

## LOSS OF BUSINESS INSTRUCTIONS

Loss of business compensation for merchants who are directly impacted by filming is common practice. Compensation is determined solely at the discretion of the production company. The Loss of Business form is provided as a basis for communication and respectful 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.

### CONTACT INFORMATION

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

The first three lines are the production company information. If you don't have this contact information, you can reference the letter of notification or approach a member of the locations department.

**Refers to your loss of revenue during filming. Revenue can be determined by till system, online tracking, an accountant, etc.**

*Due to COVID-19, revenue data from previous days/weeks may be skewed. The merchant and production should have a discussion about how to assess these figures prior to completing the form.*

### 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	\$ _____ ÷ 4 =	(b)
Estimated loss of revenue: line (b) minus line (a)		\$ _____ (c)
Multiply line (c) by gross profit margin % *		\$ _____ (d)
Total claim for lost revenue - from line (d)		\$ _____

\*Gross profit margin is the revenue left *after* the cost of goods sold has been deducted. To determine your gross profit margin percentage, deduct the cost of goods sold from your net sales, then divide that by your net sales.

This document must be stamped and signed by a certified Accountant. If you do not have an accountant, receipts must be provided to verify claimed amount.

Accountant Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

ACCOUNTANT SIGNATURE

ACCOUNTANT STAMP

If you can provide receipts to back up your claim, the certified accountant section does not need to be filled out. If you require an accountant to provide proof of revenue, you should speak to production regarding associated fees.

# LOSS OF BUSINESS\*

Please note: 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**

*Due to COVID-19, revenue data from previous days/weeks may be skewed. The merchant and production should have a discussion about how to assess these figures prior to completing the form.*

## CONTACT INFORMATION

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Film Production Company: \_\_\_\_\_ Office Phone: \_\_\_\_\_

Production Title: \_\_\_\_\_ Fax: \_\_\_\_\_

Location of Film Event: \_\_\_\_\_

Business Name: \_\_\_\_\_

Email: \_\_\_\_\_ Fax: \_\_\_\_\_

Business Address: \_\_\_\_\_ GST Number: \_\_\_\_\_

## CLAIM

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- |   |                |              |
|---|----------------|--------------|
| 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  | \$ _____ ÷ 4 = | _____ (b)    |
| Estimated loss of revenue: line (b) minus line (a) Multiply |                | \$ _____ (c) |
| line (c) by gross profit margin %                           |                | \$ _____ (d) |
| Total claim for lost revenue - from line (d)                |                | \$ _____     |

## AUTHORIZATION

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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

This document must be stamped and signed by a certified Accountant. If you do not have an accountant, receipts must be provided to verify claimed amount.

Accountant Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_  
ACCOUNTANT SIGNATURE

\_\_\_\_\_  
ACCOUNTANT STAMP

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