

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.