

**GUIDE TO DETERMINE AMOUNT OF INCREASED COSTS
INSURANCE REQUIRED**

	1 st Month \$	2 nd Month \$	3 rd Month \$	Period Beyond 3 Months \$
	(or an all-up estimate can be made)			
a. Rental of temporary premises	_____	_____	_____	_____
b. Rental of temporary equipment or outsourcing	_____	_____	_____	_____
c. Uninsured 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, email and IT/EDP installation at temporary location	_____	_____	_____	_____
h. Extra telephone and email cost	_____	_____	_____	_____
i. Special announcements in newspapers, on TV, or other crisis communication costs	_____	_____	_____	_____
j. Security protection service	_____	_____	_____	_____
k. Cost of engineering service or accommodation	_____	_____	_____	_____
l. Extra cost of transporting employees	_____	_____	_____	_____
m. Rental and use of cars/vehicles	_____	_____	_____	_____
n. Special bonuses and overtime to employees	_____	_____	_____	_____
o. Expenses of making arrangements to have supplies and raw materials delivered to another location	_____	_____	_____	_____
p. Differentials in freight rates due to different shipping points or airports	_____	_____	_____	_____
q. TOTAL EXTRA EXPENSE	_____	_____	_____	_____
r. Deduct expenses discontinued at original locations because of loss	_____	_____	_____	_____
s. NET EXTRA EXPENSE TO INSURE	_____	_____	_____	_____