



**Insured Name:** \_\_\_\_\_

**Location:** \_\_\_\_\_

**Effective Date:** \_\_\_\_\_

**Completed by:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

| <b><u>BUSINESS INCOME WORKSHEET</u></b> |  |               |           |
|---|--|---------------|-----------|
|   |  |               |           |
| <b>A.</b>                               | <b>Total Annual Revenue</b>                          |               | <b>\$</b> |
|   |  |               |           |
| <b>B.</b>                               | <b>Cost of Goods Sold</b>                            | <b>Minus</b>  | <b>\$</b> |
|   |  |               |           |
| <b>C.</b>                               | <b>Net Income</b>                                    | <b>Equals</b> | <b>\$</b> |
|   |  |               |           |
| <b>D.</b>                               | <b>Expenses that would not continue after a Loss</b> | <b>Minus</b>  | <b>\$</b> |
|   |  |               |           |
| <b>E.</b>                               | <b>Suggested Business Income Limit</b>               | <b>Equals</b> | <b>\$</b> |
|   |  |               |           |
| <b>F.</b>                               | <b>Limit chosen</b>                                  |               | <b>\$</b> |
|   |  |               |           |

**If "F" is different from "E" please provide reasons.** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_