

Your name  
Your address  
Your telephone number  
Your e-mail address

Date

Insurance Company Name  
Insurance Company Address

Re: Business name:  
Business address:

To Whom It May Concern,

My business has lost income, has extra expenses, and has suffered losses as a result of the COVID-19 pandemic and people staying home.

I am submitting a claim for all coverages available under my business policy or policies for this loss of income and extra expense. This claim includes, but is not limited to, a claim for normal continuing expenses, plus gross profit, lost income, extra expense, or any other similar benefits under my policy or policies.

Sincerely,

Your name