

# BUSINESS FINANCIAL QUESTIONNAIRE

<b>Name</b>	Date of Birth (dd/mmm/yy)	Application #
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<b>1.</b>	Legal name of business:	Year of incorporation:			
	Nature of business:				
	Structure:	<input type="radio"/> Sole Proprietorship	<input type="radio"/> Corporation	<input type="radio"/> Partnership	<input type="radio"/> Other
	Purpose of Insurance:	<input type="radio"/> Keyman	<input type="radio"/> Buy/Sell	<input type="radio"/> Creditor	<input type="radio"/> Stock redemption
		<input type="radio"/> Other			
	Owners and Officers:				
	Name and Title	Insurance in force	Purpose of in force insurance	% of business ownership	

<b>2.</b>	Financial Details (Please attach copy of audited financial statements if available)					
		Assets (Book value)		Liabilities	Estimated FMV	Estimated FMV of Goodwill
	Current	\$	Current	\$	\$	\$
	Fixed	\$	Long term	\$		
	Other	\$	Other	\$	Net Worth	
	Total	\$	Total	\$	\$	
		Gross Sales		Net Income after taxes		
	Past year	\$	Past year	\$		
	2 years ago	\$	2 years ago	\$		

<b>3.</b>	Loan details			
	Amount of loan	Date received	Duration of loan	Reason for loan
	\$			
	\$			

<b>4.</b>	Has this company ever required restructurization? <input type="radio"/> Yes <input type="radio"/> No If yes, specify dates & reasons below.

<b>5.</b>	How was the amount of insurance determined? Please provide details below and attach relevant calculations.

I hereby declare that the above answers are complete and true, and agree that they shall form part of my application for the policy requested.

Signature of Applicant	Signature of Witness	Date (dd/mmm/yy)
X	X	