



# SPECIALTY INSURANCE MANAGERS, INC.

\* AUSTIN \* ARLINGTON \* GRANBURY \* HOUSTON \* LUBBOCK

## BUSINESS INCOME SUPPLEMENT

THE FOLLOWING INFORMATION IS REQUIRED IN ORDER TO INCLUDE BUSINESS INCOME ON THE PROPERTY DECLARATIONS OF THE POLICY:

### I. OPTIONAL FORMS

YOU MUST CHOOSE **ONE** OF THE FOLLOWING:

BUSINESS INCOME WITHOUT EXTRA EXPENSE(FORM CP0032)	
BUSINESS INCOME WITH EXTRA EXPENSE (FORM CP0030)	

### II. OPTIONAL COVERAGES

YOU MUST CHOOSE **ONE** OF THE FOLLOWING:

i.	(a)	BUSINESS INCOME INCLUDING "RENTAL VALUE"	
ii.	(b)	BUSINESS INCOME OTHER THAN "RENTAL VALUE"	
iii.	(c)	"RENTAL VALUE"	

### III. OPTIONAL TERMS

YOU MUST CHOOSE **ONE** OF THE FOLLOWING:

COINSURANCE (COINSURANCE PENALTY APPLICABLE) (**YOU MUST CHOOSE WHICH % FOR COINSURANCE IS ADEQUATE – ie 50% 60% 80% 90% 100%)	
MAXIMUM PERIOD OF INDEMNITY (NO COINSURANCE) (LIMITED TO 120 DAYS OR LIMIT OF INSURANCE)	
MONTHLY LIMIT OF INDEMNITY (NO COINSURANCE) (**YOU MUST CHOOSE ONE OF THREE OPTIONS 1 / 3, 1 / 4, 1 / 6 - THESE ARE THE ONLY OPTIONS)	

### *Ordinance or Law Coverage*

THE FOLLOWING INFORMATION IS REQUIRED IN ORDER TO INCLUDE Ordinance or Law Coverage:

Bldg No/ Prem No	Cov A	Cov B Limit of Insurance	Cov C Limit of Insurance	Cov B and C Combined Limit of Insurance
/	<input type="checkbox"/>	\$	\$	\$ **
/	<input type="checkbox"/>	\$	\$	\$ **
/	<input type="checkbox"/>	\$	\$	\$ **

\*\*Do not enter a Combined Limit of Insurance if individual limits are selected for Cov B and C or if one of these coverages is not applicable.

SHOULD YOU HAVE ANY QUESTIONS OR NEED ANY CLARIFICATION PLEASE REVIEW THE OPTIONAL FORMS OR CONTACT YOUR UNDERWRITER.

PRIOR TO POLICY ISSUANCE, YOU MUST PROVIDE THE NECESSARY INFORMATION.