

# Loss of Business Claim – Due to Film Event

Film Production Company: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

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

Business Name: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Business Address: \_\_\_\_\_

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: SUBTRACT LINE (A) FROM LINE (B)		\$ _____	(C)
MULTIPLY LINE (C) BY GROSS PROFIT MARGIN % _____		\$ _____	(D)
TOTAL CLAIM FOR LOST REVENUE – FROM LINE (D)		\$ _____	

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.

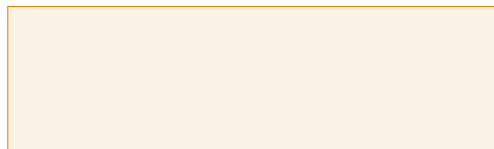
X \_\_\_\_\_  
SIGNATURE

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: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_



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

ACCOUNTANT STAMP

THIS FORM MAY BE MADE AVAILABLE TO THE CANADA CUSTOMS AND REVENUE AGENCY