

## CONFIDENTIAL FINANCIAL QUESTIONNAIRE BUSINESS COVERAGE

Proposed Insured: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Policy Number: \_\_\_\_\_

**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 IN FORCE:**

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: \_\_\_\_\_

**8. Other owners or officers:**

NAME & TITLE	BUSINESS INSURANCE IN FORCE	BUSINESS INSURANCE APPLIED FOR	PURPOSE OF INSURANCE
	\$	\$	
	\$	\$	
	\$	\$	

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

**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 \$	<b>Net Worth \$</b>		

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 \_\_\_\_\_ Witness \_\_\_\_\_ Proposed Insured \_\_\_\_\_