

BUSINESS INSURANCE QUESTIONNAIRE

Name _____ Date of birth _____

1. Name of Company _____

2. Type of organization Corporation Partnership Sole Proprietorship

3. Please attach a copy of you Company's latest *Financial Statements* (Balance Sheet and Profit & Loss)
(If not available, complete the following)

<p>a. Current Company Book Value</p> <p>Assets \$ _____</p> <p>Liabilities \$ _____</p> <p>Net Worth \$ _____</p>	<p>b. Current Company Market Value</p> <p>Market Value \$ _____</p> <p>Insured's % ownership \$ _____</p> <p>Market Value of Insured's Ownership \$ _____</p>
<p>c. Company Net Profit – Past two Yeas (Before taxes and bonuses)</p> <p>19 _____ \$ _____</p> <p>19 _____ \$ _____</p> <p>This Year (Est.) \$ _____</p>	<p>d. What other Stockholders, Partners, or Key persons are being insured in favor of the Company's (Please name)</p> <p>_____</p> <p>_____</p>

4. Purpose of Insurance (Check at least one box and furnish details)

Key Person

a. Why is the person to be insured important to the company? What special skills, knowledge, or abilities does he/she possess, which makes insurance necessary? _____

Stock Redemption/Buy and Sell

a. Is there a written agreement in affect? (Attach a signed copy) Contemplated? (Give expected finalization date) _____

b. How is business being valued in the Agreement? _____

Business Loan

a. Name and address of the lender _____

c. Amount of Loan \$ _____ c. Date of Loan: _____

d. The repayment terms are: _____

e. The Purpose of the loan is: _____

f. Is the lender requiring insurance? Yes No

g. Name other also being insured for the same purpose.

_____ Amount \$ _____

_____ Amount \$ _____

h. How much Business Insurance is in force on life of Proposed Insured? \$ _____

Other Purpose, Please explain. _____

Business Insurance Carried by other Owners, Officers, Partners, or Key Men:

Name	Title and Interest	Amount Now Carried and Company	Amount Now Applied For and Company

I represent that all statements and answers to the above questions are complete and true to the best of my knowledge and belief. I agree that they shall form a part of my application and become a part of any contract of insurance issued on such application.

Signature of Proposed Insured _____ Date _____ / _____ / _____

Witness _____ Date _____ / _____ / _____

