

PHILADELPHIA INSURANCE COMPANIES

Business Income Worksheet for Non-Profits

Named Insured: _____
 Agent / Broker: _____ Effective Date: ____/____/____

All Entries to be on an Annual Basis

Column 1
Actual Values For
Year Ended _____

Column 2
Estimated Total
Value for Next
12 Months
Ended _____

A. Revenue From Following Sources:

1. IN-PATIENT (RESIDENTIAL):		
2. Out-Patient Services:		
3. Grants & Research Contracts:		
4. School Operations (Tuition / Fees):		
5. Service Contracts (Mobile Work Forces):		
6. Thrift Shop and Ancillary Sales:		
8. Other Revenue (Excluding donations & contributions):		

B. Total Revenue (Items 1-8) \$ _____ \$ _____

C. Less Cost of:

1. Bad Debts:		
2. Adjustments & Allowances for Governmental Agency Requirements:		
3. Cost of Goods Sold:		
4. If excluding or limiting "Ordinary Payroll", deduct all "Ordinary Payroll" Expenses. See Note "A" (top of page 2). If not excluding or limiting "Ordinary Payroll", leave blank.		
5. Social Security, Unemployment Insurance and Other Charges allocated to above Ordinary Payroll Amount:		
6. Light, Heat, and Power expenses that do not continue under contract:		
7. Other Non-continuing Expenses (Describe) _____:		

D. Total Deductions (Items 1-7) \$ _____ \$ _____

E. Total Business Income Value (B-D) \$ _____ \$ _____

“A”: 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 limit Ordinary Payroll (ie: other than officers, executives, 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 operations are restored or would they have gone elsewhere?

EXTRA EXPENSE COVERAGE

Extra Expense Coverage provides additional coverage in the event of a loss for necessary expenses sustained during the period of restoration that you would not have incurred if there had been no direct physical loss or damage to property. For example, it becomes necessary to contract with an outside food service since your kitchen is non-operational due to a loss, or you must rent residential space for your clients who have been displaced due to a loss as funding depends on available beds.

F. Extra Expense:

1. Rental Fees for Temporary Residential:		
2. Moving Expenses (including transport of clients to neighboring facilities):		
3. Overtime and Special Bonus to Employees		
4. Other:		

G. Total Gross Extra Expense:	\$ _____	\$ _____
- Deduct expenses discontinued at original location because of loss:	(\$ _____)	(\$ _____)
H. Net Extra Expense:	\$ _____	\$ _____
I. TOTAL INSURABLE BUSINESS INCOME/EXTRA EXPENSE (E + H) (Assumes 100% Co-insurance)	\$ _____	\$ _____

ADDITIONAL COMMENTS

PRINT: _____
 Name & Title of Individual
 Completing Worksheet

 Signature

 Date

Submitter's Contact Information

If this form is being submitted by someone other than the Insured, please provide the submitter's contact information below.

Company Name

Contact Person

Address

Phone

Fax

Email