



BUSINESS INCOME / EXTRA EXPENSE / RENTAL VALUE SUPPLEMENT TO PROPERTY SECTION

DATE (MM/DD/YYYY)

AGENCY	PHONE (A/C, No, Ext):	APPLICANT (First Named Insured)
	FAX (A/C, No):	
CODE:		COMPANY
SUB CODE:		
AGENCY CUSTOMER ID:		

PREMISES INFORMATION

PREMISES #:	<input type="checkbox"/> BUSINESS INCOME / EXTRA EXPENSE	<input type="checkbox"/> BUSINESS INCOME W/O EXTRA EXPENSE	<input type="checkbox"/> EXTRA EXPENSE	<input type="checkbox"/> BUSINESS INCOME / RENTAL VALUE	<input type="checkbox"/> RENTAL VALUE	
BUILDING #:						
TYPE OF BUSINESS	ORDINARY PAYROLL		EXT PERIOD	POWER/HEAT	OFF PREM POWER	DEPEND PROP
	<input type="checkbox"/> NON MFG	<input type="checkbox"/> EXCL <input type="checkbox"/> INCL	DAYS	\$ DED	<input type="checkbox"/> POWER	<input type="checkbox"/> BROAD FORM <input type="checkbox"/> LIMITED FORM
<input type="checkbox"/> MFG	90 DAYS	MO PERIOD	ELEC MEDIA	<input type="checkbox"/> WATER		
<input type="checkbox"/> MINING	180 DAYS	LIMIT	DAYS	<input type="checkbox"/> COMM (DESCR BELOW)	COIN ____ %	
____ % COINS	\$ _____	MAX PERIOD	ORD OR LAW	TUITION FEES		
EXTRA EXPENSE	LIMIT LOSS PAY		DAYS	\$ _____ STUDENTS	<input type="checkbox"/> CONT LOC <input type="checkbox"/> MFG LOC	
____ DAYS PERIOD REST	____ % ____ %		DAYS	\$ _____ OTHER ED SERV/INC	<input type="checkbox"/> REC LOC <input type="checkbox"/> LDR LOC (DESCR BELOW)	

NAME(S) AND ADDRESS(ES) FOR OFF PREM POWER OR DEPEND PROP

OTHER COVERAGES

