

LOSS OF BUSINESS FORM

The Loss of Business form is for use between business owners and productions and is designed to present a case for negotiation. It is not intended to be adjudicated by anyone other than the two parties. **Once completed, please send this form to the production directly.**

Note: This form is provided by Creative BC as an example. Productions may modify or provide a new form.

CONTACT INFORMATION

Your Business Name: _____
Email: _____ Fax: _____
Business Address: _____ GST Number: _____
Film Production Company: _____ Office Phone: _____
Production Title: _____ Fax: _____
Location of Film Event: _____

CLAIM

1. Actual revenue for the day of filming = \$ _____ (a)
2. Revenue from the same day one week prior to filming \$ _____
3. Revenue from the same day two weeks prior to filming \$ _____
4. Revenue from the same day three weeks prior to filming \$ _____
5. Revenue from the same day four weeks prior to filming \$ _____
6. Add line 2 to 5 \$ _____ $\div 4 =$ \$ _____ (b)
7. Estimated loss of revenue: line (b) minus line (a) \$ (b) - (a) = \$ _____ (c)
8. Multiply line (c) by gross profit margin %* = \$ _____ (d)
9. Total claim for lost revenue - from line (d) = \$ _____

AUTHORIZATION

I verify that all information contained in this claim for lost revenue is accurate, based on the accounting records kept for my business. I understand that this is only a claim and does not guarantee payment. However, if this claim is found to be true and accurate, I may receive payment up to the Total Claim Amount.

SIGNATURE

Production may require that this document be stamped and signed by a certified accountant. If you do not have an accountant, the production may require that receipts be provided to verify the claimed amount.

Accountant Name: _____
Address: _____ Phone: _____

ACCOUNTANT SIGNATURE

ACCOUNTANT STAMP

*This form may be made available to the Canada Customs and Revenue Agency.