

# 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.

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### 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 Coinsurance percentage of \_\_\_\_\_%.

Signature \_\_\_\_\_

Official Title \_\_\_\_\_

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### 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

Income and Expenses	12 Month Period Ending . . . _____		Estimated for 12 Month Period Beginning . . . _____	
	Manufacturing	Non- Manufacturing	Manufacturing	Non- Manufacturing
	\$ _____	\$ _____	\$ _____	\$ _____
A. Gross Sales .....	\$ _____	\$ _____	\$ _____	\$ _____
B. DEDUCT: Finished Stock Inventory (at sales value) at Beginning .....	- _____	XXXXXXXXXX XXXXXXXXXX	- _____	XXXXXXXXXX XXXXXXXXXX
C. ADD: Finished Stock Inventory (at sales value) at End .....	+ _____		+ _____	
D. Gross Sales Value of Production .....	\$ _____		\$ _____	
E. DEDUCT: Prepaid Freight - Outgoing .....	- _____	- _____	- _____	- _____
Returns and 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 .....	\$ _____	\$ _____	\$ _____	\$ _____
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 11F is attached) .....	- _____	XXXXXXX	- _____	XXXXXXX
All ordinary payroll expenses or the amount of payroll expense excluded (if CP 15 10F is attached) .....	- _____	- _____	- _____	- _____
Special deductions for mining properties (see next page for instructions) .....	- _____	- _____	- _____	- _____

**Income and Expenses**

- J.1. Business Income exposure for 12 months ...
- J.2. Combined (firms engaged in manufacturing & non-manufacturing operations) .....  
 The figures in J1 or J2 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 30F or CP 00 32F (loss of Business Income following resumption of operations, up to 30 days or the number of days selected under Extended Period of Indemnity option) .....
  3. Combined (all amounts in K1 and K2) ...
- L. Total of J and K .....

	12 Month Period Ending . . . _____	
	<u>Manufacturing</u>	<u>Non- Manufacturing</u>
J.1.	\$ _____	\$ _____
J.2.		\$ _____
K. 1.		
K. 2.		
K. 3.		
L.		

	Estimated for 12 Month Period Beginning . . . _____	
	<u>Manufacturing</u>	<u>Non- Manufacturing</u>
J.1.	\$ _____	\$ _____
J.2.		\$ _____
K. 1.	\$ _____	\$ _____
K. 2.		
K. 3.	+ _____	+ _____
L.	\$ _____	\$ _____

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

**Calculation of Cost of Goods Sold**

- Inventory at beginning of year (including stock in process for manufacturing risks) .....
- Add: The following purchase costs:
- Cost of raw stock and factory supplies consumed (including transportation charges) .....
- 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 stock in process for manufacturing risks) .....
- Cost of Goods Sold (enter this figure in item I on previous page) .....

	\$ _____	\$ _____
	+ _____	XXXXXX
	+ _____	+ _____
	+ _____	+ _____
	\$ _____	\$ _____
	- _____	- _____
	\$ _____	\$ _____

	\$ _____	\$ _____
	+ _____	XXXXXX
	+ _____	+ _____
	+ _____	+ _____
	\$ _____	\$ _____
	- _____	- _____
	\$ _____	\$ _____

**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 .....

	\$ _____
	+ _____
	+ _____
	+ _____
	\$ _____

	\$ _____
	+ _____
	+ _____
	+ _____
	\$ _____