



TAKING CARE OF YOU  
IS WHAT WE DO.

**Business Overhead Insurance Worksheet**

Company Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ Fax \_\_\_\_\_  
Contact Person \_\_\_\_\_ Email \_\_\_\_\_  
Nature of Business \_\_\_\_\_

**Monthly Business Overhead Expenses\***

- 1. Utilities—heat, water, electric, phone, internet ..... \$ \_\_\_\_\_
- 2. Employees’ wages, including payroll taxes and contributions for benefits ..... \$ \_\_\_\_\_
- 3. Property and liability insurance ..... \$ \_\_\_\_\_
- 4. Rent, or the greater of scheduled depreciation for tax purposes or  
scheduled mortgage payments ..... \$ \_\_\_\_\_
- 5. Taxes on owned business property used in your daily business operation ..... \$ \_\_\_\_\_
- 6. Lease payments, scheduled payments, or, if greater,  
scheduled depreciation for equipment ..... \$ \_\_\_\_\_
- 7. Accounting, billing and collection service fees ..... \$ \_\_\_\_\_
- 8. Interest payments on business debts ..... \$ \_\_\_\_\_
- 9. Maintenance and / or laundry services ..... \$ \_\_\_\_\_
- 10. Other normal and fixed charges acceptable as tax-deductible  
overhead expenses by the IRS ..... \$ \_\_\_\_\_
- Total Monthly Business Expenses** ..... \$ \_\_\_\_\_
- (Other BOE coverage in force) ..... \$ \_\_\_\_\_
- Total BOE Coverage Needed** ..... \$ \_\_\_\_\_

*\*Expenses that the company insured will actually be responsible for.*