

Overhead Expense Fact Finder

1. What plans have you made to ensure business expenses are paid if you could not work due to disability?
2. What business expenses would need to be paid?
3. How long would you want to depend on your resources to pay business expenses while disabled?
4. How long would you need to continue paying business expenses if you become disabled?

Monthly Expenses

Rent or mortgage (interest and principal) _____

Property taxes _____

Insurance premiums (property, malpractice, fire, liability, employee benefits) _____

Equipment leasing costs _____

Accounting, billing and collection fees _____

Security and maintenance _____

Electricity, heat and water _____

Telephone _____

Subscriptions and membership dues _____

Other fixed business expenses _____

Employee salaries other than: you, any person sharing business expenses with you, any member of your profession, any individual hired to perform your duties during disability, any person responsible for the generation of income in the business, or any member of your immediate family who was not a full-time paid employee of the business for at least 60 days before disability began _____

Total Monthly Expenses _____

Replacement Salary _____

Total Monthly Expenses with Replacement _____

Monthly Resources

Source: _____

Source: _____

Total Monthly Resources _____

Critical Shortage (Total Monthly Expenses - Total Monthly Resources)

*A copy of your tax return and profit and loss statement for last year and year-to-date is required at time of application.