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Proposed Insured: First \_\_\_\_\_ M.I. \_\_\_\_\_ Last \_\_\_\_\_

Firm Name: \_\_\_\_\_

Business Structure:  Sole Proprietor     Partnership     Corporation

Ownership: \_\_\_\_\_% (*Percentage Ownership of the Firm*)

**Eligible Monthly Business Expenses**

- 1. Rent \$ \_\_\_\_\_
- 2. Electricity, telephone, heating and water \$ \_\_\_\_\_
- 3. Laundry and maintenance services \$ \_\_\_\_\_
- 4. Property and liability insurance \$ \_\_\_\_\_
- 5. Taxes on business premises owned and used by you \$ \_\_\_\_\_
- 6. Interest payments on your business mortgage and other debts \$ \_\_\_\_\_
- 7. Payroll taxes, group insurance premiums and retirement contributions \$ \_\_\_\_\_
- 8. Leasing costs \$ \_\_\_\_\_
- 9. Other expenses considered by the Internal Revenue Services as legitimate tax deductible expenses to the company and not excluded elsewhere \$ \_\_\_\_\_

**Salaries**

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 Percentage of These Expenses:** \_\_\_\_\_ %