

FINANCIAL QUESTIONNAIRE - BUSINESS COVERAGE (to be completed by Proposed Insured)

Name: _____ Application No.: _____

1. Purpose: Keyman By/Sell Cross Purchase Stock Redemption
 Creditor Sole Proprietor Other: _____

2. How was amount determined? _____

3. Name and nature of business and years in existence: _____

4. Type of organization: Proprietorship Partnership Corporation

5. Title and duties of Proposed Insured: _____

6. Years with this company: _____ Experience in similar or same business: _____

7. % equity of Proposed Insured: _____ Proportion to be covered by this policy: _____

8. Are other owners or officers being insured? Yes No If yes, complete table below. If no, please explain:

Name and Title	Amount In Force	Amount Applied For	Percentage of Ownership	Purpose of Insurance

9.

ASSETS (Book Value)		Fixed Assets	Book Value	Market Value
Current	\$ _____	Land	\$ _____	\$ _____
Fixed	\$ _____	Buildings	\$ _____	\$ _____
Other	\$ _____	Equipment	\$ _____	\$ _____
Total	\$ _____	Intangible Assets	\$ _____	\$ _____

LIABILITIES

Current	\$ _____	Other (e.g. Patents, Trademarks, Goodwill)	\$ _____	\$ _____
Long Term	\$ _____	Total*	\$ _____	\$ _____
Other	\$ _____	*Must agree with financial statements		
Total	\$ _____	Market Value of Fixed Assets:	<input type="checkbox"/> Estimate	<input type="checkbox"/> Appraisal

Date of Latest Appraisal: _____

Name of Appraiser: _____

Additional Information:

FINANCIAL QUESTIONNAIRE - BUSINESS COVERAGE (Cont'd)

10. GROSS ANNUAL SALES (past three years)

Year	Gross Annual Sales

NET INCOME AFTER TAXES (past three years)

Year	Net Income After Taxes

11. Has any business organization(s) in which you have a financial and/or managing interest declared bankruptcy? Yes No
If yes, please give details:

12. Have operations of the business changed significantly in the last 3 years? Yes No If yes, please give details:

I hereby agree that the foregoing questions and answers shall form part of the application for insurance made by me to BMO Life Assurance Company on the _____ day of _____ 20 ____ ; and they shall be of the same effect as if contained in the original application.

Dated at _____ this _____ of _____ 20 _____

Witness

Proposed Insured