

BLANKET EARNINGS AND EXPENSE APPLICATION/WORKSHEET PUBLIC SECTOR SERVICES

Name of Insured Propo								Propos	oposed Effective Date		
Mailing Addre	ress of Applicant (No., S	Street,	, City, State, Zip)								
Description o	of Operations										
	Location Address									Zip Co	ode
Location	Building Construction										Age
	Types of Premises Protection										
	Location Address									Zip Coo	ode
Location 2	Building Construction										Age
	Types of Premises Pro	otectic	on								
	Location Address									Zip Co	ode
Location	Building Construction										Age
	Types of Premises Pro	otectic	on								
			C	OVER/	AGE O	PTIONS					
Policy Limit R	Requested	Ded	ductible		-						
Ordinary Payr		<u>ال</u>	,[<u> </u>		Hours			Busine	ess Days
Included Perils		ordir	nary payroll is to be	deducted,			Earnings figure abou		ΡΔΝΥ		
Level 1	Level 2 Leve	el 3						10 00.	Alvi		
			PRIC	OR LOS	SS EX	PERIEN	CE				
Prior Loss Expe	erience (3 Years) on Direct	t Dama	age and Business Inte	rruption:							

questions are designed to aid you in this analysis and will also give us information necessary to provide the most equitable rate for your operation. If yes, describe the extent of inter-dependency between locations or operations: a. Mercantile/Manufacturing Operation b. Computer Operation -If yes, explain: If yes, explain: a. Mercantile/Manufacturing Operation b. Computer Operation -If yes, describe: a. Mercantile/Manufacturing Operation b. Computer Operation -If yes, describe:

The determination of location exposure for your business requires consideration of a number of factors. The following

The worksheet must be completed on an accrual basis in operinciples. Indicate the inventory valuation method used by First-In, First-Out (FIFO) Method Specific Identification.	y your company:	enerally accepted	accounting	
Last-In, First-Out (LIFO) Method Average Cost N Other (Specify)	Method			
	EXAMPLE	Location 1	Location 2	Location 3
NET ANNUAL SALES – The net annual sales are the gross sales – less : discounts, returns, allowances, bad debt and prepaid freight – plus: other earnings from your business operations such as rents, commissions, interest or service fees.				
If you are a manufacturer, you must also add or subtract the change in your finished goods inventory during the year. If your inventory has increased, add the amount of the increase. If your inventory has decreased, subtract the amount of the decrease.	\$800,000			
cost of goods sold – DEDUCT the cost of noncontinuing outside services and the cost of (1) raw stock used in production, (2) materials directly consumed in production and (3) merchandise sold including packaging materials.	- 200,000			
TOTAL EARNINGS – The Net Annual Sales minus Cost of Goods Sold equals Total Earnings.*	= 600,000			
REBUILD TIME – The Total Earnings must be adjusted to reflect the anticipated time it would take to repair or replace property destroyed by a serious loss: 6 months = .50; 9 months = .75; 12 months = 1.00. The factor should also reflect fluctuations in the insured's business.	X .75 (9 mo.)			
EARNINGS EXPOSURE – The Rebuild Time multiplied by the Total Earnings equals Earnings Exposure.	= 450,000			
EXTRA EXPENSE EXPOSURE – Enter the anticipated amount needed to pay the increased expenses over normal expenses to keep an interrupted business in operation. Consider such items as increased rent, advertising costs, moving expenses, additional salaries, increased utilities, computer equipment rental and data reproduction.	+ 50,000			
EXTENDED EARNINGS EXPOSURE – Enter the anticipated amount of reduced earnings that might be expected during the twelve months after you are able to resume normal business operations.	+ 50,000			
LOCATION EXPOSURE – This is the sum of the Earnings Exposure, Extra Expense Exposure and the Extended Earnings Exposure. This figure should be modified to reflect the expected change in earnings for the upcoming year, allowing for both growth and inflation.	= 550,000			
SQUARE FEET – If more than one location.				
*TOTAL EARNINGS (All locations)				

FLORIDA: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

KENTUCKY: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

For all other applicable state fraud warnings, please see the main application.							
Signature	Date						



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http://www.travelers.com/w3c/legal/Producer Compensation Disclosure.html

If you prefer, you can call the following toll-free number: 1-866-904-8348. Or you can write to us at Travelers, Enterprise Development, One Tower Square, Hartford, CT 06183.

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