

BUSINESS FINANCIAL QUESTIONNAIRE

Key-person cover, loan cover, partnership assurance and share purchase.

CONFIDENTIAL

To be completed in English by the life assured.

Full name of life assured

Date of birth (dd/mm/yyyy)

Exact occupation

Currency of information provided on this form (in words)

PART A FOR COMPLETION IN ALL CASES

1. Company or partnership name.

2. What type of business is the firm engaged in and how many people are employed?

3. How long has the firm been in business and how long has the life assured been employed by them?

4. Please state the turnover and net profit before tax of the last 3 years?

	Year 1	Year 2	Year 3
Turnover			
Net profit			

Where the information above is not available due to recent formation of the company, please forward a copy of the current business plan including projections.

PART B COMPLETE ONLY FOR KEY PERSON COVER

5. What salary/emoluments has the key person received in each of the last three years?

6. What is the total salary roll of the firm?

7. What proportion of the firm's net profit can fairly be attributed to the key person?

8. How has the benefit and/or loss to the firm been calculated?

9. Why was the particular type of policy chosen?

10. If the key person is a shareholder, please show the percentage of shares held and their current value.

11. Please supply details of any service agreement for the person.

12. Please state details of any other life insurance in force or proposed for on the key person.

13. Does the firm intend to effect life insurance on other key personnel?

14. Will the policy continue in force and to whom will it belong if the key person leaves the company?

PART C COMPLETE ONLY FOR LOAN COVER

15. What is the amount of the loan and who is the lender?

16. What is the purpose of the loan?

17. What is the duration of the loan? If different from the term of the policy, please state the reason.

18. If the loan is being made to a company, why is the policy specifically required on the life to be assured?

19. How is the loan being repaid?

20. If the lender is not effecting the policy will it be assigned immediately?

PART D COMPLETE ONLY FOR PARTNERSHIP ASSURANCE

21. How many partners are there and what are the assets and liabilities of the partnership?

22. What is the net value of the partnership and the life to be assured's share?

23. Is there a double option (or similar) agreement in force?

24. What has been the life to be assured's share of the profits in the last 3 years?

25. How has the sum assured been calculated?

26. Are policies being effected on other partners?

PART E COMPLETE ONLY FOR SHARE PURCHASE

27. Who is effecting the policy?

28. How many shares are held by the life assured, and what is this as a percentage of the total?

29. What is the value of the total shares and how has this been calculated?

30. Is there a double option (or similar) agreement in force?

31. Are policies being effected on other shareholders?

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DECLARATION

I declare that the above answers are true to the best of my knowledge and that I have not withheld any information that may influence the assessment or acceptance of this application.

I give my express consent for the information in this form to be processed.

I agree that any supplementary questionnaire will form part of my application to the company and that non-disclosure of any material fact known to me may invalidate the contract.

Signature of policy owner 1

Date (dd/mm/yyyy)

Signature of policy owner 2 (if applicable)

Date (dd/mm/yyyy)

Where it has been requested that this form be witnessed by a third party (e.g. solicitor, bank manager, accountant), they must do so below. Please include the name of company and the company stamp.

Signature of third party

Date (dd/mm/yyyy)

Name of third party

Occupation

Qualifications

Address

Telephone number

Email address