

POLICY NUMBER:

COMMERCIAL PROPERTY

BUSINESS INCOME REPORT/WORKSHEET

Your Name

Date

Location

This worksheet must be completed on an accrual basis in conformity with generally accepted accounting principals.

Indicate the inventory valuation method used by your company:

_____ Specific Identification Method _____ Last-In, First-Out (LIFO) Method
 _____ Average-Cost Method _____ Other (specify):
 _____ First-In, First-Out (FIFO) 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 Coinsurance 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

The Warren Group
 16650 Chesterfield Grove Road, Suite 200
 Chesterfield, MO 63005

BUSINESS INCOME REPORT/WORKSHEET

FINANCIAL ANALYSIS

		Actual 12 Month Period Ending ...20____		Estimate for 12 Month Period Beginning ... 20____	
		Income and Expenses		Income and Expenses	
		<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 of Year	- _____		- _____	
C.	ADD: Finished Stock Inventory (at sales value) at End of Year	+ _____		+ _____	
D.	Gross Sales Value of Production	\$ _____		\$ _____	
E.	DEDUCT: Prepaid Freight _____ Returns & Allowances + _____ Discounts + _____ Bad Debts + _____ Collection Expenses + _____ Total	- _____	- _____	- _____	- _____
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 + _____ Total Other Earnings	+ _____	+ _____	+ _____	+ _____
H.	Total Revenues	\$ _____	\$ _____	\$ _____	\$ _____

I. DEDUCT: The cost of the following (net of any cash discounts received):

1. Cost of Goods Sold:

Inventory (including stock in process)

at beginning of year \$ _____

ADD: Cost of the following

purchased during the year:

Manufacturing Risks Only:

Raw Stock Consumed _____

Factory Supplies Consumed + _____

Merchandise Sold + _____

Other Supplies Consumed (including
transportation charges) + _____

Total Purchase Costs + _____

Cost of goods Available for Sale \$ _____

DEDUCT: Inventory (including stock

in process) at end of year - _____

Cost of Goods Sold \$ _____

2. Services purchased from outsiders

(not your employees) to resell, that do

not continue under contract + _____

TOTAL (Mining Properties-see next page) - _____ - _____ - _____ - _____

J.1. Net Income and Expenses (Business Income
Basis for coinsurance if a Coverage
Modification does not apply)

\$ _____ \$ _____ \$ _____ \$ _____

J.2. Combined (for firms engaged in both
manufacturing and non-manufacturing
operations)

\$ _____

\$ _____

K. Business Income Basis for coinsurance
if a Coverage Modification does apply-
see page 4

\$ _____

\$ _____

L. Amount of Insurance Required (Multiply the amount in J.1., J.2. Or K. by
the coinsurance percentage specified in the Declarations)

BUSINESS INCOME REPORT/WORKSHEET COVERAGE MODIFICATION

	Actual 12 Month Period Ending ...20__		Estimate for 12 Month Period Beginning ... 20__
NET INCOME and EXPENSES (item J.1. or J.2.)	\$ _____		\$ _____
1 If ordinary Payroll Limitation form is attached: DEDUCT: All Ordinary Payroll Expenses	- _____		- _____
 	_____		_____
If "90 days" or "180 days" is indicated for Ordinary Payroll Limitation: ADD: The largest amount of Ordinary Payroll Expense incurred during the specified number of days	+ _____		+ _____
 	_____		_____
2 If Power, Heat and Refrigeration Deduction form is attached: DEDUCT: Power, heat and refrigeration expenses that do not continue under contract	- _____		- _____
BUSINESS INCOME BASIS FOR COINSURANCE (Transfer to Line K on previous page)	\$ _____		\$ _____
MINING PROPERTIES: In the Total for Line I include the following:			
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			+ _____
Subtotal			\$ _____