



## 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> <table border="0" style="width: 100%;"> <tr><td>Assets</td><td style="text-align: right;">\$ _____</td></tr> <tr><td>Liabilities</td><td style="text-align: right;">\$ _____</td></tr> <tr><td>Net Worth</td><td style="text-align: right;">\$ _____</td></tr> </table> <p>c. Company Net Profit - Past two Yeas (Before taxes and bonuses)</p> <table border="0" style="width: 100%;"> <tr><td>19 _____</td><td style="text-align: right;">\$ _____</td></tr> <tr><td>19 _____</td><td style="text-align: right;">\$ _____</td></tr> <tr><td>This Year (Est.)</td><td style="text-align: right;">\$ _____</td></tr> </table>	Assets	\$ _____	Liabilities	\$ _____	Net Worth	\$ _____	19 _____	\$ _____	19 _____	\$ _____	This Year (Est.)	\$ _____	<p>b. Current Company Market Value</p> <table border="0" style="width: 100%;"> <tr><td>Market Value</td><td style="text-align: right;">\$ _____</td></tr> <tr><td>Insured's % ownership</td><td style="text-align: right;">\$ _____</td></tr> <tr><td>Market Value of Insured's Ownership</td><td style="text-align: right;">\$ _____</td></tr> </table> <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> <p>_____</p>	Market Value	\$ _____	Insured's % ownership	\$ _____	Market Value of Insured's Ownership	\$ _____
Assets	\$ _____																		
Liabilities	\$ _____																		
Net Worth	\$ _____																		
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This Year (Est.)	\$ _____																		
Market Value	\$ _____																		
Insured's % ownership	\$ _____																		
Market Value of Insured's Ownership	\$ _____																		

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 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_