

Business Income Worksheet

Names Insured: _____

Location: _____

Date: _____

	Column No. 1 Actual Amt. for Latest Fiscal Year (000)	Column No.2 Estimate for Next Fiscal Year (000)
1. Total annual net sales from Merchandising Or non-Merchandising operations. (Gross Operations, Gross Sales less discounts, Discount returns, bad accounts, and Pre-paid freight, if included in sales):	\$ _____	\$ _____
2. Add other earnings (if any derived From operation of business)	\$ _____	\$ _____
3. Total:	\$ _____	\$ _____
4. Deduct cost of merchandise sold Including packaging materials therefore: (plus raw materials, if any)	\$ _____	\$ _____
5. Deduct cost of materials and supplies Consumed directly in supplying the Service(s) sold by the insured:	\$ _____	\$ _____
6. Deduct service(s) purchased from Outsiders (not employees of the insured) For resale which do not continue under Contract:	\$ _____ Subtract	\$ _____ Subtract
7. Total Deductions:	\$ _____	\$ _____
8. Total Earnings (3 minus 7):	\$ _____	\$ _____
9. Deduct ordinary payroll expenses if Written with ordinary payroll exclusion Endorsement:	\$ _____ Subtract	\$ _____ Subtract
10. Total:	\$ _____	\$ _____

I certify the foregoing is a true and correct report of values as required under Column for the period (and policy) indicated above to the best of my knowledge.

Insured Names in Policy: _____

By: _____

Title: _____