



INTERNATIONAL
SPECIALTY INSURANCE, INC

HELPING PROTECT
WHAT
YOU'VE ACHIEVED

QUESTIONS?
800-849-0474

INSTRUCTIONS: Print in black and initial all changes. Answer all questions in their entirety. Any unanswered questions will delay the processing "N/A" or "None" are unsatisfactory answers and will not be accepted.

Business Overhead Expense Supplement

PREPARED FOR:

FIRST NAME

M.I.

LAST NAME

FIRM NAME

BUSINESS STRUCTURE:

SOLE PROPRIETOR

PARTNERSHIP

CORPORATION

ELIGIBLE MONTHLY EXPENSES OF THE BUSINESS

Rent or Mortgage Payments: (INCLUDING PRINCIPAL, INTEREST AND TAXES)

\$

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

EMPLOYEE NAME

JOB TITLE

SALARY

EMPLOYEE NAME

JOB TITLE

SALARY

EMPLOYEE NAME

JOB TITLE

SALARY

\$

TOTAL SALARIES

\$

TOTAL EXPENSES

%

YOUR SHARE OF THESE EXPENSES