



DISABILITY DIVISION

Business Overhead Expense Worksheet

Prepared For: FIRST _____ MIDDLE _____ LAST _____

Firm Name: _____

Business Structure: SOLE PROPRIETOR PARTNERSHIP CORPORATION

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)—itemize	
_____	\$ _____
_____	\$ _____
_____	\$ _____

Salary Expenses should be listed and included ONLY for businesses 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 _____%

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