

Business Insurance Questionnaire



PLEASE PRINT

1 Name of Proposed Insured _____ Date of Birth _____

2 Name of Company _____

3 Type of Organization Corporation Partnership Sole Proprietorship

4 Please attach a copy of your Company's **latest financial statements** (Balance Sheet and Profit & Loss).

If not available, complete the following questions:

- | | |
|--|---|
| <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 Years
(Before taxes and bonuses)</p> <p>20 _____ \$ _____</p> <p>20 _____ \$ _____</p> <p>This Year (Est.) \$ _____</p> | <p>(d) What other Stockholders, Partners or Key persons are also being insured in favor of the Company? (Please name.)</p> <p>_____</p> <p>_____</p> <p>_____</p> |

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

- Key Person**
- (a) Salary: \$ _____ Bonus: \$ _____ Total Compensation: \$ _____
- (b) Insured's % of business ownership _____ %
- (c) Why is this person to be insured important? _____
- (d) What special skills/relationships does this person possess? _____
- Buy-Sell funding**
- (a) Insured's % of business ownership _____ %
- (b) Are all business owners being insured?.. Yes No If no, why not? _____
- (c) Type of agreement: Entity/Stock Redemption Cross Purchase Wait-and-See
- (d) Fair market value of the business \$ _____ (Include copy of appraiser's valuation, completed L5797 Business Valuation Worksheet or Business Valuation from Business Profiles)
- Business Loan**
- (a) Name/address of lender _____
- (b) Amount of loan \$ _____ Date and term of loan _____
- (c) Purpose of the loan _____
- (d) Is lender requiring this insurance? Yes No
- Other purpose.** Please explain. _____

Total amount of business-owned insurance on proposed insured \$ _____

Business Insurance Carried by Other Owners, Officers, Partners or Key Persons

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

I hereby represent that all the statements and answers to the above questions are true and complete, and will be relied upon to determine my eligibility for insurance. I also understand that this signed form will be used during the underwriting process and any misstatements may affect my ability to obtain coverage.

Witnessed Signature of Proposed Insured

Date

Signature of Witness

Date