



CONFIDENTIAL FINANCIAL QUESTIONNAIRE – BUSINESS COVERAGE

Proposed Insured:	Date of Birth:	Policy Number:
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1. Purpose of Insurance:

<input type="checkbox"/> Keyman	<input type="checkbox"/> Equity purchase	<input type="checkbox"/> Sole proprietorship purchase agreement
<input type="checkbox"/> Partnership buy/sell	<input type="checkbox"/> Stockholder cross-purchase	<input type="checkbox"/> Stock redemption
<input type="checkbox"/> Creditor	<input type="checkbox"/> Other business purpose – describe: _____	

2. How was the amount of insurance determined? (attach copies of relevant calculations, if available):

3. Insurance inforce:

Business	Personal	Date Issued (mm/yyyy)	Name of Carrier	Purpose of Insurance
\$	\$			
\$	\$			
\$	\$			
\$	\$			

4. Name of business: _____ Nature of business: _____
 Years in operation under present owners: _____

5. Type of organization: Proprietorship Partnership Corporation

6. Title of life to be Insured:

7. Percentage of business owned by life to be Insured:



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8. Other owners or officers:

Name & Title	Business Insurance Inforce	Business Insurance Applied for	Purpose of Insurance
	\$	\$	
	\$	\$	
	\$	\$	

If other owners or officers are not being insured, explain:

[Empty box for explanation]

9. Financial Details (attach copies of company financial statements, if available) (Note: FMV – Fair Market Value)

Assets (book value)	Liabilities	Estimated FMV of Fixed Assets	Estimated FMV of Goodwill
Current \$	Current \$	\$	\$
Fixed \$	Fixed \$		
Other \$	Net Worth \$		

Provide income and expense details for the last 2 years:

	Year:	Year:
Gross Income	\$	\$
Total Expenses	\$	\$
Net Profit	\$	\$

Please attach any additional comments you feel are relevant to the financial underwriting of this application.

I declare that the above answers and statements are full, complete and true and shall form part of my application for insurance with The Equitable Life Insurance Company of Canada.

Date

Proposed Insured

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