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BUSINESS EARNINGS Supplemental Application

Insured _____	Agency Name _____	Date _____
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INSTRUCTIONS

If rental income is the only type of Business Earnings to be insured, complete Sections C & D only.
For all other complete all Sections A thru D.

SECTION A

	Actual 12 months ending	Expected for next 12 months
1. For Non-Manufacturing Operations: NET SALES (gross sales less discounts, returns, bad accounts, prepaid freight) \$ _____	\$ _____	
2. For Manufacturing Operations: NET SALES VALUE (net sales (1) less finished stock at beginning of year plus finished stock at end of year) \$ _____	\$ _____	
3. NET SALES (1) OR NET SALES VALUE (2) \$ _____	\$ _____	\$ _____
4. OTHER EARNINGS (except rental income) \$ _____	\$ _____	\$ _____
5. TOTAL (3 plus 4) \$ _____	\$ _____	\$ _____
6. DEDUCT:		
a. Raw stock from which such production is derived \$ _____	\$ _____	\$ _____
b. Supplies consisting of materials consumed directly in the conversion of such raw stock into finished stock or in supplying the service(s) sold by the Insured \$ _____	\$ _____	\$ _____
c. Merchandise sold, including packaging materials there- fore \$ _____	\$ _____	\$ _____
d. Service(s) purchased from outsiders (not employees of the Insured) for resale which do not continue under con- tract \$ _____	\$ _____	\$ _____
e. Total deductible expenses \$ _____	\$ _____	\$ _____
7. ADJUSTED INCOME excluding RENTAL INCOME (5 minus 6e) \$ _____	\$ _____	\$ _____

If there is no rental income and if ordinary payroll is to be fully insured, proceed to Section D.

SECTION B

ALL ORDINARY PAYROLL EXCLUDED

ORDINARY PAYROLL LIMITED TO

90 days 120 days 150 days 180 days

8. AMOUNT OF ORDINARY PAYROLL EXCLUDED FROM
COVERAGE \$ _____

\$ _____

If there is no rental income, proceed to Section D.

SECTION C

9. a. GROSS RENTAL INCOME (portion occupied by tenants) \$ _____	\$ _____	\$ _____
b. FAIR RENTAL VALUE (portion occupied by Insured) \$ _____	\$ _____	\$ _____
c. TOTAL RENTAL VALUE (9a plus 9b) \$ _____	\$ _____	\$ _____
10. DEDUCT NON-CONTINUING EXPENSES (janitorial ser- vices, elevator services, collection expense, heat, light, etc.) \$ _____	\$ _____	\$ _____
11. NET RENTAL VALUE (9c minus 10) \$ _____	\$ _____	\$ _____

Proceed to Section D.

SECTION D

12. INSURABLE EARNINGS FOR 12 MONTHS		
a. ADJUSTED INCOME (7) \$ _____	\$ _____	\$ _____
b. Deduct ORDINARY PAYROLL Adjustment (8) \$ _____	\$ _____	\$ _____
c. Add NET RENTAL VALUE (11) \$ _____	\$ _____	\$ _____
d. TOTAL ANNUAL INSURABLE EARNINGS \$ _____	\$ _____	\$ _____
13. ANNUAL AMOUNT OF INSURANCE as a % of ANNUAL INSURABLE EARNINGS <input type="checkbox"/> 25% <input type="checkbox"/> 33% <input type="checkbox"/> 50% <input type="checkbox"/> 75% <input type="checkbox"/> 100%		
14. AMOUNT OF BUSINESS EARNINGS (12d times 13)		\$ _____