

**BUSINESS INTERRUPTION INSURANCE**  
**QUESTIONNAIRE**

Contact Name: \_\_\_\_\_

Contact Phone No: \_\_\_\_\_ Email address: \_\_\_\_\_

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

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

Business Phone No: \_\_\_\_\_ Bus. Email address: \_\_\_\_\_

Business Web address: \_\_\_\_\_

Business Insurance Company: \_\_\_\_\_

Business Insurance Policy No: \_\_\_\_\_

Insurance Agency/Agent: \_\_\_\_\_

Nature of Business (please provide a brief description of your business): \_\_\_\_\_

\_\_\_\_\_

Dates of Business Shutdown: \_\_\_\_\_

Please briefly describe the effect the shutdown had on your business: \_\_\_\_\_

\_\_\_\_\_

Was your business classified as an “ESSENTIAL” business according to Governor Edwards Order? Yes \_\_\_\_\_ No \_\_\_\_\_

Was your business shut down per the Order of Governor Edwards? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you already been denied coverage by your insurer or agent? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you have Business Interruption Coverage? Yes \_\_\_\_\_ No \_\_\_\_\_

---

**FOR OFFICE USE ONLY**

1) Virus Exclusion Yes \_\_\_\_\_ No \_\_\_\_\_

2) Micro Organism Exclusion Yes \_\_\_\_\_ No \_\_\_\_\_

3) Civil Authority Yes \_\_\_\_\_ No \_\_\_\_\_

Assigned Attorney Name and contact information: \_\_\_\_\_

\_\_\_\_\_

Date of case assignment: \_\_\_\_\_