

## Hurricane Contingent BI: Additional Locations

Named Insured:  
Name of Location:  
Address:  
City:  
State:  
Zip:

Location # \_\_\_ Limit of Liability USD \_\_\_\_\_

**Please provide the following financial information for each business location:**

Largest total of Gross Receipts for any 30-day period for the dates of June 1 November 30 for the past year  
Year \_\_\_\_\_ Amount: \_\_\_\_\_

What is the estimate of the reduction or non-continuing of expenses during the Indemnity Period (payroll, cost of goods sold, utilities, taxes, etc.):  
USD \_\_\_\_\_

What if any is the expected adjustment factor for trending of current Gross Receipts during the policy year?  
\_\_\_\_\_ %

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