



## PROFESSIONAL OVERHEAD EXPENSE NEEDS CALCULATOR

### Average monthly office expenses over the past 6 months

A. Rent or mortgage principal and interest	\$ _____
B. Real estate taxes	\$ _____
C. Utilities and services:	
• Electricity	\$ _____
• Heat	\$ _____
• Telephone	\$ _____
• Water	\$ _____
• Laundry	\$ _____
• Janitorial services	\$ _____
• Postage and stationery	\$ _____
D. Employees' salaries, including payroll taxes and contributions for employee benefits (excluding your salary, fees, income taxes, drawing account, or other remuneration for you, your partner, or for any individuals hired after your disability began)	
Position: _____	\$ _____
Position: _____	\$ _____
Position: _____	\$ _____
E. Principal and interest payments on existing business, equipment, and/or furniture loans	\$ _____
F. Lease payments on existing equipment and furniture	\$ _____
G. Insurance premiums:	
• Professional liability	\$ _____
• Malpractice	\$ _____
• Property and casualty	\$ _____
• Workers' compensation	\$ _____
H. Maintenance of existing office equipment	\$ _____
I. Subscriptions	\$ _____
J. Membership dues/license expense	\$ _____
K. Accountant services	\$ _____

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L. Other fixed expenses normal and customary in the conduct and operation of your office, excluding income taxes, and the cost of any equipment, merchandise, goods, or pharmaceutical products

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

**Total of all listed expenses**

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

Average number of employees over the last 6 months

\_\_\_\_\_

Monthly salary

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

For corporations or partnerships, indicate your percentage of responsibility for the above expenses and multiply it by your total of all expenses (including salaries) to determine the amount of monthly POE benefits you should request

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