

Underwriting Questionnaire

Financial Supplement for Business Insurance

Producer Name _____ Phone _____ Date _____

Client Name _____ Date of Birth _____

Male Female Owner _____ Beneficiary _____

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 \$ _____

Liabilities

Accounts payable \$ _____
 Current income tax liabilities \$ _____
 Bank loans \$ _____
 Other tax liabilities \$ _____
 Issued debt securities \$ _____
 Deferred tax liabilities \$ _____
 Minority interest and equity \$ _____
 Other liabilities \$ _____
TOTAL LIABILITIES \$ _____

NET WORTH \$ _____

Retained earnings/stockholder equity \$ _____

Fair market value of business \$ _____

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 in force 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