Stations	\${amount}	\${amount}	\${amount}
Bar Spoilage	\${amount}	\${amount}	\${amount}
GRAND TOTAL SPOILAGE	\${amount}	\${amount}	\${amount}

INVENTORY VALUATION METHODOLOGY

Valuation Basis:

- ☒ **Cost Method** - Actual purchase price paid
- ☐ **Retail Method** - Menu selling price
- ☐ **FIFO** - First in, first out
- ☐ **Average Cost** - Weighted average

Documentation Supporting Values:

- ☒ Purchase invoices (30 days)
 - ☒ Delivery receipts
 - ☒ Inventory management system reports
 - ☒ Most recent physical count: [Date]
 - ☒ Perpetual inventory records
 - ☒ Cost cards for prepared items
-

SECTION 2: HEALTH DEPARTMENT INVOLVEMENT

OFFICIAL HEALTH DEPARTMENT ACTIONS

Inspection Details:

Date/Time	Inspector	Badge #	Action Taken	Documentation
[Date/Time]	[Name]	[#]	Initial inspection	Report attached
[Date/Time]	[Name]	[#]	Condemned product	Photos taken
[Date/Time]	[Name]	[#]	Closure order	Order attached
[Date/Time]	[Name]	[#]	Disposal supervised	Certificate attached

Health Department Orders:

1. Immediate Actions Required:

- ☒ Destroy all potentially hazardous foods
- ☒ Document disposal with photos
- ☒ Obtain disposal certificates
- ☒ Clean and sanitize all equipment
- ☒ Pass reinspection before reopening

2. Compliance Costs:

- Professional disposal service: \$[amount]
 - Deep cleaning service: \$[amount]
 - Sanitization supplies: \$[amount]
 - Reinspection fees: \$[amount]
 - **Total Compliance:** \$[amount]
-

SECTION 3: BUSINESS INTERRUPTION LOSSES

CLOSURE PERIOD ANALYSIS

Operational Status Timeline:

Period	Dates	Status	Revenue Impact	Daily Loss
Pre-Loss	[Date range]	100% operational	Baseline	\$0
Day 1-3	[Dates]	Fully closed	100% loss	\${amount}
Day 4-7	[Dates]	Partial (takeout only)	75% loss	\${amount}
Week 2	[Dates]	Limited menu	50% loss	\${amount}
Week 3	[Dates]	Rebuilding	25% loss	\${amount}
Week 4+	[Dates]	Full restoration	10% loss	\${amount}

LOST BUSINESS INCOME CALCULATION

Historical Sales Analysis (Prior 3 Years Same Period):

Year	Period	Days	Gross Sales	Daily Average	Growth Rate
[Year-3]	[Dates]	[#]	\${amount}	\${amount}	Baseline
[Year-2]	[Dates]	[#]	\${amount}	\${amount}	[%]
[Year-1]	[Dates]	[#]	\${amount}	\${amount}	[%]
Current (Projected)	[Dates]	[#]	\${amount}	\${amount}	[%]

Projected vs. Actual Sales:

Week	Projected Sales	Actual Sales	Loss Amount	Loss %
Week 1	\${amount}	\${0}	\${amount}	100%
Week 2	\${amount}	\${amount}	\${amount}	[%]
Week 3	\${amount}	\${amount}	\${amount}	[%]
Week 4	\${amount}	\${amount}	\${amount}	[%]
Total	\${amount}	\${amount}	\${amount}	[%]

CONTINUING EXPENSES DURING CLOSURE

Fixed Costs That Continue:

Expense Category	Normal Monthly	During Loss	Days	Total
Payroll - Key Staff				
Management	[\$amount]	[\$amount]	[#]	[\$amount]
Kitchen supervisor	[\$amount]	[\$amount]	[#]	[\$amount]
Essential staff	[\$amount]	[\$amount]	[#]	[\$amount]
Occupancy Costs				
Rent/Lease	[\$amount]	[\$amount]	[#]	[\$amount]
Property taxes	[\$amount]	[\$amount]	[#]	[\$amount]
Insurance	[\$amount]	[\$amount]	[#]	[\$amount]
Utilities (Minimum)				
Electric	[\$amount]	[\$amount]	[#]	[\$amount]
Gas	[\$amount]	[\$amount]	[#]	[\$amount]
Water/Sewer	[\$amount]	[\$amount]	[#]	[\$amount]
Other Fixed				
Equipment leases	[\$amount]	[\$amount]	[#]	[\$amount]
POS system	[\$amount]	[\$amount]	[#]	[\$amount]
Music licensing	[\$amount]	[\$amount]	[#]	[\$amount]
Loan payments	[\$amount]	[\$amount]	[#]	[\$amount]
TOTAL CONTINUING	[\$amount]	[\$amount]		[\$amount]

EXTRA EXPENSES INCURRED

Emergency and Mitigation Costs:

Expense Type	Description	Vendor	Amount	Receipt #
Emergency Response				
Refrigeration trucks	2 units × 7 days	[Company]	[\$amount]	[#]
Generator rental	Emergency power	[Company]	[\$amount]	[#]
Expedited delivery	Replacement food	Multiple	[\$amount]	Various
Overtime labor	Emergency response	Staff	[\$amount]	Payroll
Customer Communication				
Notification calls	Staff time	Internal	[\$amount]	Time log
Social media management	Updates	[Agency]	[\$amount]	[#]
Signage	Closure notices	[Company]	[\$amount]	[#]
Expedited Reopening				
Rush delivery fees	Food/supplies	Various	[\$amount]	Multiple
Premium pricing	Short notice orders	Various	[\$amount]	Multiple
Extra staff	Catch-up prep	Payroll	[\$amount]	Records
TOTAL EXTRA EXPENSE			[\$amount]	

SPECIAL EVENT LOSSES

Cancelled Reservations and Events:

Date	Event Type	Party Size	Deposit	Lost Revenue	Reputation Impact
[Date]	Wedding reception	[#]	[\$amount]	[\$amount]	High
[Date]	Corporate event	[#]	[\$amount]	[\$amount]	Medium
[Date]	Holiday parties	[#]	[\$amount]	[\$amount]	High
[Date]	Regular reservations	[#]	\$0	[\$amount]	Low
Total		[#]	[\$amount]	[\$amount]	

Catering Losses:

- Confirmed orders cancelled: [#]
- Total catering value lost: \$[amount]
- Deposits returned: \$[amount]
- Future bookings impacted: [#]

SECTION 4: EQUIPMENT DAMAGE

KITCHEN EQUIPMENT AFFECTED

Equipment	Make/Model	Age	Repair Cost	Replace Cost	Decision
Walk-in cooler compressor	[Model]	[yrs]	[\$amount]	[\$amount]	[Repair/Replace]
Freezer unit	[Model]	[yrs]	[\$amount]	[\$amount]	[Repair/Replace]
Prep table refrigeration	[Model]	[yrs]	[\$amount]	[\$amount]	[Repair/Replace]
Ice machine	[Model]	[yrs]	[\$amount]	[\$amount]	[Repair/Replace]
Total Equipment			[\$amount]	[\$amount]	

REQUIRED UPGRADES

Code Compliance Updates:

Requirement	Trigger	Old Standard	New Standard	Cost
Energy efficiency	Equipment replacement	[SEER rating]	[New SEER]	[\$amount]
Health code	Reopening	[Standard]	[New standard]	[\$amount]
ADA compliance	Renovation trigger	[Specification]	[New spec]	[\$amount]
Total Upgrades				[\$amount]

SECTION 5: CONTAMINATION AND CLEANING

PROFESSIONAL CLEANING COSTS

Service	Area	Method	Company	Cost
Deep cleaning	Kitchen	Steam/sanitize	[Company]	[\$amount]
Surface treatment	All surfaces	FDA approved	[Company]	[\$amount]
Air quality	HVAC system	Duct cleaning	[Company]	[\$amount]
Grease trap	Drainage	Pump and clean	[Company]	[\$amount]
Certification	Health inspection	Required	Health Dept	[\$amount]
Total Cleaning				[\$amount]

SECTION 6: BRAND AND REPUTATION MANAGEMENT

REPUTATION RECOVERY COSTS

Initiative	Purpose	Provider	Timeline	Cost
PR campaign	Announce reopening	[Agency]	[Weeks]	\${amount}
Social media	Rebuild confidence	[Agency]	Ongoing	\${amount}
Customer incentives	Win back guests	Internal	[Months]	\${amount}
Review management	Address negativity	[Service]	[Months]	\${amount}
Special events	Grand reopening	Multiple	[Date]	\${amount}
Total Brand Recovery				\${amount}

SECTION 7: LIQUOR LICENSE AND COMPLIANCE

LIQUOR LICENSE CONTINUITY

Requirement	Deadline	Risk if Missed	Action Taken	Cost
Maintain active status	[Date]	License suspension	Fees paid	\${amount}
Report closure	[Hours]	Violation	Reported	\$0
Inventory documentation	[Date]	Audit issues	Documented	\${amount}
Legal compliance	Ongoing	Fines	Attorney consulted	\${amount}

SECTION 8: EMPLOYEE-RELATED COSTS

WORKFORCE IMPACT

Category	Normal Staff	During Loss	Impact	Cost
Unemployment				
Claims filed	0	[#]	Rate increase	\${amount}
Retention				
Key staff bonuses	\$0	[#] × \${amount}	Retention	\${amount}
Replacement				
Recruiting costs	Normal	Accelerated	[#] positions	\${amount}
Training costs	Normal	Compressed	[#] staff	\${amount}
Total Employee Costs				\${amount}

SECTION 9: VENDOR AND SUPPLIER IMPACTS

VENDOR PENALTIES AND RELATIONSHIPS

Vendor	Minimum Order	Actual Order	Penalty	Relationship Impact
[Food supplier]	[\$amount]/week	\$0	[\$amount]	Account at risk
[Beverage supplier]	[\$amount]/month	\$0	[\$amount]	Lost discounts
[Linen service]	Weekly service	Suspended	[\$amount]	Contract violation
Total Penalties			[\$amount]	

SECTION 10: DOCUMENTATION PROVIDED

COMPREHENSIVE SUPPORTING DOCUMENTATION

Inventory and Spoilage:

- ☒ Complete inventory lists with values
- ☒ Purchase invoices (60 days)
- ☒ Temperature logs showing failure
- ☒ Photos of spoiled product
- ☒ Health department reports
- ☒ Disposal receipts and certificates
- ☒ Vendor statements

Business Interruption:

- ☒ Sales records (3 years)
- ☒ Daily sales reports
- ☒ P&L statements (3 years)
- ☒ Tax returns (2 years)
- ☒ Bank deposits
- ☒ POS system reports
- ☒ Reservation logs

Equipment and Repairs:

- ☒ Equipment service records
- ☒ Repair estimates
- ☒ Replacement quotes
- ☒ Maintenance contracts

Compliance and Regulatory:

- ☒ Health permits
- ☒ Liquor license
- ☒ Business licenses
- ☒ Insurance certificates

SECTION 11: COVERAGE ANALYSIS

APPLICABLE POLICY COVERAGES

Coverage Type	Limit	Deductible	Waiting Period	Applies
Food Spoilage	[\$[limit]]	[\$[amount]]	None	✓
Business Interruption	[\$[limit]]	[\$[amount]]	[hours]	✓
Extra Expense	[\$[limit]]	[\$[amount]]	None	✓
Food Contamination	[\$[limit]]	[\$[amount]]	None	[✓/X]
Equipment Breakdown	[\$[limit]]	[\$[amount]]	None	[✓/X]
Civil Authority	[days]	N/A	[hours]	[✓/X]

SECTION 12: ADVANCE PAYMENT REQUEST

IMMEDIATE FUNDING NEEDS

Purpose	Amount	Payee	Due Date	Consequence if Delayed
Food replacement	[\$[amount]]	Suppliers	Immediate	Cannot reopen
Payroll	[\$[amount]]	Employees	[Date]	Staff loss
Rent	[\$[amount]]	Landlord	[Date]	Eviction notice
Utilities	[\$[amount]]	Utilities	[Date]	Service cutoff
Total Advance Needed	[\$[amount]]		ASAP	

SECTION 13: RESTORATION TIMELINE

PROJECTED REOPENING SCHEDULE

Milestone	Start Date	End Date	Duration	Dependencies
Clean and sanitize	[Date]	[Date]	[Days]	Crew availability
Equipment repair/replace	[Date]	[Date]	[Days]	Parts delivery
Health inspection	[Date]	[Date]	[Days]	Inspector availability
Restock inventory	[Date]	[Date]	[Days]	Supplier schedules
Staff recall/training	[Date]	[Date]	[Days]	Staff availability
Soft opening	[Date]	[Date]	[Days]	All above complete
Full operation	[Date]	Ongoing	N/A	Market response

SECTION 14: EXPERT INVOLVEMENT

PROFESSIONAL CONSULTANTS ENGAGED

Expert Type	Name	Credentials	Purpose	Report Status
Restaurant consultant	[Name]	[Certification]	Loss calculation	Complete
CPA	[Firm]	[CPA license]	Financial analysis	In progress
Food safety expert	[Name]	[Credentials]	Contamination assessment	Complete
Equipment specialist	[Name]	[Certification]	Equipment evaluation	Complete

SECTION 15: FRANCHISE CONSIDERATIONS

FRANCHISE REQUIREMENTS (If Applicable)

Requirement	Standard	Current Status	Risk	Mitigation Cost
Minimum days open	[#]/year	Below standard	Franchise violation	[\$amount]
Sales quotas	[\$amount]/month	Not met	Territory risk	Lost sales
Brand standards	100% compliance	Repairs needed	Franchise action	[\$amount]
Marketing contribution	[%] of sales	Continuing	No relief	[\$amount]

SECTION 16: SEASONAL AND MARKET IMPACTS

TIMING CONSIDERATIONS

Seasonal Impact Analysis:

Factor	Normal Period	Loss Period	Impact	Revenue Effect
Season	[High/Low]	[Season]	[%] of annual sales	\$(amount)
Local events	[Events]	Missed	Tourist traffic	\$(amount)
Holidays	[Holidays]	Affected	Premium pricing lost	\$(amount)
Competition	[#] competitors	Gained advantage	Market share loss	Permanent

SECTION 17: REQUEST FOR MEETING

CLAIM REVIEW MEETING

Given the complexity and urgency of this claim, we request:

Meeting Type: ☐ In-person ☐ Video conference

Proposed Date/Time: [Options]

Participants Needed:

- Restaurant owner/manager
- Insurance adjuster
- Spoilage specialist
- BI specialist
- Restaurant consultant

Agenda:

1. Walk-through of damaged areas
2. Review temperature logs
3. Examine inventory documentation
4. Discuss BI calculation
5. Establish payment timeline
6. Coordinate restoration

CONCLUSION

This restaurant loss involves multiple coverage areas requiring immediate coordinated adjustment:

1. **Food spoilage loss** is documented at \$[amount] and requires immediate payment to restock
2. **Business interruption** continues at \$[amount] per day until full restoration
3. **Extra expenses** of \$[amount] are necessary to expedite reopening
4. **Equipment damage** of \$[amount] must be addressed immediately
5. **Brand damage** requires \$[amount] investment to recover market position

The total claim of **\$[amount]** is fully documented and supported. Every day of delay costs us \$[amount] in lost revenue and risks permanent customer loss to competitors.

Please process advance payments immediately to facilitate rapid reopening and minimize ongoing losses.

Time is absolutely critical in the restaurant industry where customer loyalty and market share can be permanently lost.

Respectfully submitted,

[Signature]

[Name]

[Title]

[Restaurant Name]

[Date]

COMPLETE ATTACHMENT LIST

Documentation Package Includes:

1. ☒ **Complete spoilage inventory with invoices**
2. ☒ **Temperature logs from monitoring system**
3. ☒ **Photos of spoiled products**
4. ☒ **Health department reports and orders**
5. ☒ **Sales records and reports (3 years)**
6. ☒ **P&L statements and tax returns**
7. ☒ **Equipment service records and estimates**

8. ☒ **Employee records and costs**
 9. ☒ **Vendor agreements and penalties**
 10. ☒ **Expert reports and opinions**
 11. ☒ **Disposal receipts and certificates**
 12. ☒ **Event cancellation documentation**
 13. ☒ **Cleaning and sanitization quotes**
 14. ☒ **Marketing and PR proposals**
 15. ☒ **Franchise correspondence (if applicable)**
-

DISTRIBUTION

cc: [Accountant/CPA]

cc: [Restaurant Consultant]

cc: [Public Adjuster]

cc: [Attorney]

cc: [Franchise Office] (if applicable)

cc: Health Department (notification only)

cc: File

URGENT - PERISHABLE EVIDENCE - IMMEDIATE RESPONSE REQUIRED

HEALTH DEPARTMENT DEADLINE: [DATE/TIME]

Note: This template is provided for informational purposes only and does not constitute legal advice. Users should customize all fields in brackets [] with their specific information and consult with appropriate professionals when dealing with insurance claims.