THE SOUTH CAROLINA STATE BUDGET AND CONTROL BOARD

OFFICE OF INSURANCE RESERVE FUND
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POLICY NUMBER	FORM TITLE **BUSINESS INCOME AND EXTRA EXPENSE WORKSHEET COLLEGES**	FORM # UW-03 (8/04)	PAGE 1 OF 3

NAMED INSURED AND ADDRESS

Attach to Renewal Notice for
Policy Number:

	Date:	Column 1	Column 2
A.	**INCOME FROM OPERATIONS:**		
1.	Tuition and Fees (net of scholarships and non-repayable financial aid.)		
2.	Room and Board (Dormitory Fees and Meal Contracts.)		
3.	Laboratory and Other Fees		
4.	Bookstore Sales and Food Services except Meal Contracts		
5.	On premises Athletic, Entertainment and Other Events **(See Note 1)**		
6.	Research Grants and/or Contracts		
7.	Commissions or Rents from Concessionaires		
8.	Rental Income from Leased Educational and Investment Property if included in Policy		
9.	Other Income (excluding donations, fund raising and investment income.)		
B.	**TOTAL ANNUAL GROSS INCOME**		
C.	**DEDUCT:**		
1.	Contractual Adjustments, bad debts, collections expenses and free services		
2.	Cost of merchandise sold and material and supplies consumed directly supplying your services. **(Calculate by using worksheet on page 2)**		
3.	Cost of services purchased from outsiders (not your employees) to re-sell, that do NOT continue under contract.		
4.	Are you excluding "Ordinary Payroll" Expenses? If yes, Deduct: All "Ordinary Payroll" Expenses. **(See Note 2.)**		
D.	**TOTAL DEDUCTIONS (Line C.1 thru C.4)**		
E.	Business Income Exposure for 12 Months **(Line B. minus Line D.)**		
F.	Amount of Business Income Insurance needed **(Multiply amount in Column 2, Line E. by 80%)**		
G.	Extra Expenses to be insured and included in your Business Income Limit of Insurance **(Calculate by using worksheet on page 2)**		
H.	Your estimated amount of needed Business Income and Extra Expense Insurance		

Note 1. Include ticket sales and associated income.

Note 2. "Ordinary payroll expenses" is the payroll for employees other than officers, deans, department heads, full time faculty and coaches. "Ordinary payroll expenses" include payroll, benefits, FICA and Medicare payments and Workers Compensation premiums.

COST OF MERCHANDISE SOLD AND MATERIALS AND SUPPLIES CONSUMED WORKSHEET

Beginning Inventory		
Add: Net cost of merchandise and tangible supplies purchased during the year (including transportation charges).		
DEDUCT: Ending Inventory		
Total Cost of Goods Sold - put on line C.2 of page 1.		

EXTRA EXPENSE WORKSHEET

Expenses in Addition to Normal Expenses to continue Business

	1st Month	Intervening Months	Last Month
Expense of Moving Equipment to and from Former Premises			
Insurance Expense			
Labor, Altering and Equipping			
Light, Power, Heat, Telephone/Data Lines			
Rent			
Maintenance, Janitorial and Security			
OTHER ADDITIONAL EXPENSES			
Bonuses Paid			
Legal and Other Professional Fees			
Overtime Labor of Employees or Additional Staff or Temporary Labor			
Public Service Announcements/ Advertising/Postage Expense			
Purchase of Goods and Materials			
Rent or Leasing of Equipment			
Services Purchased from Others			
Travel Expenses			
Other			
TOTALS	**(A)**	**(B)**	**(C)**

DETERMINING TOTAL EXTRA EXPENSE DOLLAR REQUIREMENTS

Base your calculations on the longest foreseeable recovery period, in order to ensure adequate coverage.

Line		
1.	Total extra expense per month for each intervening month, carry over (B) from prior page.	
2.	Number of months required to recover from total destruction of property excluding first and last months if Extra Expense dollars are spent. **(BE CONSERVATIVE)**	
3.	Total extra expense for all months except fist and last months. (LINE 2 x LINE 1)	
4.	Total extra expense for first month following loss, carry over (A) from prior page.	
5.	Total extra expense for last month following loss, (C) from prior page.	
6.	Estimated total extra expense dollars for full recovery period. (SUM OF LINES 3, 4 and 5) - **Put on line G. of Page 1.**	