



AGENCY CUSTOMER ID: _____

**BUSINESS INCOME / EXTRA EXPENSE / RENTAL VALUE
SUPPLEMENT TO PROPERTY SECTION**

DATE (MM/DD/YYYY)

AGENCY	APPLICANT/FIRST NAMED INSURED	
POLICY NUMBER	CARRIER	NAIC CODE

PREMISES INFORMATION

PREMISES #:	<input type="checkbox"/> BUSINESS INCOME / EXTRA EXPENSE	<input type="checkbox"/> BUSINESS INCOME W/O EXTRA EXPENSE	<input type="checkbox"/> EXTRA EXPENSE	<input type="checkbox"/> BUSINESS INCOME / RENTAL VALUE	<input type="checkbox"/> RENTAL VALUE
BUILDING #:					
TYPE OF BUSINESS	ORDINARY PAYROLL	EXT PERIOD	POWER/HEAT	OFF PREM POWER	DEPEND PROP
<input type="checkbox"/> NON MFG	<input type="checkbox"/> EXCL <input type="checkbox"/> INCL	DAYS	\$ DED	<input type="checkbox"/> POWER	<input type="checkbox"/> BROAD FORM <input type="checkbox"/> LIMITED FORM
<input type="checkbox"/> MFG	90 DAYS	MO PERIOD	<input type="checkbox"/> ELEC MEDIA	<input type="checkbox"/> WATER	_____
<input type="checkbox"/> MINING	180 DAYS	LIMIT	DAYS	<input type="checkbox"/> COMM (DESCR BELOW)	COIN _____ %
_____ % COINS	\$ _____	MAX PERIOD	<input type="checkbox"/> ORD OR LAW	<input type="checkbox"/> TUITION FEES	<input type="checkbox"/> CONT LOC <input type="checkbox"/> MFG LOC
EXTRA EXPENSE	LIMIT LOSS PAY	<input type="checkbox"/> CIVIL AUTH	DAYS	\$ _____ STUDENTS	<input type="checkbox"/> REC LOC <input type="checkbox"/> LDR LOC (DESCR BELOW)
_____ DAYS PERIOD REST	_____ % _____ %				
NAME(S) AND ADDRESS(ES) FOR OFF PREM POWER OR DEPEND PROP					
OTHER COVERAGES					

ATTACH TO ACORD 140

