



P.O. Box 650 • 57 Parker Rd. • Barre, VT 05641 • 800-548-4301 • www.neee.com

BUSINESS INCOME REPORT/WORKSHEET

SECTION A: GENERAL INFORMATION

Named Insured:	
New: Yes <input type="checkbox"/> No <input type="checkbox"/>	Renewal: Yes <input type="checkbox"/> No <input type="checkbox"/> Policy Number:
Effective Date:	

SECTION B: BUSINESS INCOME REPORT/WORKSHEET FINANCIAL ANALYSIS

Income And Expenses	12-Month Period Ending:		Estimated For 12-Month Period Beginning:	
	Manufacturing	Non- Manufacturing	Manufacturing	Non- Manufacturing
A. Gross Sales	\$	\$	\$	\$
B. Deduct: Finished Stock Inventory (at sales value) At Beginning	-		-	
C. Add: Finished Stock Inventory (at sales value) At End	+		+	
D. Gross Sales Value Of Production	\$		\$	
E. Deduct: Prepaid Freight – Outgoing	-	-	-	-
Returns And Allowances	-	-	-	-
Discounts	-	-	-	-
Bad Debts	-	-	-	-
Collection Expenses	-	-	-	-
F. Net Sales Net Sales Value Of Production	\$		\$	
G. Add: Other Earnings From Your Business Operations (not investment income or rents from other properties):				
Commissions Or Rents	+	+	+	+
Cash Discounts Received	+	+	+	+
Other	+	+	+	+
H. Total Revenues	\$	\$	\$	\$

Income And Expenses	12-Month Period Ending:		Estimated For 12-Month Period Beginning:	
	Manufacturing	Non- Manufacturing	Manufacturing	Non- Manufacturing
Total Revenues (Line H. from previous page)	\$	\$	\$	\$
I. Deduct:				
Cost Of Goods Sold (See page 5 for instructions.)	-	-	-	-
Cost Of Services Purchased From Outsiders (not your employees) To Resell, That Do Not Continue Under Contract	-	-	-	-
Power, Heat And Refrigeration Expenses That Do Not Continue Under Contract (if CP 15 11 is attached)	-		-	
All Payroll Expenses Or The Amount Of Payroll Expense Excluded (if CP 15 10 is attached)	-	-	-	-
Special Deductions For Mining Properties (See page 6 for instructions.)	-	-	-	-
J.1. Business Income Exposure For 12 Months	\$	\$	\$	\$
J.2. Combined (firms engaged in manufacturing and non-manufacturing operations)	\$		\$	
The Figures In J.1. Or J.2. Represent 100% Of Your Actual And Estimated Business Income Exposure For 12 Months.				

Income And Expenses	12-Month Period Ending:		Estimated For 12-Month Period Beginning:	
	Manufacturing	Non- Manufacturing	Manufacturing	Non- Manufacturing
K. Additional Expenses:				
1. Extra Expenses – Form CP 00 30 Only (expenses incurred to avoid or minimize suspension of business and to continue operations)			\$	\$
2. Extended Business Income and Extended Period Of Indemnity – Form CP 00 30 Or CP 00 32 (loss of Business Income following resumption of operations for up to 60 days or the number of days selected under Extended Period Of Indemnity option)			+	+
3. Combined (all amounts in K.1. and K.2.)			\$	
L. Total Of J. And K.			"Estimated" Column \$	
The figure in L. represents 100% of your estimated Business Income exposure for 12 months, and additional expenses.				

SECTION C: SUPPLEMENTARY INFORMATION

Calculation Of Cost Of Goods Sold	12-Month Period Ending:		Estimated For 12-Month Period Beginning:	
	Manufacturing	Non-Manufacturing	Manufacturing	Non-Manufacturing
Inventory At Beginning Of Year (including raw material and stock in process, but not finished stock, for manufacturing risks)	\$	\$	\$	\$
Add: The Following Purchase Costs: Cost Of Raw Stock (including transportation charges)	+		+	
Cost Of Factory Supplies Consumed	+		+	
Cost Of Merchandise Sold Including Transportation Charges (for manufacturing risks, means cost of merchandise sold but not manufactured by you)	+	+	+	+
Cost Of Other Supplies Consumed (including transportation charges)	+	+	+	+
Cost Of Goods Available For Sale	\$	\$	\$	\$
Deduct: Inventory At End Of Year (including raw material and stock in process, but not finished stock, for manufacturing risks)	-	-	-	-
Cost Of Goods Sold (Enter this figure in Item I. on page 2.)	\$	\$	\$	\$

Calculation Of Special Deductions – Mining Properties		
	12-Month Period Ending:	Estimated For 12-Month Period Beginning:
Royalties, Unless Specifically Included In Coverage	\$	\$
Actual Depletion, Commonly Known As Unit Or Cost Depletion (not percentage depletion)	+	+
Welfare And Retirement Fund Charges Based On Tonnage	+	+
Hired Trucks	+	+
Enter This Figure In Item I. On Page 2.	\$	\$

FRAUD WARNING

NOTICE TO ALABAMA, ALASKA, ARIZONA, ARKANSAS, CALIFORNIA, CONNECTICUT, DELAWARE, GEORGIA, IDAHO, ILLINOIS, INDIANA, IOWA, KANSAS, MARYLAND, MASSACHUSETTS, MICHIGAN, MINNESOTA, MISSISSIPPI, MISSOURI, MONTANA, NEBRASKA, NEVADA, NEW HAMPSHIRE, NORTH CAROLINA, NORTH DAKOTA, OREGON, RHODE ISLAND, SOUTH CAROLINA, SOUTH DAKOTA, TEXAS, UTAH, VERMONT, WASHINGTON, WEST VIRGINIA, WISCONSIN, AND WYOMING APPLICANTS: In some states, 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, for the purpose of misleading, conceals information concerning any fact material thereto, may commit a fraudulent insurance act which is a crime in many states.

NOTICE TO COLORADO APPLICANTS: It is unlawful to knowingly provide false, incomplete or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claiming with regard to a settlement or award payable for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

NOTICE TO FLORIDA APPLICANTS: Any person who knowingly and with intent to injure, defraud or deceive any insurance company files a statement of claim containing any false, incomplete or misleading information is guilty of a felony of the third degree.

NOTICE TO HAWAII APPLICANTS: For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

NOTICE TO KENTUCKY APPLICANTS: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.

NOTICE TO LOUISIANA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO MAINE APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines, or denial of insurance benefits.

NOTICE TO NEW JERSEY APPLICANTS: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

NOTICE TO NEW MEXICO APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

NOTICE TO NEW YORK APPLICANTS: Any person who knowingly and with intent to defraud an 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 shall also be subject to a civil penalty not to exceed \$5,000 and the stated value of the claim for each such violation.

NOTICE TO OHIO APPLICANTS: Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

NOTICE TO OKLAHOMA APPLICANTS: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes a any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

NOTICE TO PENNSYLVANIA APPLICANTS: Any person who knowingly and with intent to defraud any insurance company, or other person, files an application for insurance or statement of a 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 the person to criminal and civil penalties.

NOTICE TO TENNESSEE APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

NOTICE TO VIRGINIA APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

The Applicant acknowledges that the answers provided herein are based on a reasonable inquiry and/or investigation. The Applicant warrants that the above statements and particulars together with any attached or appended documents are true and complete and do not misrepresent, misstate or omit any material facts.

The Applicant agrees to notify us of any material changes in the answers to the questions on this questionnaire which may arise prior to the effective date of any policy issued pursuant to this questionnaire and the Applicant understands that any outstanding quotations may be modified or withdrawn based upon such changes at our sole discretion.

Completion of this form does not bind coverage. Applicant's acceptance of the company's quotation is required prior to binding coverage and policy issuance.

All written statements and materials furnished to the company in conjunction with this application are hereby incorporated by reference into this application and made a part of this application.

Applicant: _____ Title: _____

FEIN #: _____

Applicant's Signature: _____ Date: _____

Agent/Broker Name: _____