



1712 Magnavox Way
P.O. Box 2338
Fort Wayne, Indiana 46801
(877) 355-0315 Fax (260) 459-5990
www.kandkinsurance.com
CA #0334819

TRIBAL GAMING BUSINESS INCOME WORKSHEET

Named Insured: _____
Contact Person: _____ Title: _____
Location of Premises: _____
City: _____ State: _____ Zip: _____
Phone: _____ Fax: _____ Email: _____

	(Most current two years)	Year Ending _____	Year Ending _____
A. Gaming Revenue (Minus Payouts)	_____	_____	_____
B. Hotel Revenue	_____	_____	_____
C. Restaurant Revenue	_____	_____	_____
D. Gift Shop Revenue	_____	_____	_____
E. Other Revenues (Describe)	_____	_____	_____
F. Total Revenues	_____	_____	_____
G. Non-Contributing Expenses	_____	_____	_____
1. Goods or Supplies In	_____	_____	_____
2. Casino Operations	_____	_____	_____
3. Hotel Operations	_____	_____	_____
4. Restaurant Operations	_____	_____	_____
5. Gift Shop Operations	_____	_____	_____
6. Gaming Tax	_____	_____	_____
7. Contracted Services	_____	_____	_____
8. Ordinary Payroll (See the following explanation/worksheet.) ...	_____	_____	_____
9. Cost of Utilities Excess Minimum	_____	_____	_____
10. Miscellaneous Expenses	_____	_____	_____
H. Total Deductions	_____	_____	_____
I. Business Income Value (F – H) = 100% limit	_____	_____	_____
J. x _____ Co-Insurance %	_____	_____	_____
K. + Extra Expense Values	_____	_____	_____
Business Income Limit (J + K)	_____	_____	_____
L. Contingency plans in place in case of a business income loss? _____			
M. Anticipated length of time to repair or rebuild in the event of a loss? _____			

I understand that the insurance company in determining whether to provide a quotation for insurance coverage will rely on the information contained in the application and all other information being submitted. I hereby warrant, represent and confirm that, to the best of my knowledge, all information provided is complete, true and correct.

Applicant's Signature

Applicant's Name (print)

Date (MM/DD/YY)

Producer's Signature (if applicable)

Producer's Name (print)

Date (MM/DD/YY)

ORDINARY PAYROLL EXPENSE

Explanation for Worksheet Question G.8

Business interruption coverage can be written to include:

- All payroll
- Provide payroll only for a limited number of days (30 day increments)
- Provide payroll only for specific classes of employees
- Payroll may be entirely excluded or may be provided for any combination mentioned here.

“Ordinary Payroll” means Payroll Expense for your employees except:

1. Officers
2. Executives
3. Department Managers
4. Employees Under Contract
5. Additional exemptions such as Specific Job Classes or Specific Employees

“Ordinary Payroll Expenses” include:

1. Payroll
2. Employee Benefits (if directly related to payroll)
3. FICA (employers portion)
4. Union Dues
5. Workers' Compensation premiums.

A. If the business income insurance is to cover all ordinary payroll, do not complete section G.8 of the Business Income Worksheet.

B. If the business income is to cover all ordinary payroll only for a specific time period, please provide:

Payroll Amount: \$ _____ Number of Days (30 day increments) _____

C. If business income is to be written on specific classes of employees, please identify the classes, the limit of coverage to be provided and/or the length of time the coverage is to be provided in 30 day increments:

Class: _____ Payroll to be Included \$ _____

Class: _____ Payroll to be Included \$ _____

Class: _____ Payroll to be Included \$ _____

Include on line G.8. of the Business Income Worksheet only the remaining payroll expense to be deducted.