

# COMMERCIAL TENANT DAMAGE CLAIM LETTER

## Enhanced Version with Comprehensive Detail

**Document Category:** Business/Commercial Claims

**Document Number:** 19 of 33

**Priority Level:** HIGH - BUSINESS PROPERTY

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### COMPANY INFORMATION

**[Company Legal Name]**

**DBA:** [Trade Name]

**[Business Address]**

**[City, State ZIP]**

**Phone:** [Number]

**Fax:** [Number]

**Email:** [Email Address]

**Federal Tax ID:** [EIN]

**State Business License:** [Number]

**[Date]**

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### RECIPIENT INFORMATION

**SENT VIA:** Certified Mail #[Number], Email, Commercial Courier

**[Insurance Carrier Name]**

**Commercial Claims Department**

**Property Damage Division**

**Attn:** [Adjuster Name], [Title]

**[Address]**

**[City, State ZIP]**

**CC: Commercial Property Specialist**

**CC: Large Loss Unit (if over \$100,000)**

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### CLAIM IDENTIFICATION

**Re: Commercial Tenant Improvement, Betterment, and Business Personal Property Claim**

**Policy Number:** [Policy #]  
**Claim Number:** [Claim #]  
**Date of Loss:** [Date and Time]  
**Cause of Loss:** [Peril]  
**Insured Location:** [Suite/Unit Address]  
**Building Owner:** [Landlord Name]  
**Lease Term:** [Start] through [End]  
**Total Claim Amount:** \$[Amount]

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**EXECUTIVE SUMMARY**

Dear Commercial Claims Representative:

This letter provides comprehensive documentation of our commercial property claim for extensive damage to tenant improvements, betterments, trade fixtures, and business personal property at our leased premises. As the tenant, we have significant insurable interest in these damaged items totaling **\$[amount]**.

**CRITICAL:** Business cannot resume operations without these improvements and property restored.

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**INSURED INTEREST DOCUMENTATION**

**Lease-Based Ownership Rights:**

**Lease Terms Establishing Insurable Interest:**

Lease Section	Provision	Our Rights	Documentation
§[#] Improvements	Tenant owns improvements	Full ownership	Page [#] attached
§[#] Restoration	Tenant must restore	Obligation to repair	Page [#] attached
§[#] Surrender	Remove or abandon	Option at lease end	Page [#] attached
§[#] Insurance	Tenant insures improvements	Required coverage	Page [#] attached
§[#] Trade Fixtures	Tenant property	Remain tenant's	Page [#] attached

**Key Lease Provisions:**

"All improvements, alterations, and trade fixtures installed by Tenant shall remain the property of Tenant during the lease term..."

"Tenant shall insure all Tenant improvements at replacement cost..."

"Upon casualty, Tenant shall restore all Tenant improvements..."

COMPREHENSIVE DAMAGE INVENTORY

1. TENANT IMPROVEMENTS/BUILD-OUT

Original Build-Out Investment: \$[Total Amount]

Date Completed: [Date]

Depreciation Taken: \$[Amount]

Current Book Value: \$[Amount]

Replacement Cost: \$[Amount]

A. Structural Improvements - \$[Amount] RCV

Component	Description	Original Cost	Age	RCV	Damage %	Claim Amount
Interior Walls	[Type, linear ft]	\$(amount)	[years]	\$(amount)	[%]	\$(amount)
Partitions	Glass/drywall	\$(amount)	[years]	\$(amount)	[%]	\$(amount)
Ceiling Grid	Suspended, [sq ft]	\$(amount)	[years]	\$(amount)	[%]	\$(amount)
Acoustic Tiles	[Type, sq ft]	\$(amount)	[years]	\$(amount)	[%]	\$(amount)
Interior Doors	[#] doors, [type]	\$(amount)	[years]	\$(amount)	[%]	\$(amount)
Storefront	Custom glass	\$(amount)	[years]	\$(amount)	[%]	\$(amount)
Subtotal						\$(amount)

B. Flooring Systems - \$[Amount] RCV

Type	Area (sq ft)	Material	Original Cost	RCV	Damage	Claim
Showroom	[sq ft]	[Hardwood/Tile]	\$(amount)	\$(amount)	[%]	\$(amount)
Office	[sq ft]	[Carpet/LVT]	\$(amount)	\$(amount)	[%]	\$(amount)
Warehouse	[sq ft]	[Epoxy/Concrete]	\$(amount)	\$(amount)	[%]	\$(amount)
Restrooms	[sq ft]	[Tile]	\$(amount)	\$(amount)	[%]	\$(amount)
Total	[sq ft]					\$(amount)

C. Lighting Systems - \$[Amount] RCV

System	Fixtures	Type	Controls	Original	RCV	Claim
Showroom	[#]	LED track	Dimmer	[\$amount]	[\$amount]	[\$amount]
Office	[#]	Recessed LED	Occupancy	[\$amount]	[\$amount]	[\$amount]
Warehouse	[#]	High bay	Timer	[\$amount]	[\$amount]	[\$amount]
Emergency	[#]	Exit/Battery	Code required	[\$amount]	[\$amount]	[\$amount]
Exterior	[#]	Security	Photocell	[\$amount]	[\$amount]	[\$amount]
Total	[#]					[\$amount]

D. HVAC Modifications - \$[Amount] RCV

Component	Description	Capacity	Original	RCV	Status	Claim
Split Systems	[#] units	[tons]	[\$amount]	[\$amount]	Destroyed	[\$amount]
Ductwork	Custom routing	[CFM]	[\$amount]	[\$amount]	Replace	[\$amount]
Controls	Programmable	Zones:[#]	[\$amount]	[\$amount]	Damaged	[\$amount]
Exhaust Fans	[#] units	[CFM]	[\$amount]	[\$amount]	Replace	[\$amount]
Total						[\$amount]

E. Electrical Upgrades - \$[Amount] RCV

System	Description	Specs	Original	RCV	Damage	Claim
Panel Upgrades	[Amps] service	[#] circuits	[\$amount]	[\$amount]	[%]	[\$amount]
Dedicated Circuits	Equipment	[#] @ [amps]	[\$amount]	[\$amount]	[%]	[\$amount]
Data Cabling	CAT6, [drops]	Certified	[\$amount]	[\$amount]	[%]	[\$amount]
Backup Power	UPS/Generator	[KW]	[\$amount]	[\$amount]	[%]	[\$amount]
Total						[\$amount]

F. Plumbing Additions - \$[Amount] RCV

Addition	Description	Fixtures	Original	RCV	Status	Claim
Restrooms	ADA compliant	[#]	[\$amount]	[\$amount]	Damaged	[\$amount]
Break Room	Sink, dishwasher	[#]	[\$amount]	[\$amount]	Destroyed	[\$amount]
Water Heater	[Gallons], [type]	1	[\$amount]	[\$amount]	Replace	[\$amount]
Grease Trap	Commercial	[GPM]	[\$amount]	[\$amount]	Damaged	[\$amount]
Total						[\$amount]

2. TRADE FIXTURES - \$[Amount] Total RCV

A. Display Fixtures - \$[Amount]

Item	Quantity	Description	Unit Cost	Total RCV	Damage	Claim
Display Cases	[#]	Glass, lighted	\$[amount]	\$[amount]	Total loss	\$[amount]
Shelving Units	[#]	Custom millwork	\$[amount]	\$[amount]	[%]	\$[amount]
Counters	[LF]	Granite/wood	\$[amount]	\$[amount]	[%]	\$[amount]
POS Stations	[#]	Built-in	\$[amount]	\$[amount]	Total	\$[amount]
Fitting Rooms	[#]	With mirrors	\$[amount]	\$[amount]	[%]	\$[amount]

B. Signage - \$[Amount]

Type	Location	Size	Illuminated	Original	RCV	Claim
Exterior	Building face	[sq ft]	LED	\$[amount]	\$[amount]	\$[amount]
Monument	Ground	[dimensions]	Yes	\$[amount]	\$[amount]	\$[amount]
Interior	Lobby/walls	Various	Backlit	\$[amount]	\$[amount]	\$[amount]
Directional	Throughout	[#] signs	No	\$[amount]	\$[amount]	\$[amount]

C. Security Systems - \$[Amount]

Component	Units	Features	Original	RCV	Status	Claim
Cameras	[#]	HD, PTZ	\$[amount]	\$[amount]	Destroyed	\$[amount]
DVR/NVR	[#]	[TB] storage	\$[amount]	\$[amount]	Destroyed	\$[amount]
Access Control	[#] doors	Card reader	\$[amount]	\$[amount]	Damaged	\$[amount]
Alarm System	Zones:[#]	Monitored	\$[amount]	\$[amount]	Replace	\$[amount]
Safe	[Size]	[Rating]	\$[amount]	\$[amount]	Damaged	\$[amount]

D. Specialized Equipment - \$[Amount]

Equipment	Purpose	Model	Original	RCV	Condition	Claim
[Type]	[Use]	[Model#]	\$[amount]	\$[amount]	Destroyed	\$[amount]
[Type]	[Use]	[Model#]	\$[amount]	\$[amount]	Repairable	\$[amount]
[Type]	[Use]	[Model#]	\$[amount]	\$[amount]	Replace	\$[amount]

3. BUSINESS PERSONAL PROPERTY - \$[Amount] Total

## A. Inventory - \$[Amount]

Category	SKUs	Cost Value	Retail Value	Damage	Salvage	Net Claim
[Category 1]	[#]	[\$amount]	[\$amount]	[%]	[\$amount]	[\$amount]
[Category 2]	[#]	[\$amount]	[\$amount]	[%]	[\$amount]	[\$amount]
[Category 3]	[#]	[\$amount]	[\$amount]	[%]	[\$amount]	[\$amount]
[Category 4]	[#]	[\$amount]	[\$amount]	[%]	[\$amount]	[\$amount]
<b>Total</b>	<b>[#]</b>	<b>[\$amount]</b>	<b>[\$amount]</b>		<b>[\$amount]</b>	<b>[\$amount]</b>

### Inventory Documentation:

- ☒ Perpetual inventory system reports
- ☒ Most recent physical count: [Date]
- ☒ Purchase invoices (last 12 months)
- ☒ Aged inventory report
- ☒ Salvage company assessment

## B. Office Equipment - \$[Amount]

Item	Qty	Model/Description	Age	Original	RCV	Claim
Computers	[#]	[Specs]	[yrs]	[\$amount]	[\$amount]	[\$amount]
Servers	[#]	[Specs]	[yrs]	[\$amount]	[\$amount]	[\$amount]
Printers/Copiers	[#]	[Models]	[yrs]	[\$amount]	[\$amount]	[\$amount]
Phone System	[#]	VOIP, [lines]	[yrs]	[\$amount]	[\$amount]	[\$amount]
Network Equipment	Set	Switches/routers	[yrs]	[\$amount]	[\$amount]	[\$amount]

## C. Furniture - \$[Amount]

Area	Item Type	Quantity	Description	Original	RCV	Claim
Executive	Desks	[#]	[Material/size]	[\$amount]	[\$amount]	[\$amount]
Office	Workstations	[#]	Modular	[\$amount]	[\$amount]	[\$amount]
Seating	Chairs	[#]	Ergonomic	[\$amount]	[\$amount]	[\$amount]
Conference	Table/chairs	[#]	[Capacity]	[\$amount]	[\$amount]	[\$amount]
Reception	Furniture set	1	Custom	[\$amount]	[\$amount]	[\$amount]
Break Room	Tables/chairs	[#]	Commercial	[\$amount]	[\$amount]	[\$amount]
Storage	File cabinets	[#]	[Drawer] lateral	[\$amount]	[\$amount]	[\$amount]

D. Supplies and Materials - \$[Amount]

Category	Description	Quantity	Unit Cost	Total	Damage	Claim
Office Supplies	General	[Units]	Various	\$(amount)	100%	\$(amount)
Marketing	Brochures/cards	[Units]	Various	\$(amount)	100%	\$(amount)
Packaging	Boxes/materials	[Units]	Various	\$(amount)	100%	\$(amount)
Maintenance	Cleaning/repair	[Units]	Various	\$(amount)	100%	\$(amount)

GRAND TOTAL CLAIM SUMMARY

Category	RCV	Deductible Applied	Net Claim
Tenant Improvements	\$(amount)		
- Structural	\$(amount)		
- Flooring	\$(amount)		
- Lighting	\$(amount)		
- HVAC	\$(amount)		
- Electrical	\$(amount)		
- Plumbing	\$(amount)		
Trade Fixtures	\$(amount)		
- Display	\$(amount)		
- Signage	\$(amount)		
- Security	\$(amount)		
- Equipment	\$(amount)		
Business Property	\$(amount)		
- Inventory	\$(amount)		
- Office Equipment	\$(amount)		
- Furniture	\$(amount)		
- Supplies	\$(amount)		
TOTAL BEFORE DEDUCTIBLE	\$(amount)		
Less Deductible		-\$[amount]	
NET CLAIM AMOUNT			\$(amount)

## USE AND OCCUPANCY INTEREST

### Our Interest in Improvements Per Lease:

#### Ownership During Lease Term:

- We own all improvements during lease
- Right to depreciate for tax purposes
- Right to insure at full value
- Right to recover insurance proceeds

#### Unamortized Value Calculation:

- Original cost: \$[amount]
  - Depreciation taken: \$[amount]
  - Book value: \$[amount]
  - Lease remaining: [months]
  - Monthly amortization: \$[amount]
  - **Unamortized value:** \$[amount]
- 

## VALUATION BASIS DOCUMENTATION

### Improvements and Betterments:

#### If Repairing/Replacing:

- Full replacement cost: \$[amount]
- Current estimates attached
- Like kind and quality
- Code upgrades included

#### If Not Repairing (Lease Ending):

- Unamortized portion: \$[amount]
  - Calculation worksheet attached
  - Lease termination notice
  - Landlord taking improvements
-



# LEASE RESTORATION REQUIREMENTS

## Lease Mandates Tenant Must:

### Restoration Obligations:

Requirement	Lease Section	Timeline	Estimated Cost	Penalty if Not Done
Restore to pre-loss	§[#]	[Days]	\$(amount)	Default + damages
Maintain fixtures	§[#]	Ongoing	\$(amount)	Lease violation
Complete by date	§[#]	[Date]	N/A	Acceleration
Meet code	§[#]	At repair	\$(amount)	Cannot occupy
Match existing	§[#]	Required	\$(amount)	Landlord remedy

### Consequences of Non-Restoration:

- Lease default and eviction
- Acceleration of remaining rent
- Loss of security deposit
- Damage claims by landlord
- Loss of option rights

## COVERAGE CONFIRMATIONS NEEDED

### Please Confirm Coverage For:

- ☒ **Tenant Improvements**
  - Full replacement cost
  - Code upgrades required
  - Matching requirements
  - Professional fees
- ☒ **Trade Fixtures**
  - Replacement cost value
  - Installation costs
  - Temporary fixtures if needed
  - Custom fabrication
- ☒ **Business Personal Property**

- Replacement cost (if applicable)
- Actual cash value
- Inventory at cost
- Supplies and materials

4. ☒ **Additional Coverages**

- Debris removal
- Professional fees
- Expediting expenses
- Preservation of property

5. ☒ **Code Compliance**

- Increased cost of construction
- ADA requirements
- Energy codes
- Fire/Life safety

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## BUILDING VS. TENANT RESPONSIBILITY

### Clear Delineation of Coverage:

#### Landlord/Building Responsible:

Component	Why Landlord's	Documentation
Base building structure	Original construction	Lease §[#]
Core mechanical systems	Building standard	Lease §[#]
Common areas	Shared space	Lease §[#]
Exterior envelope	Building component	Lease §[#]
Base electrical/plumbing	Building infrastructure	Lease §[#]

#### Tenant (We) Are Responsible:

Component	Why Ours	Documentation
All listed improvements	We installed	Invoices attached
Trade fixtures	Our property	Purchase records
Business property	We own	Asset registry
Interior buildout	Our investment	Permits in our name
Specialized systems	Our requirements	Installation records

## COORDINATION WITH LANDLORD

### Landlord's Claim Information:

#### Landlord Insurance:

- Carrier: [Name]
- Policy #: [Number]
- Claim #: [Number]
- Adjuster: [Name]
- Phone: [Number]

#### Coordination Meeting Request:

- Purpose: Avoid coverage gaps/overlaps
- Proposed date: [Date]
- Participants needed: Both adjusters
- Location: Loss site

#### Critical Coordination Points:

- Demarcation of interests
- Avoiding duplicate payments
- Ensuring complete coverage
- Timeline coordination

## BUSINESS INTERRUPTION CONNECTION

### Impact on Operations:

### **Cannot Reopen Without:**

- Improvements restored: [List critical items]
- Fixtures replaced: [List essential]
- Equipment operational: [List required]
- Inventory restocked: [Minimum levels]

### **Restoration Timeline Impact:**

- Improvements lead time: [Weeks]
- Fixture fabrication: [Weeks]
- Permit approval: [Weeks]
- Total restoration: [Weeks]

### **BI Claim Filed:**

- Claim #: [Number]
  - Period affected: [Dates]
  - Expedited restoration critical
  - Extra expense to accelerate
- 

## **CONTRACTOR ESTIMATES DETAIL**

### **Three Detailed Estimates Obtained:**

#### **Estimate 1: [Contractor Name]**

- License #: [Number]
- Total bid: \$[amount]
- Timeline: [Weeks]
- Warranty: [Terms]
- References verified

#### **Estimate 2: [Contractor Name]**

- License #: [Number]
- Total bid: \$[amount]
- Timeline: [Weeks]

- Warranty: [Terms]
- References verified

**Estimate 3: [Contractor Name]**

- License #: [Number]
- Total bid: \$[amount]
- Timeline: [Weeks]
- Warranty: [Terms]
- References verified

**Selected Contractor:** [Name] based on [criteria]

**CODE COMPLIANCE REQUIREMENTS**

**Required Code Upgrades:**

Code Requirement	Trigger	Cost Impact	Documentation
<b>ADA Compliance</b>			
- Restroom upgrade	> \$[threshold] work	\$(amount)	Code citation
- Door widening	Alteration	\$(amount)	ADA standards
- Ramp/access	Alteration	\$(amount)	Inspector note
<b>Fire Code</b>			
- Sprinkler upgrade	> 50% value	\$(amount)	Fire marshal
- Alarm upgrade	System damage	\$(amount)	Code update
- Exit lighting	Any work	\$(amount)	Current code
<b>Energy Code</b>			
- Insulation upgrade	Envelope work	\$(amount)	Title 24
- Lighting controls	> 10% lighting	\$(amount)	Energy code
- HVAC efficiency	Replacement	\$(amount)	ASHRAE
<b>Total Code Upgrades</b>		<b>\$(amount)</b>	

**INVENTORY DOCUMENTATION DETAIL**

**Damaged Inventory Analysis:**

Valuation Methods:

Method	Amount	Basis	Documentation
Retail Value	\${amount}	Selling price	Price tags/POS
Cost Value	\${amount}	Purchase price	Invoices
ACV	\${amount}	Cost less depreciation	Age/condition
Salvage Value	-\${amount}	Recoverable	Salvage company
Net Claim	<b>\${amount}</b>	Cost less salvage	Calculated

Supporting Documentation:

- ☒ Complete inventory list (attached)
- ☒ Purchase invoices (12 months)
- ☒ Receiving reports
- ☒ Stock status reports
- ☒ Physical count sheets
- ☒ Photos of damaged goods
- ☒ Salvage assessment

EQUIPMENT LOSS DETAIL

Equipment Schedule:

Equipment	Serial #	Purchase Date	Original Cost	Age	RCV	ACV	Claim
[Item]	[Serial]	[Date]	\${amount}	[yrs]	\${amount}	\${amount}	\${amount}
[Item]	[Serial]	[Date]	\${amount}	[yrs]	\${amount}	\${amount}	\${amount}
[Item]	[Serial]	[Date]	\${amount}	[yrs]	\${amount}	\${amount}	\${amount}

Maintenance/Service Records: ☒ Attached

Warranty Information: ☒ Provided

Replacement Quotes: ☒ Included

LEASE TERMINATION OPTION

If Not Rebuilding:

Lease Termination Analysis:

- Termination right: ☐ Yes ☐ No
- Notice required: [Days]
- Conditions: [List]

If Terminating:

- Improvement value owed: \$[amount]
- Unamortized portion: \$[amount]
- Based on: [Months] remaining

Documentation:

- Lease termination clause
- Notice letter (if sent)
- Landlord response

MITIGATION MEASURES TAKEN

Emergency Response:

Action Taken	Date	Cost	Purpose	Result
Board-up/Secure	[Date]	\${amount}	Prevent damage	Secured
Water extraction	[Date]	\${amount}	Prevent mold	Dried
Inventory move	[Date]	\${amount}	Preserve goods	[%] saved
Equipment protection	[Date]	\${amount}	Prevent rust	Protected
Document recovery	[Date]	\${amount}	Business records	Recovered
Total Mitigation		\${amount}		

DEBRIS REMOVAL COSTS

Detailed Breakdown:

Category	Volume	Method	Cost	Receipts
Improvement debris	[CY]	Dumpster	[\$[amount]]	Attached
Inventory disposal	[Tons]	Special	[\$[amount]]	Attached
Hazardous materials	[Units]	Certified	[\$[amount]]	Attached
Equipment removal	[Items]	Crane/truck	[\$[amount]]	Attached
Total Removal			[\$[amount]]	

PROFESSIONAL FEES

Required Professional Services:

Professional	Purpose	Hours/Scope	Rate	Total	Invoice
Architect	Design/plans	[Hours]	[\$[rate]]	[\$[amount]]	Attached
Engineer	Structural	[Hours]	[\$[rate]]	[\$[amount]]	Attached
Permits	City/County	Various	Fixed	[\$[amount]]	Attached
Consultants	Code/specialty	[Hours]	[\$[rate]]	[\$[amount]]	Attached
Public Adjuster	Claim assistance	[%] of claim	[%]	[\$[amount]]	Agreement
Total Fees				[\$[amount]]	

VALUABLE PAPERS AND RECORDS

Records Requiring Restoration:

Record Type	Quantity	Recovery Method	Cost	Status
Accounting records	[Boxes]	Freeze dry	[\$[amount]]	In process
Customer files	[Files]	Scanning	[\$[amount]]	Started
Legal documents	[Boxes]	Professional	[\$[amount]]	Quoted
Design files	[Items]	Recreation	[\$[amount]]	Estimated
Total Records			[\$[amount]]	

GREEN BUILDING UPGRADES

Environmental Improvements (If Covered):



Upgrade Type	Standard	Green Alternative	Additional Cost	Benefit
Lighting	Fluorescent	LED	\$(amount)	Energy savings
HVAC	Standard	High SEER	\$(amount)	Efficiency
Insulation	Minimum	Enhanced	\$(amount)	Comfort
Materials	Standard	Recycled	\$(amount)	LEED points
Water fixtures	Standard	Low flow	\$(amount)	Conservation
Total Green			\$(amount)	

EXPEDITED RESTORATION NECESSITY

Time-Sensitive Because:

1. Lease Obligations:
- Must restore within [days]

• Penalties after [date]

• Default risk
2. Business Impact:
- Losing \$(amount) daily

• Customers going to competitors

• Market share erosion

• Key employees seeking other work
3. Seasonal Factors:
- Peak season approaching: [Date]

• [%] of annual revenue at risk

• Cannot miss [Event/Season]
4. Competition:
- [#] competitors nearby

• Taking our customers

• May not recover if delayed

ADVANCE PAYMENT REQUEST

Immediate Advance Needed For:

Purpose	Amount	Payee	Due Date	Impact if Delayed
Contractor mobilization	[\$amount]	[Contractor]	[Date]	Lose schedule slot
Material orders	[\$amount]	[Suppliers]	[Date]	Price increase
Equipment deposits	[\$amount]	[Vendors]	[Date]	Long lead time
Permits	[\$amount]	[City/County]	[Date]	Cannot start
Total Advance	[\$amount]		ASAP	

CLAIM PROCESSING REQUIREMENTS

Coordinated Inspection Needed:

1. Joint Inspection

- With landlord's adjuster
- Separate interests identified
- Clear documentation
- Avoid gaps/overlaps

2. Specialized Inspections

- Equipment specialist for [equipment]
- Electronics expert for systems
- Inventory auditor if needed
- Code consultant for upgrades

3. Documentation Protocol

- Photographing everything
- Measuring all spaces
- Sampling materials
- Preserving evidence

PROOF OF OWNERSHIP DOCUMENTATION

Attached Comprehensive Documentation:

1. Improvement Records

- ☒ Original build-out invoices

- ☒ Paid receipts
- ☒ Building permits (in our name)
- ☒ Depreciation schedules
- ☒ Tax returns showing depreciation
- ☒ Photos pre-loss

## 2. **Trade Fixture Documentation**

- ☒ Purchase invoices
- ☒ Installation receipts
- ☒ Maintenance records
- ☒ Asset registry

## 3. **Business Property Records**

- ☒ Equipment purchase records
- ☒ Furniture invoices
- ☒ Inventory system reports
- ☒ Supply purchase history

## 4. **Lease Documentation**

- ☒ Complete executed lease
- ☒ All amendments
- ☒ Improvement agreements
- ☒ Insurance requirements

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## **CONCLUSION**

Our tenant improvements, trade fixtures, and business personal property represent a substantial investment of **\$[amount]** that is essential to our business operations. These improvements were made with our funds, are owned by us during the lease term, and are separately insured under our policy.

The damage to these items prevents us from operating our business. Full and prompt coverage is needed to:

- Restore our business location
- Meet lease obligations
- Preserve our customer base

- Protect our investment
- Resume operations quickly

Please process this claim expeditiously with particular attention to:

1. Confirming full replacement cost coverage
2. Coordinating with the landlord's carrier
3. Approving code upgrades
4. Providing immediate advance payment

Time is of the essence as each day of delay costs us \$[amount] in lost business and risks permanent market loss.

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**Respectfully submitted,**

[Signature]

[Name]

[Title]

[Company]

[Date]

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## **COMPLETE ATTACHMENTS**

### **Documentation Package Includes:**

1. ☒ Complete inventory with values
2. ☒ All contractor estimates (3)
3. ☒ Lease agreement (complete)
4. ☒ Improvement invoices/permits
5. ☒ Equipment schedules
6. ☒ Photos - before and after
7. ☒ Code upgrade requirements
8. ☒ Depreciation schedules
9. ☒ Tax returns (2 years)
10. ☒ Purchase documentation
11. ☒ Mitigation receipts

## **DISTRIBUTION**

**cc:** [Landlord] - Information only

**cc:** [Property Manager] - Coordination

**cc:** Public Adjuster - [Name]

**cc:** Business Attorney - [Name]

**cc:** CPA/Accountant - [Name]

**cc:** Contractor - [Name]

**cc:** File

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## **URGENT - BUSINESS OPERATIONS SUSPENDED PENDING RESTORATION**

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*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.*