

## BUSINESS INTERRUPTION | STATEMENT OF VALUES

**Name of Insured:** \_\_\_\_\_

**Declined (initial here):** \_\_\_\_\_

**All ENTRIES TO BE ON AN ANNUAL BASIS**

(For each item applicable to your business, determine the amount which would be insured during one entire year of normal operations.)

		COLUMN 1 Actual Values for Year Ended 20_____	COLUMN 2 Estimated Values for Year Ending 20_____
<b>(A) NET PROFIT / LOSS</b> - Estimate for twelve months		\$	\$
<b>(B) STANDING CHARGES</b> (Important – See NOTE 1 below)			
1.	Advertising	\$	\$
2.	Auditors' and Professional Fees	\$	\$
3.	Data Processing under Contract	\$	\$
4.	Delivery and other Services under Contract	\$	\$
5.	Depreciation	\$	\$
6.	Director's Fees	\$	\$
7.	Insurance Premiums – Life, Accident and Group and Pension Fund Contributions	\$	\$
8.	Insurance Premiums – Fire, Casualty and Sundry (including Unemployment Insurance Contributions)	\$	\$
9.	Interest on Debentures and Bonds	\$	\$
10.	Interest on Mortgages and Loans	\$	\$
11.	Leases	\$	\$
12.	Lighting, Heating, Power (at least to contract minimum)	\$	\$
13.	Maintenance of Property and Machinery	\$	\$
14.	Printing, Stationery and Postage	\$	\$
15.	Rent(s)	\$	\$
16.	Royalties (if payable whether operating or not)	\$	\$
17.	Salaries and Wages/Classification of Payroll:		
	a) Officers, Executives and Permanent Staff	\$	\$
	b) Foreman and skilled employees whose services could not be dispensed with pending resumption of normal operation	\$	\$
	c) Ordinary Payroll - calculated over 90 day period Enter your highest 90 day value      OR	\$	\$
	d) If coverage for full 12 months is required, enter your coverage amount on this line	\$	\$
18.	Subscriptions and dues to trade and credit organizations	\$	\$
19.	Taxes – Municipal	\$	\$
20.	Telephone and all other Service Contracts	\$	\$
21.	Travelling Expenses	\$	\$
22.	Upkeep of Automobiles	\$	\$
23.	Miscellaneous Standing Charges	\$	\$
24.	Other:	\$	\$
25.	Other:	\$	\$
	<b>B TOTAL</b>	<b>\$</b>	<b>\$</b>
	<b>TOTAL OF A AND B (No's 1 to 25) IS AMOUNT OF INSURANCE REQUIRED</b>	<b>\$</b>	<b>\$</b>

I / We hereby certify that the above statement of Actual Values as shown in Column 1 is true and correct.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_ Official Title: \_\_\_\_\_  
**(This statement must be signed by Insured if an individual, by a partner if a partnership or by an officer if a 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 25 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 value.

**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