

Underwriting Questionnaire



Financial Supplement for Business Insurance

Producer Name _____ Phone _____ Date _____

Client Name _____ Date of Birth _____ Male Female

Face Amount _____ Max Premium \$ _____ /yr. Term Permanent

Has the client ever used any form of tobacco (cigarettes, cigars, pipe, snuff, etc.)? Yes No

Frequency _____ Date of last use _____ Type _____

Assets

Cash and cash equivalents \$ _____

Accounts receivable \$ _____

Inventories \$ _____

Prepaid expense \$ _____

Investments held for trading \$ _____

Property, plant, and equipment \$ _____

Goodwill \$ _____

Other intangible fixed assets \$ _____

Deferred tax assets \$ _____

TOTAL ASSETS \$ _____

Net income for last tax fiscal year \$ _____

Net income after tax current fiscal year \$ _____

Type of business
 C Corp S Corp Partnership Sole Proprietorship LLC LLP

Number of employees _____ Year established _____ Description of business (mfg., retail, etc.) _____

Purpose of insurance
 Key person Buy/Sell Stock redemption
 Loan Deferred Comp Other _____

If **Buy/Sell**, provide names of all partners, percent 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 below

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

Any bankruptcy Yes No If yes, include dates of discharge, type, and details below

Is firm involved in any judgements, lawsuits, or pending court proceedings Yes No If yes, explain below