

If applying for personal insurance, please skip questions 5 - 12 and complete the Signature and Agreement section at the bottom of this page. If applying for business insurance, please complete questions 5 - 12 and the Signature and Agreement section on this page.

5. Purpose of business insurance

- Key Person Deferred Compensation Buy-Sell/Cross Purchase Agreement Stock Repurchase Creditor
 Other (explain): _____

6. Is a written buy/sell agreement in effect? (if yes, attach copy)..... yes no
 Is a buy/sell agreement contemplated? yes no

7. Creditor: Name of lender _____
 Is insurance requested by lender? yes no
 Coverage amount required by creditor: \$ _____
 Purpose of loan: _____

(Use "Remarks" below for further details.)

8. Are other key persons or partners being insured? yes no
 If yes, provide amount of inforce and/or applied for coverage with us or another insurance company. If no, explain:

9. What percentage of the business do you own? _____%

10. Date business started? _____

11. Estimated fair market value of business: _____ (In "Remarks" state how this value was determined)

12. Financial details of business:

	Current fiscal year (Date / / thru / /)	Previous fiscal year
A. Total assets		
B. Total liabilities		
C. Gross sales or revenue		
D. Net income (before taxes)		

Please submit a copy of the most recent balance sheet and income statement (year or quarter).

Remarks (questions 5 - 12)

Agreement: I hereby declare that all statements and answers to the above questions are complete and true to the best of my knowledge and belief. I agree that they and this questionnaire shall form a part of my application for insurance. I agree that my failure to disclose any material fact known to me may invalidate the contract. The Company will rely on my answers to determine the appropriate amount of insurance.

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Owner Signature

Proposed Insured (PI) Signature

X

X

Owner signed on (date) _____

PI signed on (date) _____

Owner signed at (city, state) _____

(If under age 16, signature of parent or guardian)

