

**BUSINESS INCOME & EXTRA EXPENSE WORKSHEET
ASSISTED LIVING FACILITY**

Date: _____

Account Name: _____

We have indicated below:

a. Estimated Gross Earning Values Anticipated for 12 months, beginning _____

b. Actual Gross Earning Values Earned for 12 months, ending _____

REVENUE (Direct and Non-Direct)	Actual Value (previous 12 months)

Resident Revenue (direct care)	
Outpatient Services (I.e. Home Healthcare Services)	\$
Unit Rentals	\$
Other Non-Resident Revenue (non-direct includes dining room charges, etc.)	\$
A. Total Revenue	\$0

NON-CONTINUING EXPENSES	Actual Value (previous 12 months)
Cost of Materials and Supplies	
Ordinary Payroll (Do not includes wages of anyone under guaranteed annual compensation contract or who would be retained during suspension of business operations) NOTE: If you wish to provide coverage for Ordinary Payroll, please do not enter a figure here; enter \$0.	
Compensation Insurance Premiums, Social Security, Unemployment Insurance and Other Charges allocated to above Ordinary Payroll Amount	
Light, Heat, and Power (in excess requirements for non-operating condition)	
Other non-continuing Expenses (Describe)	
B. Total NON-CONTINUING EXPENSES	\$0
C. Total Business Income Value (A less B above)	\$0

BUSINESS INCOME & EXTRA EXPENSE WORKSHEET
ASSISTED LIVING FACILITY

Date: 1/0/1900

Account Name: 0

	Actual Values (previous 12 months)
EXTRA EXPENSE (The amount expected to be incurred during suspension of business operations.)	
Cost of housing; temporary hotel rooms or beds in other facilities.	\$
Rental fees for specialized equipment (I.e. medical)	\$
Moving Expenses (including transport of patients to neighboring facilities)	\$
Cost for the following outside services:	
a. Outside dietary preparation services;	\$
b. Outside laboratory services;	\$
c. Outside pharmacy services;	\$
d. Outside laundry services.	\$
Overtime and Special Bonus to Retain Employees	
Other:	\$
D. Total EXTRA EXPENSE	\$0
E. Total BUSINESS INCOME & EXTRA EXPENSE Amount to be insured (add C plus D above).	\$0

SIGNED by INSURED: _____

 (Print Name and Title)

DATE: 1/0/1900

DEFINITIONS:

Other Non-Residential Revenue:

Includes dining, gift shop, concessions, room charges, parking etc., but not donations & contributions.

Cost of materials and supplies:

Cost of materials and supplies consumed in supplying the services rendered by the insured. This includes dietary, linen service, outpatient, emergency department, professional care of patients, such as nursing, pharmacy, operating rooms, labs, etc. This also includes service(s) purchased from external sources (non-employees) for resale, which do not continue either on a contractual or non-contractual basis and excess of expenses of specified contractual minimum for services such as; outside laboratory, outside food preparation, etc.

Ordinary Payroll:

Include Compensation Insurance Premiums, Social Security, Unemployment Insurance and Other Charges allocated to above Ordinary Payroll Amount. Do not include wages of anyone under guaranteed annual compensation contracts or who would be retained during suspension of business operations.

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 temporary closed for repairs due to a loss. Food service expenses would therefore increase beyond the customary level resulting in potential reduction in earnings.

Continuing Expenses:

May include all types of insurance premium, donations and charity, taxes and interest, finance payments and depreciation.