

This Application Supplement is part of the application(s) for insurance on the proposed insureds, as outlined in Question 6 below.

1. Name of business entity: _____ Date organized: _____
2. Form of business: (Check one.) C Corp S Corp Partnership LLC LLP Other: _____
3. Nature of business: (Briefly describe product, service, etc.) _____

4. Financial Data for Business Entity:	Last Full Year as of (date) _____:	Previous Year as of (date) _____:
a. Assets:	\$ _____	\$ _____
b. Liabilities:	\$ _____	\$ _____
c. Net Worth (Book Value):	\$ _____	\$ _____
d. Gross Income/Sales:	\$ _____	\$ _____
e. Net Profit (Loss):	\$ _____	\$ _____
f. Business Owners' Compensation from the Business Entity, including bonuses and commissions:	\$ _____	\$ _____

5. a. What is your estimate of the current fair market value of the business entity? \$ _____
- b. How was this determined? _____

6. Names of All Proposed Insured Business Owners:	Age:	Position or Title:	Current Annual Total Compensation From This Business:	Percent of Business Owned:	Monthly Amount of Disability Income Coverage In Force:	Other Disability Buy-Out Coverage In Force:

For Questions 7 through 14, please use the Remarks section on Page 2 to give details and explanations.

7. Is there a written disability buy-sell agreement in effect for this business entity? Yes No
 - a. If yes, a copy of the agreement may be requested at the underwriter's discretion.
 - b. If no, when will a disability buy-sell agreement be executed? _____

A buy-sell agreement must be in effect within one year after the effective date of any disability buy-out policy issued.
8. Are all business owners of this business entity being insured for disability buy-out? If no, please explain.... Yes No
9. Are there any familial relationships among the business owners? If yes, please explain. Yes No
10. Are there related business entities?..... Yes No
 - a. If yes, are those entities included in the buy-sell agreement? Yes No
 - b. If not included in the buy-sell agreement, please explain.
11. Do any proposed insured business owners have life insurance in force or applied for to fund a buy-out requirement at death? If no, explain..... Yes No
12. Do all proposed insured business owners work full-time in the business? If no, please explain. Yes No
13. Are all proposed insured business owners aware of the need for a formal disability buy-sell agreement that coincides with the provisions of the proposed coverage? If no, please explain..... Yes No

(THIS FORM CONTINUES ON THE NEXT PAGE.)

