



BUSINESS INTERRUPTION REPORT OF VALUES

MEMBER DISTRICT _____

LOCATION ADDRESS _____

LOCATION & PREMISES # _____

BI Worksheet required for each scheduled property location where \$250,000 in total limits for all locations would not be sufficient to replace your district's lost income.

	Actual Values for 12 Month Period Ending 20__	Estimated Values for 12 Month Period Beginning 20__
A. Total annual net sales (gross sales less discounts, returns, bad accounts and prepaid freight, in included in sales. If manufacturing, add increase or subtract decrease in inventory of finished products during period reported. If rents, net sales means gross rents less discounts, returns, allowance to customers, bad accounts, sales taxes) _____	\$ _____	\$ _____
B. Add other earnings (if any) derived from operation of the business: _____	_____	_____
1. Cash discounts received _____	_____	_____
2. Commissions or rents from leased departments _____	_____	_____
3. Other _____	_____	_____
C. Total (A. plus B.) _____	_____	_____
D. Deduct only cost of:		
1. Raw stock from which such production is derived _____	_____	_____
2. Materials and supplies consumed directly in manufacturing the finished product or in supplying services you sold _____	_____	_____
3. Merchandise sold, including packaging materials _____	_____	_____
4. Services purchased from outsiders (not your employees) for resale which do not continue under contract _____	_____	_____
5. Ordinary payroll expense for 12 months _____	_____	_____
Total deductions _____	_____	_____
E. Total net profits, fixed charges and expenses (C. minus D.) _____	\$ _____	\$ _____
F. Number of working days in period reported _____	_____	_____
G. Average Daily Value (E. divided by F.) _____	\$ _____	\$ _____
H. If Ordinary Payroll coverage is provided, indicate # of days of coverage (90, 180, 365,...) and amount.		
1. Number of Days _____	_____	_____
2. Ordinary Payroll Expense for # days indicated _____	\$ _____	\$ _____
3. Revised Average Daily Value (E. + D.5)/F.) _____	\$ _____	\$ _____

CERTIFICATION

I HEREBY CERTIFY THAT THE ABOVE VALUES ARE TRUE AND CORRECT

MEMBER REPRESENTATIVE _____

DATE _____

TITLE _____