

PADI DIVE CENTER

Business Income

Worksheet

Named Insured: _____

Location: _____

- | | |
|---------------------------------------|---|
| 1) Gross Sales (all Revenue) | \$ _____ |
| 2) Deduct Cost of Goods Sold | \$ _____ |
| 3) Total Earnings (1-2) | \$ _____ |
| 4) Amount to be Insured | 100% <input type="checkbox"/> 75% <input type="checkbox"/> 50% <input type="checkbox"/> |
| 5) Amount of Business Income
(3x4) | \$ _____ |

I certify that this is a true and correct report of values and as required under this policy
for the 12 months ending _____.

Insured Signature: _____ Date: _____

Print Name: _____

Title: _____