



**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: \_\_\_\_\_