

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 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**

<u>Income and Expenses</u>	12 Month Period Ending _____		Estimated for 12 Month Period Beginning _____	
	<u>Manufacturing</u>	<u>Non- Manufacturing</u>	<u>Manufacturing</u>	<u>Non- Manufacturing</u>
A. Gross Sales	\$ _____	\$ _____	\$ _____	\$ _____
B. DEDUCT: Finished Stock Inventory (at sales value) at Beginning	- _____	XXXXXX _____	- _____	XXXXXX _____
C. ADD: Finished Stock Inventory (at sales value) at End	+ _____	XXXXXX _____	+ _____	XXXXXX _____
D. Gross Sales Value of Production	\$ _____	XXXXXX _____	\$ _____	XXXXXX _____
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	\$ _____	\$ _____	\$ _____	\$ _____

<u>Income and Expenses</u>	12 Month Period Ending _____		Estimated for 12 Month Period Beginning _____	
	<u>Manufacturing</u>	<u>Non- Manufacturing</u>	<u>Manufacturing</u>	<u>Non- Manufacturing</u>
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 refrigera- tion expenses that do not continue under contract (if CP 15 11 is attached)	- _____	- XXXXXXX	- _____	- XXXXXXX
All ordinary payroll expenses or the amount of payroll expense excluded (if CP 15 10 is attached)	- _____	- XXXXXXX	- _____	- XXXXXXX
Special deductions for mining properties (see next page for instructions)	- _____	- _____	- _____	- _____
J.1. Business Income exposure for 12 months	\$ <u>_____</u>	<u>_____</u>	<u>_____</u>	<u>_____</u>
J.2. Combined (firms engaged in manufacturing & non- manufacturing operations)		\$ <u>_____</u>	\$ <u>_____</u>	
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 00 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

	<u>Manufacturing</u>	<u>Non- Manufacturing</u>	<u>Manufacturing</u>	<u>Non- Manufacturing</u>
<u>CALCULATION OF COST OF GOODS SOLD</u>				
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)	+ _____	XXXXXX	+ _____	XXXXXX
Cost of factory supplies consumed	+ _____	XXXXXX	+ _____	XXXXXX
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	\$ <u>_____</u>	\$ <u>_____</u>