

**13.3 Business Expense Insurance Needs***Sole traders only – for other business insurance needs, refer to Client Data Form – Business Insurance*

	Client 1	Client 2
In the event of your temporary disability would you require cover for business expenses?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> n/a	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> n/a
Waiting period	<input type="checkbox"/> 14 days <input type="checkbox"/> 30 days	<input type="checkbox"/> 90 days

*Please provide an estimate of the business expenses as an annual amount or attach the most recent profit and loss statement*

Accounting fees	\$
Rent	\$
Property rates and taxes	\$
Lease costs	\$
Allowable salaries – Employees	\$
Other employee costs	\$
Telephone	\$
Electricity	\$
Gas/Heating/Water	\$
Cleaning	\$
Other:	\$
<b>Total</b>	\$

Additional details:

**Notes**