

**BUSINESS INCOME (AND EXTRA EXPENSE)
ACTUAL LOSS SUSTAINED WORKSHEET**

INSURED / APPLICANT INFORMATION

Insured / Applicant Name: _____
 Policy / Quote Number: _____
 Effective Date: _____
 Agency Name and Number: _____

I. Net Income (Net Profit or Loss Before Income Taxes) – Projected for the next 12 month period: \$ _____

II. Determination of Continuing Normal Operating Expenses – Projected for the next 12 month Period:

Estimated Continuing Normal Operating Expenses

Item	Estimated Annual Expense
A. Owners, officers, and key employee salaries	\$ _____
B. Ordinary payroll	\$ _____
C. Rent or real estate taxes	\$ _____
D. Light, heat and power	\$ _____
E. Contractual obligations	\$ _____
F. Insurance Premiums	\$ _____
G. Unemployment and security taxes	\$ _____
H. Repairs and maintenance	\$ _____
I. Depreciation and expansion expenses	\$ _____
J. Mortgage payments	\$ _____
K. Interest on indebtedness	\$ _____
L. Membership dues and fees	\$ _____
M. Professional fees	\$ _____
N. Dividends to stockholders	\$ _____
O. Other continuing expenses	\$ _____

Total Estimated Continuing Normal Operating Expenses \$ _____

III. Annual Business Income Exposure (I +II) \$ _____

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE INSURED / APPLICANT AND REPRESENTS THAT REASONABLE ENQUIRY HAS BEEN MADE TO OBTAIN THE INFORMATION ON THIS WORKSHEET. HE/SHE REPRESENTS THAT THE INFORMATION IS TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.

Insured Signature/Title _____

Date _____