



DISABILITY DIVISION

Business Overhead Expense Worksheet

(To be submitted with Application)

Proposed Insured: First _____ Middle _____ Last _____

Firm Name: _____

Business structure: ☐ SOLE PROPRIETOR ☐ PARTNERSHIP ☐ CORPORATION

Percentage of Ownership of firm _____ %

ELIGIBLE MONTHLY EXPENSES OF THE BUSINESS

Rent or mortgage payments (including principal, interest and taxes) or Depreciation-if greater than principal payments	\$ _____
Utilities (electricity, heat, telephone and water)	\$ _____
Leasing costs or installment payments	\$ _____
Laundry and maintenance	\$ _____
Accounting, billing and collection service fees	\$ _____
Business insurance premiums	\$ _____
Other regular monthly expenses (except for cost of goods sold)	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

Salary Expenses should be listed and included ONLY for business or professional practices which are purely service in nature and where business revenue is generated directly by the services of the insured.

Do not include the salaries of any member of the insured's profession.

Employee Name	Job Title	Salary
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
Total Salaries		\$ _____
Total Expenses		\$ _____

Your share of these expenses is _____ %

PETERSEN INTERNATIONAL UNDERWRITERS

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