

## BUSINESS INCOME REPORT / WORKSHEET

**ACCOUNT:**

**DATE:**

	12 Mo. Ending / /	Estimated next 12 Mo.
<b>GROSS INCOME</b> (calculated at gross sales less discounts and allowance for bad debts, returns, sales taxes and pre-paid freight, if included in sales)	\$ -	\$ -
<b>ADD</b> any other earnings derived from the operation of the business	\$ -	\$ -
<b>TOTAL GROSS INCOME</b> from operations	<b>\$ -</b>	<b>\$ -</b>
<b>DEDUCT -</b>		
Cost of merchandise sold and supplies consumed in operation of the business	\$ -	\$ -
Cost of services purchased from others	\$ -	\$ -
If Ordinary Payroll Limitation form is in effect for this policy then deduct Ordinary Payroll (only that payroll which would not continue during period of suspension of operations)	\$ -	\$ -
Charges allocated to ordinary payroll (FICA, unemployment insurance, etc.)	\$ -	\$ -
If power, heat, or refrigerator form in effect for this policy then deduct light, heat and power (in excess of requirements for suspended operation)	\$ -	\$ -
<b>TOTAL DEDUCTIONS</b>	<b>\$ -</b>	<b>\$ -</b>
<b>BUSINESS INCOME VALUE</b>	<b>\$ -</b>	<b>\$ -</b>

**COINSURANCE REQUIREMENT:**

<b>Estimated Annual Income:</b>	<b>Coinsurance</b>	<b>Amount Required</b>
\$ -	<b>100%</b>	\$ -

**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 period indicated and that the Agreed Value for the period of coverage is \$ - , based on a Coinsurance percentage of **100%**

Signature: \_\_\_\_\_

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