

BUSINESS INSURANCE QUESTIONNAIRE

(Complete on all applications for business insurance)

INDIANAPOLIS LIFE INSURANCE COMPANY

1. Name of applicant _____

2. Firm is: Sole Proprietorship Partnership Corporation

3. Net worth of business \$ _____

4. Purpose of insurance: Keyman Buy-Sell Stock redemption Deferred compensation
 Split dollar Other: Explain _____

5. Describe loss to business in event of death of proposed insured _____

6. If corporation, give date of corporation _____; state of incorporation _____

- a. Percentage of stock owned by proposed insured _____%.
- b. Amount of insurance in force or applied for on all members payable to firm:

<u>Name</u>	<u>Title</u>	<u>Amount</u>
1. _____		\$ _____
2. _____		\$ _____
3. _____		\$ _____

7. If partnership, give names of partners, amount of business insurance in force or applied for on partners, and share each has in partnership.

<u>Name</u>	<u>Title</u>	<u>Amount</u>
1. _____		\$ _____
2. _____		\$ _____
3. _____		\$ _____

8. Use space at bottom and on reverse side of questionnaire to provide additional details that will help in our appraisal of application:

Date _____ Agents Signature _____

Note: Applications for larger amounts option require financial statements. A form 2769 submitted with the application could prevent unnecessary delay.