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LOCKTON AFFINITY | Habitat for Humanity®

AFFILIATE INSURANCE PROGRAM

Extra Expense Worksheet

This form should be completed with the Business Income Worksheet.

Affiliate Name: _____ Affiliate Number: _____ Today's Date: _____

If your affiliate was to suffer an insured loss but you must continue operations, you could incur costs above and beyond your regular expenses. The purpose of this worksheet is to **estimate** the potential exposure / expenses incurred as your affiliate continues operations while trying to get back to normal after a loss. For example, the additional cost to notify your donors and clients of your temporary location and or your intent to continue operations as normal would be a common extra expense for the affiliate. HFH Affiliate Income insurance covers what the affiliate would have earned if no loss had occurred. Extra Expense covers the costs related to maintaining donor participation and reducing the duration and severity of the loss.

Temporary Location Expenses:	**Column A** **First month**	**Column B** **Each subsequent month**
Temporary location (rent)	$ _____	$ _____
Temporary fixtures, machinery & equipment	$ _____	$ _____
Moving & hauling	$ _____	$ _____
Installation of operations	$ _____	$ _____
Light, heat & power at temporary location	$ _____	$ _____
Maintenance at temporary location	$ _____	$ _____
Insurance at temporary location	$ _____	$ _____
Employee Expenses:		
Transportation	$ _____	$ _____
Overtime	$ _____	$ _____
Travel allowances	$ _____	$ _____
- Incentives	$ _____	$ _____
- Additional staff	$ _____	$ _____
Other Expenses:		
Advertising (such as mailers notifying your donors and clients of your temporary quarters)	$ _____	$ _____
Telephone and communications (installation and maintenance at temporary location	$ _____	$ _____
Engineering & administrative costs	$ _____	$ _____
Emergency facilities	$ _____	$ _____
Net amount paid to others for services and manufacturing	$ _____	$ _____
Additional freight and shipping costs due to temporary location	$ _____	$ _____
Automobile rentals	$ _____	$ _____
Other: _____	$ _____	$ _____
TOTAL:	$ _____	$ _____

The calculations below should be based on the longest foreseeable recovery period in order to ensure adequate coverage.

Line 1	Total extra expense per month, for each subsequent month following loss	**Column B Total ➔**	$ _____
Line 2	Number of months required to recover from total destruction of property, excluding first month		_____
Line 3	Total extra expense for all months after first month	**Line 1 x Line 2 ➔**	$ _____
Line 4	Total extra expense for first month following loss	**Column A Total ➔**	$ _____
Line 5	**ESTIMATED TOTAL EXTRA EXPENSE**	**Line 3 + Line 4 ➔**	$ _____