



Business Insurance Supplement to the Application

 Financial Statement Attached: Yes No

Name of Proposed Insured	Date of Birth	Social Security Number	Application Number
--------------------------	---------------	------------------------	--------------------

Part 1. Personal Finances

a.) Please give your total income: \$_____ Income previous year: \$_____

b.) Please give your estimate of your net worth: \$_____

Part 2. Explain the need and purpose of the coverage applied for:
 Keyman BuySell Stock Redemption Business Loan

 Other (Please explain): _____

Part 3. Have you or your company ever filed for bankruptcy? Yes No

 If Yes, provide type and filing and discharge date as well as details: _____

Part 4. Business Finances (Complete if the coverage applied for is for business purposes.)

a.) Total Assets \$_____ b.) Total Liabilities \$_____ c.) Net Worth \$_____

d.) Gross Income or Revenue: Last Year: \$_____ Previous Year: \$_____ Two Years Ago: \$_____

e.) Net Income or Revenue: Last Year: \$_____ Previous Year: \$_____ Two Years Ago: \$_____

f.) Net Profit after Taxes: Last Year: \$_____ Previous Year: \$_____ Two Years Ago: \$_____

 g.) Is the business a: Corporation Partnership Proprietorship LLC O C Corporation
 O S Corporation (if so, please list distributions amounts \$_____)

h.) Describe type of business (activities): _____

i.) How long has the business been established? _____

j.) What is your percentage ownership in the firm? _____

 k.) Is there business insurance applied for or in force on other key members of this firm? Yes No

If Yes, provide details. If No, explain why: _____

l.) If business less than 2 years old how much personal equity investment was made? _____

 m.) How was Market Valuation arrived at? (please attach copy if available) _____

Comments:

I understand that the Company will rely on the above statements in determining the need and justification for the insurance applied for, and I represent that all answers are true and accurate statements to the best of my knowledge and believe as of the date of application for life insurance. A photographic copy of this statement will be attached to and made part of any insurance contract issued.

Signature of Proposed Insured	Date:
Signature of Owner (if other than Proposed Insured)	Date:

If more space is needed attach additional page, please sign and date each additional page.