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GUIDE TO DETERMINE AMOUNT OF EXTRA EXPENSE INSURANCE REQUIRED

Name of Insured:

Location:

		<i>First</i>	<i>Second</i>	<i>Third**</i>
		<i>Month</i>	<i>Month</i>	<i>Month</i>
a.	Rental of temporary premises			
b.	Rental of temporary equipment			
*c.	Net cost of equipment purchased			
d.	Expense of moving equipment, etc.			
e.	Cost of cleaning temporary premises			
f.	Light, power, heat at temporary location			
g.	Telephone and telegraph installation and			
h.	Extra telephone and telegraph charges			
i.	Special announcements in newspapers, etc.			
j.	Police protection or watchman service			
k.	Cost of engineering service			
l.	Extra cost of engineering service			
m.	Rental and use of cars			
n.	Special bonuses and overtime to employees			
o.	Expenses of making arrangements to have supplies			
p.	Differentials in freight rates a/c different shipping			
q.	Total extra expense			
r.	Deduct expenses discontinued at original location			
s.	Net extra expense			

*(To determine the amount under c, deduct salvage value of such property sold or utilized by the Insurer upon resumption of operations at the original or other permanent location.)

**Add additional months if necessary.