BUSINESS INSURANCE OUESTIONNAIRE

Name _____ Date of Birth _____

1. Name of Company _____
2. Type of Organization ☐ Corporation ☐ Partnership ☐ Sole Proprietorship
3. Please attach a copy of your Company's *latest financial statements* (Balance Sheet and Profit & Loss). *If not available*, complete the following questions:

a. Current Company Book Value
Assets $ _____
Liabilities $ _____
Net Worth $ _____

b. Current Company Market Value
Market Value $ _____
Insured's % Ownership _____%
Market Value of Insured's Ownership $ _____

c. Company Net Profit – Past Two Years (Before taxes and bonuses)
19 ____ $ _____
19 ____ $ _____
This Year (Est.) $ _____

d. What other Stockholders, Partners, or Key persons are also being insured in favor of the Company? (Please name)
_____
_____
_____

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

☐ Key Person
a. Why is the person to be insured important to the Company? What special skills, knowledge, or abilities does he/she possess which makes insurance necessary?
_____
_____

☐ Stock Redemption/Buy and Sell
a. Is there a written agreement: In effect? (Attach signed Copy)
Contemplated? (Give expected finalization date) _____
b. How is business being valued in the Agreement? _____
_____

☐ Business Loan
a. Name and address of the lender: _____
_____
b. Amount of Loan $ _____ c. Date of Loan: _____
d. The repayment terms are: _____
_____
e. The purpose of the loan is: _____
_____
f. Is lender requiring the insurance? ☐ Yes ☐ No
g. Name others also being insured for same purpose.
_____ Amount $ _____
_____ Amount $ _____
h. How much Business Insurance is in force on life of Proposed Insured? $ _____

☐ Other Purpose. Please explain. _____

Business Insurance Carried by Other Owners, Officers, Partners, or Key Men:

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

I certify that I have read the above questions and answers and declare that all statements and answers to the above questions are true and complete as recorded. I agree that they shall form a part of my application and become a part of any contract of insurance issued on such application.

Signature of Proposed Insured _____ Date _____
Signature of Applicant _____ Date _____
Witnessed by _____ Date _____

CPS
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