

Cavignac & Associates

INSURANCE BROKERS

License No. OA99520

450 B Street, Suite 1800 San Diego, CA 92101-8005

Phone 619-234-6848 <> Fax 619-234-8601 <> Web Site www.cavignac.com

Loss of Income Worksheet

Insured _____ Date _____

In the event your premises are damaged or destroyed by a covered peril, you may be forced to shut down operations for a period of time. This would result in a loss of income.

Loss of income equals net profit or loss (before income taxes) that would have been earned had no loss occurred, plus any normal operating expenses that would continue during the period of restoration.

I. Net Profit or Loss – Monthly \$ _____
(Before income taxes that would have been earned had no loss occurred)

II. Continuing Normal Operating Expenses – Monthly

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

Sub-Total \$ _____

III. Monthly Loss of Income (I + II) \$ _____
IV. Maximum Probable Period of Interruption (number of months) x _____
V. Loss of Income Exposure (multiply III x IV) \$ _____
VI. Extra Expense (see Extra Expense Worksheet) + _____
VII. Total \$ _____

Signature _____ Date _____

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Extra Expense Worksheet

Insured _____ Date _____

In the event your premises are damaged or destroyed by a covered peril, you may have to temporarily relocate your facility while your premises are being repaired.

Extra expenses include necessary expenses you incur during the period of restoration that you would not have incurred had no loss occurred.

The worksheet should be completed on a per month basis.

I. Extra Expenses

Extra Expense Item		Estimated Cost	
		First Month	Subsequent Months
A.	Employee overtime costs	\$	\$
B.	Additional rent (over cost of normal rent)	\$	\$
C.	Additional advertising, announcements, mailing expenses	\$	\$
D.	Installation of additional telephones	\$	\$
E.	Rental of office equipment, such as computers, etc.	\$	\$
F.	Rental of other equipment	\$	\$
G.	Moving expenses	\$	\$
H.	Additional costs to have work done	\$	\$
I.	Expediting costs	\$	\$
J.	Travel expenses	\$	\$
K.	Other extra expenses	\$	\$
Total Monthly Extra Expense		\$	\$

II. Extra Expense Calculation

Maximum Probable Period of Interruption (total number of months)	
First Month's Estimated Cost	\$
Total # of Subsequent Months x Amount Per Month	+
Total Extra Expense	\$

Signature _____ Date _____