

Policy Number: _____

Date: ____ / ____ / ____

Business Financial Statement

Name: _____

Date of Birth: ____ / ____ / ____

1) Name of Business: _____

2) Type of organization: Proprietorship Partnership Corporation Other _____

3) Purpose of Insurance: Buy-Sell Agreement Key Man Other _____
(Attach copy of written buy sell if available)

4) How long has agent/witness known the proposed insured? _____

5) How **well** does the agent/witness know the proposed insured? _____

6) Circumstances of the application:
Solicitation by agent Inquiry by applicant Other

Explain: _____

7) How was amount of insurance determined? (Attach copies of relevant calculations/papers) _____

8) Amount of insurance in force on proposed insured:	Amount	Annual Premium
A) Personal	\$ _____	\$ _____
B) Business	\$ _____	\$ _____
C) Insurance applied for with this company	\$ _____	\$ _____
D) Applied for with other companies (<i>explain</i>)	\$ _____	\$ _____
Total	\$ _____	\$ _____

9) Business insurance on all other key individuals or owners of this business: (attach another sheet if needed)

Name	Amount applied for	Amount in force	% Share ownership of business
_____	_____	_____	_____
_____	_____	_____	_____

If others not insured state reason:

10) Income of proposed insured:	A) Salary	\$ _____
	B) Bonus	\$ _____
	C) Dividends etc...	\$ _____
	D) Other income (describe)	\$ _____
	Total	\$ _____
	E) Undistributed Profits	\$ _____

11) Presented Net worth of proposed insured: \$ _____

12) Percentage ownership of this business: % _____

13) Business Finances: (attach copies of available company financial statements)

Assets \$ _____ Liabilities \$ _____ Net worth \$ _____

Net Profit after taxes past 3 years:
_____ \$ _____ year _____ \$ _____ year _____ \$ _____ year

14) Business Banking References (*including lending institution if insurance is to cover business loan*)

Bank _____ Address _____

Business accountants and/or attorneys:
Name: _____ Address: _____

Agent: _____

Insured signature: _____

Agent Number: _____

Agent signature: _____

Date signed: ____ / ____ / ____