



Business Income Worksheet for Restaurants

Please complete one worksheet for EACH scheduled location to account for all business interruption exposures.

APPLICANT INFORMATION

NAMED INSURED

SOCIAL SECURITY #

FEIN

WEB ADDRESS

Business Income Worksheet for Restaurants

| | | RECENT 12-MO. PERIOD ENDING: | ESTIMATED 12-MO. PERIOD BEGINNING: |
|---|--|---------------------------------|---------------------------------------|
| ENTER | Gross sales (The value of all invoices before customer discounts, allowances or returns) | \$ | \$ |
| ADD | Other earnings from your business operations (not royalties or investment income) | | |
| | Commissions or Rents | \$ | \$ |
| | Cash discounts received | \$ | \$ |
| | Other: | \$ | \$ |
| LESS | Cost of merchandise and ingredients | \$ | \$ |
| LESS | Cost of utilities that DO NOT continue (Costs that continue are NOT deducted) | \$ | \$ |
| LESS | Cost of services you purchase from outsiders that DO NOT continue (Costs that continue are NOT deducted) | \$ | \$ |
| LESS | Ordinary Payroll—DO NOT deduct wages of officers or anyone under contract, guaranteed compensation or who would otherwise be retained during a period of interruption (see supplemental) | \$ | \$ |
| LESS | Normal maintenance and repair | \$ | \$ |
| LESS | Rental payments that will not continue | \$ | \$ |
| LESS | Franchise fees based on sales | \$ | \$ |
| BUSINESS INCOME EXPOSURE FOR 12 MONTHS | | \$ 0.00 | \$ 0.00 |
| Extra Expenses | | | |
| ADD | Enter the estimated amount required to pay any increased expenses over normal expenses to keep an uninterrupted business in operation (see supplemental) | \$ | \$ |
| Extended Business Income | | | |
| ADD | Enter the estimated amount of reduced earnings that might be expected during the 12 months after you are able to resume business operations | \$ | \$ |
| TOTAL BUSINESS INCOME AND EXTRA EXPENSE EXPOSURE FOR 12 MONTHS | | \$ 0.00 | \$ 0.00 |

This worksheet does not provide any coverage or otherwise become part of any policy of insurance. In addition, nothing contained herein will operate to modify or supersede any terms, conditions, exclusions, limitations, coverage's or provisions of any policy of insurance. The values stated herein are true and accurate to the best of my knowledge and belief.

NAMED INSURED SIGNATURE

DATE



Business Income Supplemental Application

“ORDINARY” PAYROLL LIMITATION WORKSHEET

Ordinary payroll expenses include payroll, employee benefits if directly related to payroll, FICA and Medicare Payments, union dues, and Workers Compensation premiums. Some points to consider in deciding whether to exclude or include “Ordinary Payroll” (i.e. other than officers, executives, department managers and employees under contract): Would you lay off all your other employees in the event of a short interruption? Could you get them back when you re-open for business or would they have gone elsewhere? Do you have skilled or specialized labor?

| | | RECENT 12-MO. PERIOD ENDING: | ESTIMATED 12-MO. PERIOD BEGINNING: |
|-------------------------------|---------------------------------|---------------------------------|---------------------------------------|
| ENTER | 100% of all salaries and wages | \$ | \$ |
| ADD | All employment taxes | \$ | \$ |
| ADD | Workers Compensation premiums | \$ | \$ |
| ADD | All fringe benefits | \$ | \$ |
| TOTAL PAYROLL EXPOSURE | | \$ | \$ |
| LESS | Necessary payroll | \$ | \$ |
| EQUALS | “ORDINARY” PAYROLL LIMIT | \$ 0.00 | \$ 0.00 |

EXTRA EXPENSES WORKSHEET

| ADDITIONAL EXPENSES AT TEMPORARY PREMISES | 1st Month | 2nd Month | 3rd Month | Add'l Months | TOTAL |
|--|----------------|----------------|----------------|----------------|----------------|
| Rental of temporary location | \$ | \$ | \$ | \$ | \$ 0.00 |
| Rental and installation of temporary equipment | \$ | \$ | \$ | \$ | \$ 0.00 |
| Rental and installation of temporary computers | \$ | \$ | \$ | \$ | \$ 0.00 |
| Additional Utilities | \$ | \$ | \$ | \$ | \$ 0.00 |
| Moving services for equipment | \$ | \$ | \$ | \$ | \$ 0.00 |
| Cleaning and modifying temporary location | \$ | \$ | \$ | \$ | \$ 0.00 |
| Data reproduction | \$ | \$ | \$ | \$ | \$ 0.00 |
| Additional insurance expenses | \$ | \$ | \$ | \$ | \$ 0.00 |
| Transportation costs | \$ | \$ | \$ | \$ | \$ 0.00 |
| Advertising expense for temporary location | \$ | \$ | \$ | \$ | \$ 0.00 |
| Additional salaries | \$ | \$ | \$ | \$ | \$ 0.00 |
| Subcontracted duties of normal activities | \$ | \$ | \$ | \$ | \$ 0.00 |
| Legal and other professional fees | \$ | \$ | \$ | \$ | \$ 0.00 |
| Purchase of goods and materials | \$ | \$ | \$ | \$ | \$ 0.00 |
| Travel expenses | \$ | \$ | \$ | \$ | \$ 0.00 |
| Other: | \$ | \$ | \$ | \$ | \$ 0.00 |
| TOTAL EXTRA EXPENSES | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 |

N.J. Law P.L. 1995, c. 132: Any Person who includes any false or misleading information on the application for an insurance policy is subject to criminal and civil penalties. The information in this application is correct to the best of my knowledge and belief.

For PA Submissions:

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties. The information in this application is correct to the best of knowledge and belief.

I certify that the information in or attached to this questionnaire is true, complete and correct based on business records and my personal knowledge. I grant United Fire Group authorization to order a credit report on my business and/or me.

| | | | |
|------------------------------|-------------------|---------------------------------------|------|
| Owner or Officer's Name | | Agent's Name | |
| Title | Agent's Signature | | Date |
| Owner or Officer's Signature | Date | Expiring policy number, if applicable | |