BUSINESS INTERRUPTION CLAIM CALCULATION WORKSHEET

Comprehensive Guide with Industry-Specific Methods

PRELIMINARY ASSESSMENT

Before Starting This Worksheet:

- ☐ Gather 3 years of tax returns

- ☐ Compile 24 months of P&L statements

- ☐ Obtain current year-to-date financials

- ☐ Review insurance policy coverage limits and terms

- ☐ Document the physical damage causing interruption

- ☐ Establish the theoretical recovery timeline

BASIC INFORMATION

Business Identification

- **Legal Business Name:** [As shown on tax returns]

- **DBA/Trade Name:** [If different]

- **Federal EIN:** [XX-XXXXXXX]

- **State Tax ID:** [Number]

- **Business Structure:** ☐ Corporation ☐ LLC ☐ Partnership ☐ Sole Proprietorship

- **Industry Classification:**
  - NAICS Code: [6-digit code]

  - SIC Code: [4-digit code]

  - Primary Business Activity: [Description]

Insurance Policy Details

- **Carrier:** [Insurance company name]

- **Policy Number:** [Number]

- **Policy Period:** [Start date] to [End date]

- **Claim Number:** [Assigned number]

- **Adjuster:** [Name and contact]

- **Date of Loss:** [Exact date and time]

- **Date Business Interrupted:** [May differ from loss date]

- **Date Operations Resumed:** ☐ [Date] ☐ Ongoing ☐ Partial: [%]

Coverage Specifications

Coverage Type	Limit	Deductible	Waiting Period	Indemnity Period
Business Income	$[Amount]	$[Amount] or [Hours]	[Hours/Days]	[Months]
Extra Expense	$[Amount]	$[Amount]	N/A	[Months]
Civil Authority	$[Amount]	N/A	[Hours]	[Days - typically 30]
Extended Business Income	$[Amount]	N/A	N/A	[Days - typically 30-60]
Contingent BI	$[Amount]	$[Amount]	[Hours]	[Months]

Coverage Basis:

- ☐ Actual Loss Sustained (must prove losses)

- ☐ Valued/Stated Amount (predetermined amount)

- ☐ Earnings-based (% of demonstrated earnings)

SECTION 1: BUSINESS CHARACTERIZATION

Revenue Pattern Analysis

Seasonality Assessment:

Month	% of Annual Revenue	Special Events/Factors
January	[%]	[Holiday aftermath, inventory, etc.]
February	[%]	[Valentine's Day, President's Day, etc.]
March	[%]	[Spring break, Easter possible, etc.]
April	[%]	[Easter possible, spring season, etc.]
May	[%]	[Mother's Day, Memorial Day, graduation]
June	[%]	[Father's Day, weddings, summer start]
July	[%]	[July 4th, peak summer, etc.]
August	[%]	[Back to school, late summer, etc.]
September	[%]	[Labor Day, fall season, school start]
October	[%]	[Halloween, fall events, etc.]
November	[%]	[Thanksgiving, Black Friday, etc.]
December	[%]	[Holidays, year-end, etc.]

Customer Base Analysis

Customer Type	% of Revenue	Payment Terms	Recovery Likelihood
Retail/Walk-in	[%]	Immediate	[High/Medium/Low]
Contract/Regular	[%]	[Net 30/60/90]	[High/Medium/Low]
Online	[%]	Immediate	[High/Medium/Low]
Wholesale	[%]	[Terms]	[High/Medium/Low]
Government	[%]	[Terms]	[High/Medium/Low]

SECTION 2: HISTORICAL REVENUE ANALYSIS

Three-Year Revenue Trend

Period	Year 3 (Oldest)	Year 2	Year 1 (Most Recent)	Current Year (Partial)
Q1	$[Amount]	$[Amount]	$[Amount]	$[Amount]
Q2	$[Amount]	$[Amount]	$[Amount]	$[Amount]
Q3	$[Amount]	$[Amount]	$[Amount]	$[Amount]
Q4	$[Amount]	$[Amount]	$[Amount]	$[Amount]
Annual Total	**$[Amount]**	**$[Amount]**	**$[Amount]**	**$[Projected]**
Growth Rate	Baseline	[%]	[%]	[%]

Monthly Revenue Detail (Last 24 Months)

Month/Year	Gross Revenue	Returns/Refunds	Net Revenue	Notable Events
[Month/Year]	$[Amount]	$[Amount]	$[Amount]	[Events affecting revenue]
[Continue for 24 months...]				

Daily Revenue Analysis (If applicable for short interruption)

Sample Week Before Loss:

Day	Date	Revenue	Transactions	Avg Transaction
Monday	[Date]	$[Amount]	[#]	$[Amount]
Tuesday	[Date]	$[Amount]	[#]	$[Amount]
Wednesday	[Date]	$[Amount]	[#]	$[Amount]
Thursday	[Date]	$[Amount]	[#]	$[Amount]
Friday	[Date]	$[Amount]	[#]	$[Amount]
Saturday	[Date]	$[Amount]	[#]	$[Amount]
Sunday	[Date]	$[Amount]	[#]	$[Amount]

SECTION 3: PROJECTED "BUT FOR" REVENUE

Growth Factor Determination

Justification for Growth Projections:

- ☐ Historical trend continuation: [%] annual growth shown
- ☐ Contracted future sales: $[Amount] documented
- ☐ Market expansion: [New locations/products/services]
- ☐ Industry growth rate: [%] per [Source]
- ☐ Economic indicators: [GDP, local growth, etc.]
- ☐ Seasonal adjustments: [Explain]

Projection Methodology

Select Primary Method:

- ☐ **Linear Projection:** Same period prior year + growth %
- ☐ **Trend Analysis:** Multi-year average with trend line

- ☐ **Regression Analysis:** Statistical modeling

- ☐ **Industry Benchmark:** Industry averages applied

- ☐ **Contract-Based:** Firm orders and contracts

"But For" Revenue Calculation

Month	Base Period Revenue	Growth Factor	Seasonal Adj	Projected Revenue
Month 1	$[Amount]	[%]	[+/- %]	$[Amount]
Month 2	$[Amount]	[%]	[+/- %]	$[Amount]
Month 3	$[Amount]	[%]	[+/- %]	$[Amount]
Month 4	$[Amount]	[%]	[+/- %]	$[Amount]
Month 5	$[Amount]	[%]	[+/- %]	$[Amount]
Month 6	$[Amount]	[%]	[+/- %]	$[Amount]
Total	**$[Amount]**			**$[Amount]**

SECTION 4: ACTUAL REVENUE DURING INTERRUPTION

Mitigation Revenue

Month	Actual Revenue	% of Normal	Source of Revenue	Mitigation Efforts
Month 1	$[Amount]	[%]	[Description]	[Actions taken]
Month 2	$[Amount]	[%]	[Description]	[Actions taken]
Month 3	$[Amount]	[%]	[Description]	[Actions taken]
Total	**$[Amount]**	**[Avg %]**		

Alternative Revenue Streams

Source	Revenue	Costs	Net Benefit	Sustainability
Temporary location	$[Amount]	$[Amount]	$[Amount]	[Temporary/Permanent]
Online sales	$[Amount]	$[Amount]	$[Amount]	[Temporary/Permanent]
Subcontracting	$[Amount]	$[Amount]	$[Amount]	[Temporary/Permanent]
Other	$[Amount]	$[Amount]	$[Amount]	[Temporary/Permanent]

SECTION 5: CONTINUING EXPENSE ANALYSIS

Fixed Expenses That Must Continue

Expense Category	Normal Monthly	During Loss	Must Continue?	Reason
Occupancy Costs				
Rent/Lease	$[Amount]	$[Amount]	☐ Yes ☐ No	[Lease terms]
Property Tax	$[Amount]	$[Amount]	☐ Yes ☐ No	[Legal requirement]
Insurance	$[Amount]	$[Amount]	☐ Yes ☐ No	[Policy requirement]
Utilities				
Electric (base)	$[Amount]	$[Amount]	☐ Yes ☐ No	[Service maintenance]
Gas (base)	$[Amount]	$[Amount]	☐ Yes ☐ No	[Service maintenance]
Water/Sewer	$[Amount]	$[Amount]	☐ Yes ☐ No	[Service maintenance]
Phone/Internet	$[Amount]	$[Amount]	☐ Yes ☐ No	[Business continuity]
Payroll				
Officers/Owners	$[Amount]	$[Amount]	☐ Yes ☐ No	[Policy terms]
Key Employees	$[Amount]	$[Amount]	☐ Yes ☐ No	[Retention necessity]
Ordinary Payroll	$[Amount]	$[Amount]	☐ Yes ☐ No	[Coverage period]
Payroll Taxes	$[Amount]	$[Amount]	☐ Yes ☐ No	[Legal requirement]
Benefits	$[Amount]	$[Amount]	☐ Yes ☐ No	[Continuation required]
Contracts				
Equipment Leases	$[Amount]	$[Amount]	☐ Yes ☐ No	[Contract terms]
Service Contracts	$[Amount]	$[Amount]	☐ Yes ☐ No	[Contract terms]
Software Licenses	$[Amount]	$[Amount]	☐ Yes ☐ No	[License terms]
Financial				
Loan Payments	$[Amount]	$[Amount]	☐ Yes ☐ No	[Avoid default]
Interest	$[Amount]	$[Amount]	☐ Yes ☐ No	[Loan terms]
Professional				
Accounting	$[Amount]	$[Amount]	☐ Yes ☐ No	[Claim support]
Legal	$[Amount]	$[Amount]	☐ Yes ☐ No	[Claim/contracts]
Other Fixed				
[Category]	$[Amount]	$[Amount]	☐ Yes ☐ No	[Reason]
TOTALS	**$[Amount]**	**$[Amount]**		

Variable Expenses Avoided

Expense Category	Normal Monthly	Saved During Loss	Notes
Cost of Goods Sold	$[Amount]	$[Amount]	[No sales = no COGS]
Sales Commissions	$[Amount]	$[Amount]	[No sales = no commissions]
Delivery Costs	$[Amount]	$[Amount]	[No deliveries]
Utilities (usage)	$[Amount]	$[Amount]	[Reduced consumption]
Supplies	$[Amount]	$[Amount]	[Not needed]
Total Saved	**$[Amount]**	**$[Amount]**	

SECTION 6: EXTRA EXPENSE CALCULATION

Expenses to Minimize Loss

Category	Description	Amount	Period	Benefit/Justification
Temporary Location				
Rent	[Address/details]	$[Amount]	[Months]	Continue [%] operations
Setup/Moving	[Details]	$[Amount]	One-time	Enable operations
Additional Insurance	[Coverage]	$[Amount]	[Months]	Required for temp location
Equipment				
Rental Equipment	[Items]	$[Amount]	[Months]	Replace damaged items
Expedited Shipping	[For what]	$[Amount]	As needed	Minimize downtime
Labor				
Overtime	[Hours/staff]	$[Amount]	[Period]	Catch up on backlog
Temporary Staff	[Number/type]	$[Amount]	[Period]	Maintain service
Marketing				
Advertising	[Media/message]	$[Amount]	[Period]	Retain customers
Customer Notification	[Method]	$[Amount]	One-time	Inform of temporary location
Professional				
Forensic Accountant	[Name/firm]	$[Amount]	One-time	Document claim
Public Adjuster	[Name/firm]	$[Amount]	% of claim	Maximize recovery
Other				
[Description]	[Details]	$[Amount]	[Period]	[Justification]
TOTAL EXTRA EXPENSE		**$[Amount]**		

Cost-Benefit Analysis

Extra Expense	Cost	Revenue Preserved	Net Benefit	ROI
Temporary location	$[Amount]	$[Amount]	$[Amount]	[%]
Expedited repairs	$[Amount]	$[Amount]	$[Amount]	[%]
Overtime labor	$[Amount]	$[Amount]	$[Amount]	[%]
Customer retention	$[Amount]	$[Amount]	$[Amount]	[%]

SECTION 7: PAYROLL WORKSHEET

Employee Categories

Category	# Employees	Normal Payroll	Benefits	Total Cost	Coverage Period
Officers/Executives	[#]	$[Amount]	$[Amount]	$[Amount]	Full period
Management	[#]	$[Amount]	$[Amount]	$[Amount]	Full period
Key Employees	[#]	$[Amount]	$[Amount]	$[Amount]	Full period
Sales Staff	[#]	$[Amount]	$[Amount]	$[Amount]	[Days] if ordinary
Production	[#]	$[Amount]	$[Amount]	$[Amount]	[Days] if ordinary
Administrative	[#]	$[Amount]	$[Amount]	$[Amount]	[Days] if ordinary
Part-time	[#]	$[Amount]	$[Amount]	$[Amount]	[Days] if ordinary

Ordinary Payroll Coverage

Policy Limitation: [Number] days from date of loss **Calculation:**

- Days 1-[X]: $[Amount] (fully covered)

- Days [X+1]-end: $[Amount] (not covered unless necessary)

Key Employee Determination

Employee Name	Title	Why Key?	Monthly Cost	Replacement Cost
[Name]	[Title]	[Unique skills/knowledge]	$[Amount]	$[Amount]
[Name]	[Title]	[Client relationships]	$[Amount]	$[Amount]
[Name]	[Title]	[Technical expertise]	$[Amount]	$[Amount]

SECTION 8: CIVIL AUTHORITY COVERAGE

Triggering Event

- **Order Issued By:** [Government entity]

- **Date of Order:** [Date and time]

- **Type of Order:** ☐ Evacuation ☐ Curfew ☐ Road Closure ☐ Area Restriction

- **Reason for Order:** [Natural disaster, civil unrest, etc.]

- **Geographic Area:** [Specific boundaries]

- **Distance from Insured Property:** [Miles/blocks]

Coverage Application

Coverage Element	Policy Terms	Actual Situation	Covered?
Waiting Period	[Hours]	[Hours]	☐ Yes ☐ No
Distance Limit	[Miles]	[Miles]	☐ Yes ☐ No
Coverage Period	[Days]	[Days affected]	☐ Yes ☐ Partial
Prohibition Type	[Required]	[Actual]	☐ Yes ☐ No

Loss Calculation

Day	Normal Revenue	Actual Revenue	Loss	Covered?
Day 1	$[Amount]	$[Amount]	$[Amount]	☐ Yes ☐ No
Day 2	$[Amount]	$[Amount]	$[Amount]	☐ Yes ☐ No
[Continue...]				
Total	**$[Amount]**	**$[Amount]**	**$[Amount]**	

SECTION 9: EXTENDED PERIOD OF INDEMNITY

Period Definition

- **Operations Resumed Date:** [Date]

- **Extended Period Begins:** [Same date]

- **Maximum Extended Period:** [Days per policy]

- **Extended Period Should End:** Earlier of:
  - Date income restored to normal
  - Maximum days reached

- Policy expiration

Revenue Restoration Tracking

Week After Resumption	Expected Revenue	Actual Revenue	Shortfall	Notes
Week 1	$[Amount]	$[Amount]	$[Amount]	[Customer awareness]
Week 2	$[Amount]	$[Amount]	$[Amount]	[Ramp up]
Week 3	$[Amount]	$[Amount]	$[Amount]	[Marketing impact]
Week 4	$[Amount]	$[Amount]	$[Amount]	[Progress]
[Continue...]				

Factors Affecting Recovery

Factor	Impact on Recovery	Mitigation Efforts	Cost
Customer notification	[Days delayed]	[Advertising campaign]	$[Amount]
Inventory rebuilding	[Days delayed]	[Expedited orders]	$[Amount]
Staff rehiring/training	[Days delayed]	[Retention bonuses]	$[Amount]
Market share loss	[% lost]	[Promotional pricing]	$[Amount]
Reputation damage	[Impact description]	[PR campaign]	$[Amount]

SECTION 10: INDUSTRY-SPECIFIC CALCULATIONS

Retail Business

Inventory Impact:

- Beginning Inventory: $[Amount]

  - Purchases: $[Amount]

  - Ending Inventory: $[Amount]

- = Cost of Goods Sold: $[Amount]

- Gross Profit Margin: [%]

Customer Traffic:

- Average Daily Customers: [#]

- Average Transaction: $[Amount]

- Conversion Rate: [%]

Restaurant/Food Service

Seat Turnover Analysis:

- Seats: [#]

- Turns per day: [#]

- Average check: $[Amount]

- Days open: [#]

- Theoretical Max Revenue: $[Amount]

Food Cost Analysis:

- Food Cost %: [%]

- Beverage Cost %: [%]

- Labor Cost %: [%]

- Prime Cost %: [%]

Manufacturing

Production Capacity:

- Units per day: [#]

- Revenue per unit: $[Amount]

- Variable cost per unit: $[Amount]

- Contribution margin: $[Amount]

Make vs. Buy Analysis:

- Outsource cost: $[Amount]

- Internal cost: $[Amount]

- Differential: $[Amount]

Professional Services

Billable Hours:

- Normal billable hours/month: [#]

- Billing rate: $[Amount]

- Realization rate: [%]

- Lost billable hours: [#]

- Revenue impact: $[Amount]

Project Impact:

- Projects delayed: [#]

- Value of delayed projects: $[Amount]

- Penalties/liquidated damages: $[Amount]

E-Commerce

Online Metrics:

- Average daily visitors: [#]

- Conversion rate: [%]

- Average order value: $[Amount]

- Abandoned cart rate: [%]

- Downtime impact: $[Amount/hour]

SECTION 11: MITIGATION EFFORTS

Actions Taken to Reduce Loss

Date	Action Taken	Cost	Benefit	Net Impact
[Date]	[Temporary location secured]	$[Amount]	$[Revenue preserved]	$[Amount]
[Date]	[Equipment rented]	$[Amount]	$[Production maintained]	$[Amount]
[Date]	[Staff reassigned]	$[Amount]	$[Efficiency gained]	$[Amount]
[Date]	[Customers notified]	$[Amount]	$[Retention achieved]	$[Amount]

Mitigation Options Not Taken (Document why)

Option	Why Not Taken	Would Have Cost	Potential Benefit
[Option]	[Reason - too expensive, not feasible, etc.]	$[Amount]	$[Amount]

SECTION 12: CLAIM CALCULATION SUMMARY

Business Income Loss

Component	Calculation	Amount
Projected Revenue	But-for projection	$[Amount]
Less: Actual Revenue	During interruption	-$[Amount]
Gross Revenue Loss		$[Amount]
Plus: Continuing Expenses	Must be maintained	+$[Amount]
Less: Saved Expenses	Not incurred	-$[Amount]
Subtotal Business Income		**$[Amount]**

Extra Expense

Component	Amount
Temporary location	$[Amount]
Equipment rental	$[Amount]
Expediting costs	$[Amount]
Additional labor	$[Amount]
Professional fees	$[Amount]
Other extra expenses	$[Amount]
Subtotal Extra Expense	**$[Amount]**

Other Coverage

Component	Amount
Civil Authority	$[Amount]
Extended Period	$[Amount]
Contingent BI	$[Amount]
Subtotal Other	**$[Amount]**

Final Calculation

Component	Amount
Total Business Income Loss	$[Amount]
Total Extra Expense	$[Amount]
Total Other Coverage	$[Amount]

Component	Amount
Gross Claim	$[Amount]
Less: Deductible	-$[Amount]
Less: Waiting Period	-$[Amount]
NET CLAIM AMOUNT	$[Amount]
Policy Limit	$[Amount]
Claim Limited to	$[Lesser amount]

SECTION 13: SUPPORTING DOCUMENTATION

Financial Records Required

Tax Returns:

- ☐ Federal returns (3 years)
- ☐ State returns (3 years)
- ☐ Sales tax returns (24 months)
- ☐ Payroll tax returns (8 quarters)

Financial Statements:

- ☐ P&L statements (24 months)
- ☐ Balance sheets (24 months)
- ☐ Cash flow statements (12 months)
- ☐ General ledger detail
- ☐ Chart of accounts

Sales Records:

- ☐ Daily sales reports
- ☐ Monthly sales summaries
- ☐ Customer invoices
- ☐ Credit card processing statements
- ☐ Bank deposits

Expense Documentation:

- ☐ Vendor invoices

- ☐ Lease agreements

- ☐ Utility bills

- ☐ Payroll registers

- ☐ Insurance policies

- ☐ Loan documents

Operational Records

- ☐ Production reports

- ☐ Inventory records

- ☐ Employee timesheets

- ☐ Customer contracts

- ☐ Purchase orders

- ☐ Shipping records

External Documentation

- ☐ Industry reports

- ☐ Economic data

- ☐ Competitor analysis

- ☐ Market studies

- ☐ Weather data (if relevant)

- ☐ Government orders (civil authority)

SECTION 14: KEY ASSUMPTIONS & NOTES

Assumptions Made in Calculations

1. **Growth Rate:** Based on [historical trend/contracts/industry data]

2. **Seasonality:** Adjusted using [method/source]

3. **Recovery Period:** Estimated at [timeframe] based on [factors]

4. **Mitigation Success:** Assumed [%] effectiveness

5. **Market Conditions:** [Stable/growing/declining] per [source]

Special Circumstances

- [Describe any unique factors affecting the claim]

- [Note any disputed items]

- [Document any limitations or exclusions being challenged]

Areas Requiring Further Documentation

- [List any gaps in documentation]

- [Note any estimates that need validation]

- [Identify any disputed calculations]

CERTIFICATION

Certification Statement

I hereby certify that the information provided in this Business Interruption Claim Calculation Worksheet is true, accurate, and complete to the best of my knowledge and belief. All calculations are based on actual business records and reasonable projections consistent with historical performance and market conditions.

Prepared By: Signature: _____ Name: [Print name] Title: [Title] Date: [Date] Contact: [Phone] | [Email]

Reviewed By: (if applicable) Signature: _____ Name: [Print name] Title: [CPA/Forensic Accountant] License #: [Number] Date: [Date]

Business Owner Approval: Signature: _____ Name: [Print name] Title: [Owner/President/CEO] Date: [Date]

APPENDICES

Appendix A: Calculation Methodologies

[Detailed explanation of methods used]

Appendix B: Industry Benchmarks

[Relevant industry statistics and comparisons]

Appendix C: Glossary of Terms

[Define technical terms used in the worksheet]

Appendix D: Forensic Accountant Report

[If obtained, attach full report]

Appendix E: Economic Impact Analysis

[Market conditions affecting the business]

TRACKING LOG

Date	Action	By	Notes
[Date]	Worksheet initiated	[Name]	[Version 1.0]
[Date]	Updated with actual figures	[Name]	[Changes made]
[Date]	Reviewed by accountant	[Name]	[Recommendations]
[Date]	Submitted to insurance	[Name]	[Claim #]
[Date]	Revised per adjuster request	[Name]	[Changes]

Document Version: 2.0 **Last Updated:** [Date] **Next Review:** [Date]

IMPORTANT REMINDERS

1. **Update regularly** as new information becomes available

2. **Document everything** including verbal conversations

3. **Keep originals** of all supporting documents

4. **Track deadlines** for claim submission and appeals

5. **Consult professionals** for complex calculations

This worksheet is provided as a comprehensive template. Business interruption insurance is complex and varies significantly by policy and state. Consult with a forensic accountant or attorney specializing in insurance claims for specific guidance.