



LIONS GATE UNDERWRITING BUSINESS OVERHEAD EXPENSE SUPPLEMENT SHEET

1. Proposed Insured (Full Legal Name): _____
2. What indemnity period is required? 12 months 24 months
3. What elimination period is required? 14 days 30 days 60 days 90 days
4. What is the Proposed Insured's share of office expenses? _____ %
5. How many employees does the proposed insured currently have? _____
6. What overhead expenses are intended to be protected by this coverage? Complete below table using your actual current monthly average expenses. If your expenses are shared, include only your portion. Exclude any payments to yourself or to any other member of your occupation. Only those expenses which qualify as tax deductions for income tax purposes will be considered as reimbursable for this product.

MONTHLY EXPENSE	PROJECTED COST NEXT 12 MONTHS	ACTUAL COST PAST 12 MONTHS
Rent	\$	\$
Accounting Fees	\$	\$
Equipment Maintenance Fees	\$	\$
Telephone	\$	\$
Employees' Wages (non-revenue generating)	\$	\$
Leased Equipment	\$	\$
Rental Equipment	\$	\$
Utilities	\$	\$
Principal and Interest on Business Loans	\$	\$
Business Liability Insurance Premiums	\$	\$
WCB and Employee Medical Premiums	\$	\$
Professional Dues and Memberships	\$	\$
Office Supplies	\$	\$
Depreciation of Scheduled Installment Payments of Principal of Business Loans Including Mortgage	\$	\$
Other Fixed, Monthly and Necessary Overhead Expenses <i>(Give full details if over 10% of total)</i>	\$	\$
TOTAL	\$	\$

7. Do you expect these expenses to remain stable for the next 12 months? If "No", Please provide details:

DECLARATION

I hereby declare that this information is true and complete and shall form part of my application.

Proposed Insured Signature: _____ Date: _____

Print Name: _____