

Supplemental Application for Business Interruption Reimbursement Coverage for Business Interruption Due To Unauthorized Access

1. Name of Applicant: _____
2. Complete the following annual revenue information for the Applicant:

	Actual Value for Year Ending _____/_____/20____	Estimated Value Next 12 Months
A. Total Annual Revenue shown on financial statement:	\$ _____	\$ _____
Less:		
B. Pass through money, such as cost of goods sold:	\$ _____	\$ _____
Equals:		
C. Total Revenue: Item A – Item B =	\$ _____	\$ _____

3. Regular hours of operation: Daily: _____ Weekly: _____
4. Annual number of hours of operation: _____
5. Peak periods of operations including dates and times: _____

6. Limits and Retention

- A. Limit Desired Per Hour of Interruption: _____ \$1,000.00 _____ \$2,500.00
- B. Aggregate Limit for Policy Period: _____ \$100,000.00 _____ \$250,000.00
- C. Retention Period for each Unauthorized Access: _____ 12 hours _____ 24 hours

Signing this document does not bind the Company to provide or the Applicant to purchase the insurance.

It is understood that information submitted herein becomes a part of the application for insurance and is subject to the same declarations, representations and conditions.

Must be signed by director, executive officer, partner or equivalent

Signature of Insured: _____

Title: _____

Date: _____