



Business Interruption Insurance Profits Insurance Application and Worksheet

APPLICANT INFORMATION	
Name of Applicant:	Policy Number:
Location of Risk:	
Type of Business:	

DETAILS		
ALL ENTRIES TO BE ON AN ANNUAL BASIS <i>(For each item applicable to your business, determine the amount, which would be insured during one entire year of normal operations.)</i>	COLUMN 1 Actual Values for Year Ended _____	COLUMN 2 **Estimated Values for Year Ending _____ <i>(Important – See Note 2 below)</i>
Net Profit <i>(Before taxes)</i>	\$	\$
*Standing charges <i>(Important – See Note 1 below)</i>	\$	\$
1. Advertising	\$	\$
2. Auditor’s Fees	\$	\$
3. Data Processing Under Contract	\$	\$
4. Delivery and Other Services Under Contract	\$	\$
5. Depreciation	\$	\$
6. Directors’ Fees	\$	\$
7. Expenses of Branch or Local Offices	\$	\$
8. Insurance Premiums	\$	\$
9. Interest on Debentures and Bonds	\$	\$
10. Interest on Mortgages and Loans	\$	\$
11. Lighting, Heating, Power <i>(At least to Contact Minimum)</i>	\$	\$
12. Maintenance of Plant & Machinery	\$	\$
13. Printing, Stationery and Postages	\$	\$
14. Rent	\$	\$
15. Royalties	\$	\$
16. Salaries and Wages – Classification of Payroll:	\$	\$
a) Officers, executives, and permanent staff	\$	\$
b) Foremen and skilled employees whose services could not be dispensed with pending resumption of normal operations.	\$	\$

c) All other employees (<i>Ordinary Payroll</i>), (<i>Ordinary Payroll may be insured as a separate item on a short-term basis</i>)	\$	\$
17. Taxes	\$	\$
18. Telephone	\$	\$
19. Travelling Expenses	\$	\$
20. Upkeep of Automobiles, etc.	\$	\$
21.	\$	\$
22.	\$	\$
23.	\$	\$
24.	\$	\$
25. Miscellaneous Standing Charges (<i>Not exceeding 5% of the total amount insured in respect of specified Standing Charges</i>)	\$	\$
Total:	\$	\$

Sum Insured Required:	\$
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DECLARATION

For purposes of the Insurance Companies Act (Canada), any document would be issued in the course of Lloyd’s Underwriters’ insurance business in Canada. Where (a) an Applicant for this contract gives false particulars to the prejudice of the insurer or knowingly misrepresents or fails to disclose any fact in any part of this application required to be stated therein; or (b) the insured contravenes a term of the contract or commits a fraud; or (c) the Insured willfully makes a false statement in respect of a claim, a claim will become invalid and the Insured’s right of recovery is forfeited. The Applicants have reviewed all parts and attachments of this application and acknowledge that all information is true and correct and understand that this application for insurance is based on the truth and completeness of this information. I have provided personal information in this document and otherwise and I may in the future provide further personal information. Some of this personal information may include, but is not limited to, my credit information and claims history. I authorize my broker, or insurance company to collect, use and disclose any of this personal information, subject to the law and my broker’s or insurance company’s policy regarding personal information, for the purpose of communicating with me, assessing my application for insurance, and underwriting my policies, evaluating claims, detecting and preventing fraud, and analyzing business results. I confirm that all individuals whose personal information is contained in this document have authorized that I agree to the above on their behalf.

This application and any supplements attached hereto do not bind the Applicant or the Company to complete this insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued. THE UNDERSIGNED HEREBY ACKNOWLEDGE THE TRUTH OF THE STATEMENTS CONTAINED

- certify that all statements made in this application are true and that I have not mis-stated or suppressed any material fact.
- I agree that this application form, together with any other material information supplied, shall form the basis of any contract of insurance agreed upon.
- I undertake to inform Underwriters of any material change to these facts occurring before the completion of the contract.

Date:	Broker:
Applicants Signature:	Official Title:

NOTES

This statement must be signed by Insured if an individual, by partner if a partnership, or by an officer if corporation.

***NOTE 1:** Generally speaking, a Standing Charge is an item or expense which, in the event of a total interruption, would not be eliminated or, in the event of a partial interruption would not be reduced in proportion to the reduced earnings. Listed from 1 to 20 are typical standing charges; others may be added as required. If your accounting methods make use of other terms to define standing charges, it is quite permissible to list them in that way. If you are insuring on an all Standing Charges basis, you may list the total of all expenses and deduct the total of those expenses which are not standing charges to arrive at the actual values.

****NOTE 2:** It is important to keep in mind that an interruption to the business arising out of the insured perils could occur towards the end of the next annual term, and it is, therefore, necessary to anticipate at least two years ahead when calculating the amount of insurance required.