



CLAIM FORM - BUSINESS INTERRUPTION

Business Name: _____ Business Phone: _____ - _____ - _____

Address: _____ City: _____ State: _____ Zip: _____

Business Owner #1: _____ Phone: _____ - _____ - _____

Business Owner #2 Name: _____ Phone: _____ - _____

Regular Business Operating Days/Hours: M ___ T ___ W ___ Th ___ F ___ S ___ Su ___ Hours: _____ - _____

Date of Loss: _____ - _____ - _____ Time of Loss _____ : _____ A.M. _____ P.M. _____

1. Examples of supporting documentation required:
 - a) Profit & Loss Statements – minimum two years of monthly P/L including the loss period
 - b) Federal Tax Returns – minimum two years
 - c) Bank Statements – minimum two years
 - d) Payroll Records – minimum two years
 - e) Tenant Lease Agreement(s) for affected tenants and monthly rent rolls (if applicable)
 - f) Management Agreements (if applicable)
 - g) Appointment Books (if applicable)
 - h) Receipts for Extra Business Expenses
 - i) Miscellaneous Photographs and Receipts (if applicable), e.g., spoilage

2. Please give a detailed description of your claim:

Signature of Claimant: _____ Date: _____ - _____ - _____

Signature of Claimant: _____ Date: _____ - _____ - _____

I / We understand that a fully completed claim form accompanied by appropriate supporting documentation is required by Atmos Energy in order to investigate and process this claim. By my / our signature(s), I / we attest that the information recorded on this claim form by me / us, and the documents provided to support the claim are true and accurate.

To be Completed by Atmos Energy

AEC Account # (If Applicable): _____ AEC Claim # _____