

PERSON TO BE INSURED			
FIRST NAME:		NAME:	
DATE OF BIRTH: <div style="text-align: center;"> ____ / ____ / ____ D M Y </div>		POLICY NUMBER:	
This information will be used only to verify that the sum insured requested is proportional to the person to be insured's financial situation.			
1. Purpose of Insurance? <input type="checkbox"/> Personal * Fill in "Personal Financial Information" section below. <input type="checkbox"/> Business * Fill in "Business Insurance – Financial Information" section below.			
2. Main occupation and responsibilities			
3. How did you determined the insurance amount requested?			
PERSONAL FINANCIAL INFORMATION			
1. Employment annual income (salary, bonus and commission):		\$	
2. Other Revenues:	\$	Sources:	
3. Total Assets (real estate, investments, cash, etc.):		\$	
4. Total Liabilities (mortgage, debts, etc.):		\$	
5. Additional Information:			
BUSINESS INSURANCE – FINANCIAL INFORMATION			
1. Name of Company:		2. Legal Status: <input type="checkbox"/> Only Owner <input type="checkbox"/> Partnership <input type="checkbox"/> Company	
3. Number of years operating: _____ years		4. Number of Employees:	
5. Type of Business:			
6. Purpose of Insurance: <input type="checkbox"/> Key-Person <input type="checkbox"/> Loan Guarantee		<input type="checkbox"/> Buy / Sell Agreement: <input type="checkbox"/> Other: _____	
7. Business Assets: \$		8. Business Liabilities: \$	
9. Net Annual Income: \$		10 Estimated Market Value: \$	
11. Percentage of business owned by person to be insured: _____%			
12. Name of Main Other Partners:	Each one's share of business	Amount of business insurance requested	Current amount of business insurance held
13. Additional Information: _____ _____			

I certify information and answers above are true and complete and are an integral part of my insurance application.	
X _____ SIGNATURE OF PERSON TO BE INSURED	X _____ WITNESS
_____ DATE	