

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:	<b>Amount</b>	<b>Annual Premium</b>
A) Personal	\$ _____	\$ _____
B) Business	\$ _____	\$ _____
C) Insurance applied for with this company	\$ _____	\$ _____
D) Applied for with other companies ( <i>explain</i> )	\$ _____	\$ _____
<b>Total</b>	<b>\$ _____</b>	<b>\$ _____</b>

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: \_\_\_\_\_ Date signed: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Agent signature: \_\_\_\_\_