

Named Insured: _____

Location: _____

Policy Number: _____ Effective Date: _____

BUSINESS INCOME

All Entries to be on an Annual Basis

Column 1 Actual Values for Year	Column 2 Estimated Total Value for Next 12 Months:
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Ended: _____

A. Income from Following Sources:

- | | | |
|---|-------|-------|
| 1. In-Patient Services | _____ | _____ |
| 2. Out-Patient Services | _____ | _____ |
| 3. Grant & Research Contracts | _____ | _____ |
| 4. School(s) (i.e., Tuition, Fees & Other Incomes) | _____ | _____ |
| 5. Cafeteria | _____ | _____ |
| 6. Ambulance Service | _____ | _____ |
| 7. Commission/Rents from Leased Departments | _____ | _____ |
| 8. Rental of Rooms, Gift Shop Concessions, Sales,
Rental Equipment | _____ | _____ |
| 9. Other Income (Excluding donations & contributions) | _____ | _____ |

B. Total Income (Items 1 - 9): _____

C. Less Cost of:

- | | | |
|---|-------|-------|
| 1. Bad Debts | _____ | _____ |
| 2. Adjustments & Allowances for Hospitalization
Plans & Governmental Agency Requirements | _____ | _____ |
| 3. Merchandise Sold | _____ | _____ |
| *4. Supplies consisting of materials consumed directly in supplying
the Service(s) rendered by the Insured | _____ | _____ |
| **5. Service(s) purchased from external sources (non- employees) for
resale - which do not continue either on a contractual or non-
contractual basis | _____ | _____ |

D. Total Deductions: _____

* - Includes dietary, linen service, outpatient emergency department, professional care of patients such as nursing, pharmacy, operating rooms, labs, etc. (**other than Ordinary Payroll**).

** - Includes excess expenses of specified contractual minimum for services such as: outside laboratory, outside food preparation, etc.

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 or temporarily closed for repairs due to a loss. Food service expenses would therefore increase beyond the customary level resulting in potential reduction in earnings. When determining the amount of extra expense, only consider the amount of increase above the customary level.

- 1. Rental fees for specialized equipment (i.e., Medical): _____
 - 2. Moving Expenses (including transport of patients to neighboring facilities): _____
 - 3. Cost for the following outside services:
 - a. Outside dietary preparation service: _____
 - b. Outside laboratory service: _____
 - c. Outside pharmacy service: _____
 - d. Outside laundry service: _____
 - 4. Overtime and Special Bonus to Employees: _____
 - 5. Other: _____
 - 6. Total Gross Extra Expense (Items 1 - 5) _____
 - 7. Deduct expenses discounted at original location because of loss: _____
 - 8. Net Extra Expense: _____
- Total Insurable Income – “Total Income (Item B, Column 2) less Total Deductions (Item D, Column 2) plus Extra Expense (Item 8, Page 2)” _____

ADDITIONAL COMMENTS

Print: _____
Name & Title of Individual
Completing Worksheet

Signature

Date