

Financial Supplement for Business Insurance



Proposed Insured Name: _____ / _____ / _____
 (First) (Middle) (Last) (Suffix)

Date of Birth (mm/dd/yyyy): _____ / _____ / _____

1. Business Financial Information

<u>Assets:</u>		<u>Liabilities:</u>	
Cash and Cash Equivalents	\$ _____	Accounts Payable	\$ _____
Accounts Receivables	\$ _____	Current Income Tax Liabilities	\$ _____
Inventories	\$ _____	Bank Loans	\$ _____
Prepaid Expense	\$ _____	Other Tax Liabilities	\$ _____
Investments Held for Trading	\$ _____	Issued Debt Securities	\$ _____
Property, Plant and Equipment	\$ _____	Deferred Tax Liabilities	\$ _____
Goodwill	\$ _____	Minority Interest and Equity	\$ _____
Other Intangible Fixed Assets	\$ _____	Other Liabilities	\$ _____
Deferred Tax Assets	\$ _____	TOTAL LIABILITIES	\$ _____
TOTAL ASSETS	\$ _____	NET WORTH	\$ _____
Net Income for Last Tax Fiscal Year	\$ _____	Retained Earnings/Stockholders Equity	\$ _____
Net Income after Tax Current Fiscal Year	\$ _____	Estimated Market Value of Business	\$ _____

2. Additional Business Financial Information

Formal/Legal Name of Business: _____

Doing Business As (if applicable): _____

Type of Business: C Corp S Corp Partnership Sole Proprietorship LLC LLP

Number of Employees: _____ Year Firm Established: _____ Description of Business (mfg, retail, etc.): _____

Purpose of Insurance: Key Person Buy/Sell Stock Redemption Loan Deferred Comp
 Other: _____

If "Buy/Sell" coverage, complete the following:

List names of all partners, % of business owned and amount of buy-sell insurance inforce and applied for:

_____ % \$ _____ % \$ _____

_____ % \$ _____ % \$ _____

If "Key Person," are all other key persons covered by or applying for comparable amounts of insurance? Yes No

(If "No," explain.): _____

If "Loan," provide loan amount: \$ _____ and purpose of loan: _____

Any Bankruptcy? (Include dates of discharge, type and details.) _____

Is the firm involved in any judgements, lawsuits or pending court proceedings? Yes No (If "Yes," provide details.): _____

Explain the basis for the requested face amount in your application for insurance: _____

Signatory Section

The Undersigned declares that:

I have read or have had read to me the completed Financial Supplement for Business Insurance before signing below. All statements and answers in this Financial Supplement for Business Insurance are correctly recorded and are full, complete and true to the best of my knowledge and belief. I agree that this Financial Supplement for Business Insurance constitutes a part of my application for insurance. The financial disclosures listed above are for the purpose of establishing financial insurability in connection with my application for insurance.

Caution: If your answers on this application are incorrect or untrue, the Company may have the right to deny benefits or rescind coverage under the policy and any riders attached to it. This right is subject to the contestability provision in the policy or is for a period of time no greater than 2 years.

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.

Signed in: _____ / _____ / _____
(City) (State) Date (MM/DD/YYYY)

Signature of Proposed Insured
(Signature of Parent or Guardian if under 14 years of age)

Signature of Licensed Agent, Broker or Registered Representative

Printed Name of Licensed Agent, Broker or Registered Representative

Signature of CPA / Attorney and Title

Printed Name of CPA / Attorney

CPA / Attorney Address

CPA / Attorney Phone Number