

**BERKSHIRE LIFE INSURANCE COMPANY OF AMERICA**

Home Office: 700 South Street, Pittsfield, MA 01201

Berkshire Life Insurance Company of America is a wholly owned stock subsidiary of  
The Guardian Life Insurance Company of America, New York, NY

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## Overhead Expense Insurance Supplement to the Application for Insurance

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**I. Proposed Insured Information**

a. Proposed Insured

First	Middle Initial	Last Name
_____	_____	_____

b. Social Security Number

\_\_\_\_\_

c. Date of Birth (mm/dd/yyyy)

\_\_\_\_\_

**2. Overhead Expense Insurance**a. *Monthly Indemnity/Benefit Amount*

\$ \_\_\_\_\_

*Monthly Indemnity/Benefit Period*

\_\_\_\_\_ months

*Elimination/Waiting Period*

\_\_\_\_\_ days

*Occupational Class*

\_\_\_\_\_

b. **Supplemental Benefits** *Partial Disability* *Future Purchase Option*

\$ \_\_\_\_\_

c. Your share of covered expenses?

\$ \_\_\_\_\_ and \_\_\_\_\_ % of total.

d. Are there other employees in the firm  
who generate revenue? Yes  No*If yes, what is the compensation for these employees and the  
percentage of gross revenue they generate?*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

e. **Owner Information****(if other than the proposed insured)***Name of Owner*

\_\_\_\_\_

*Address*

(If mailing address is PO Box, include street address as well.)

\_\_\_\_\_

City

State

ZIP

*Social Security #/Tax ID #*

\_\_\_\_\_

*Relationship to Proposed Insured*

\_\_\_\_\_

**Monthly Expenses of the Business Entity**

f. What are the current average monthly overhead expenses incurred for the items shown?  
(If responsibility for expenses shared jointly with others, include only the portion for which the proposed insured is responsible.)

<i>Advertising</i>	\$	_____
<i>Car and Truck Expenses</i>		_____
<i>Commissions and Fees</i>		_____
<i>Contract Labor</i>		_____
<i>Depreciation and Section 179 Expense Deduction</i>		_____
<i>Employee Benefit Programs</i>		_____
<i>Insurance</i>		_____
<i>Interest:</i>		
<i>Mortgage (Paid to Banks, etc.)</i>		_____
<i>Other</i>		_____
<i>Legal and Professional Services</i>		_____
<i>Office Expenses</i>		_____
<i>Pension and Profit Sharing Plans</i>		_____
<i>Rent or Lease (Other Business Property)</i>		_____
<i>Repairs and Maintenance</i>		_____
<i>Taxes and Licenses</i>		_____
<i>Utilities</i>		_____
<i>Wages*</i>		_____
<i>Other Expenses (itemized):</i>		
_____		_____
_____		_____
_____		_____
_____		_____
_____		_____
<b>TOTAL (Should agree with 2c.)</b>	\$	_____

\*Exclude compensation for members of insured's profession.