

An insurance plan underwritten by
 Desjardins Financial Security and offered by:

Sogemec
ASSURANCES
 Financial services firm

IDENTIFICATION OF INSURED

Insured's last name and first name		Division No.
Certificate No.	Identification No.	

INFORMATION ON OVERHEAD EXPENSES

• **PLEASE ENTER** the month of disability covered by this claim and the reasonable, everyday monthly expenses actually incurred for each of the items listed below.

Month of disability

- **PLEASE ATTACH** supporting documents for each of the overhead expenses listed below.
- All expenses incurred for a period longer than one month will be calculated on a pro-rated basis.

Overhead expenses	Amount
Salary of your employees	\$ _____
Public services (telephone, water, electricity)	\$ _____
Rent, property taxes or monthly mortgage payment on the part of the building where your firm is located	\$ _____
Laundry, concierge service and housekeeping	\$ _____
Fees for professional services	\$ _____
Lease contract payments (if this contract is not insured)	\$ _____
Amortization	\$ _____
Equipment leasing	\$ _____
Interest charges and periodic capital payments (other than mortgage)	\$ _____
Professional association fees and liability insurance	\$ _____
Other usual fixed expenses (specify):	\$ _____
.	\$ _____
.	\$ _____
TOTAL	\$ _____

I DECLARE THAT all the above information is complete and true.

**First and last names of the person
 completing the form (in capital letters)** _____

Signature of the person completing the form _____ **Date** _____

Signature of the insured _____ **Date** _____