

POLICY NUMBER:

BUSINESS INCOME REPORT/WORK SHEET

Your Name _____ Date ____ / ____ / ____

Location _____ - _____

This work sheet must be completed on an accrual basis.

The beginning and ending inventories in all calculations should be based on the same valuation method.

APPLICABLE WHEN THE AGREED VALUE COVERAGE OPTION APPLIES

I certify that this is a true and correct report of values as required under this policy and for the periods indicated and that the Agreed Value for the period of coverage is \$ _____, based on a Co-Insurance percentage of ____ %

Signature _____

Official Title _____

APPLICABLE WHEN THE PREMIUM ADJUSTMENT FORM APPLIES:

I certify that this is a true and correct report of values as required under this policy for the 12 months ended _____

Signature _____

Official Title _____

Agent or Broker _____

Mailing Address _____

**BUSINESS INCOME REPORT/WORK SHEET
FINANCIAL ANALYSIS**

12 Month Period
Ending _____

Estimated for 12 Month Period
Beginning _____

<u>Income and Expenses</u>	<u>Manufacturing</u>	Non- <u>Manufacturing</u>	<u>Manufacturing</u>	Non- <u>Manufacturing</u>
A. Gross Sales	\$ _____	\$ _____	\$ _____	\$ _____
B. DEDUCT:				
Finished Stock Inventory (at sales value) at Beginning	- _____	XXXXXXXXX XXXXXXXXX	- _____	XXXXXXXXX XXXXXXXXX
C. ADD:				
Finished Stock Inventory (at sales value) at End	+ _____	XXXXXXXXX	+ _____	XXXXXXXXX
D. Gross Sales Value of Production	\$ _____	XXXXXXXXX	\$ _____	XXXXXXXXX
E. DEDUCT:				
Prepaid Freight - Outgoing	- _____	- _____	- _____	- _____
Returns & Allowances	- _____	- _____	- _____	- _____
Discounts	- _____	- _____	- _____	- _____
Bad Debts	- _____	- _____	- _____	- _____
Collection Expenses	- _____	- _____	- _____	- _____
F. Net Sales		\$ _____		\$ _____
Net Sales Value of Production	\$ _____		\$ _____	
G. ADD: Other Earnings from your business operations (not investment income or rents from other properties):				
Commissions or Rents	+ _____	+ _____	+ _____	+ _____
Cash Discounts Received	+ _____	+ _____	+ _____	+ _____
Other	+ _____	+ _____	+ _____	+ _____
H. Total Revenues	\$ _____	\$ _____	\$ _____	\$ _____

12 Month Period
Ending _____

Estimated for 12 Month Period
Beginning _____

Income and Expenses	Manufacturing	Non- Manufacturing	Manufacturing	Non- Manufacturing
Total Revenues (Line H. from previous page)	\$ _____	\$ _____	\$ _____	\$ _____
I. DEDUCT:				
Cost of goods sold (see next page for instructions)	- _____	- _____	- _____	- _____
Cost of services purchased from outsiders(not your employees) to resell, that do not continue under contract	- _____	- _____	- _____	- _____
Power, heat and refrigeration expenses that do not continue under contract (if CP 15 11 is attached)	- _____	XXXXXXXXXX	- _____	XXXXXXXXXX
All ordinary payroll expenses or the amount of payroll expense excluded (if CP 15 10 is attached)	- _____	- _____	- _____	- _____
Special deductions for mining properties (see next page for instructions)	- _____	- _____	- _____	- _____
J.1 Business Income exposure for 12 months	\$ _____	\$ _____	\$ _____	\$ _____
J.2 Combined (firms engaged in manufacturing & non-manufacturing operations)	\$ _____		\$ _____	
The figures in J.1 or J.2 represent 100% of your actual and estimated Business Income exposure for 12 months				
K. Additional Expenses:				
1. Extra Expenses - form CP 00 30 only (expenses incurred to avoid or minimize suspension of business & to continue operations)			\$ _____	\$ _____
2. Extended Business Income and Extended Period of Indemnity - form CP 33 30 or CP 00 32 (loss of Business Income following resumption of operations, up to 30 days or the no. of days selected under Extended Period of Indemnity option)			+ _____	+ _____
3. Combined (all amounts in K.1. and K.2.)			\$ _____	

"Estimated" column

L. Total of J. and K.

\$ _____

The figure in L. represents 100% of your estimated Business Income exposure for 12 months, and additional expenses. Using this figure as information, determine the approximate amount of insurance needed based on your evaluation of the number of months needed (may exceed 12 months) to replace your property, resume operations and restore the business to the condition that would have existed if no property damage had occurred.

Refer to the agent or Company for information on available Coinsurance levels and indemnity options. The Limit of Insurance you select will be shown in the Declarations of the policy.

Supplementary Information

	12 Month Period Ending _____		Estimated for 12 Month Period Beginning _____	
	Manufacturing	Non- Manufacturing	Manufacturing	Non- Manufacturing
CALCULATION OF COST OF GOODS SOLD				
Inventory at beginning of year (including raw material and stock in process, but not finished stock, for manufacturing risks)	\$ _____	\$ _____	\$ _____	\$ _____
Add: The following purchase costs:				
Cost of raw stock (including transportation charges)	+ _____	XXXXXXXXXX	+ _____	XXXXXXXXXX
Cost of factory supplies consumed	+ _____	XXXXXXXXXX	+ _____	XXXXXXXXXX
Cost of merchandise sold including transportation charges (for manufacturing risks, means cost of merchandise sold but not manufactured by you)	+ _____	+ _____	+ _____	+ _____
Cost of other supplies consumed (including transportation charges)	+ _____	+ _____	+ _____	+ _____
Cost of goods available for sale	\$ _____	\$ _____	\$ _____	\$ _____
Deduct: Inventory at end of year (Including raw material and stock in process, but not finished stock, for manufacturing risks)	- _____	- _____	- _____	- _____
Costs of Goods sold (Enter this figure in Item I. on previous page)	\$ _____	\$ _____	\$ _____	\$ _____

**CALCULATION OF SPECIAL
DEDUCTIONS - MINING PROPERTIES**

Royalties, unless specifically included in coverage	\$ _____	\$ _____
Actual depletion, commonly known as unit or cost depletion (not percentage depletion)	+ _____	+ _____
Welfare and retirement fund charges based on tonnage	+ _____	+ _____
Hired Trucks	+ _____	+ _____
Enter this figure in Item I. on previous page	\$ _____	\$ _____