

Financial Supplementary Statement for Business Covers

This statement should be completed by the Proposed Insured/Policyowner

Proposed Insured	Date of Birth
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Please answer each question **truthfully, accurately** and **completely** and where appropriate, provide particulars.

1. What is the purpose of this life insurance proposal?

2. Have proposals been made concurrently to any other life insurance offices?

3. How much life insurance cover is presently in force on the Proposed Insured? Please indicate the reason for such cover.

4. What is the name of the company/partnership and the nature of its business?

5. What has been the company's/partnership's turnover, gross and net profits over the past three (3) years? Please provide audited accounts if available.

Year	Gross	Net

Please provide the following information if cover is required for loan protection purposes

6. Please provide a copy of the loan agreement and indicate:

- a) the object of the loan;
- b) the amount of the loan;
- c) the duration and repayment conditions;
- d) the name of the lender;
- e) the name of the borrower;
- f) whether the issue of a life policy is a condition of the loan and if immediate assignment will be arranged;
- g) whether any other loans already exist; if so, please state the sums of the existing loans.

Please provide the following information if "keyman" cover is required

7. Please indicate:

- a) why the person to be insured is considered a keyman;
- b) the basis upon which the policy amount has been calculated;
- c) whether the "keyman" has a shareholding in the company;
- d) how long the "keyman" has been working for the company;
- e) whether there is a Board memo or other written authorization to sanction the policy; and
- f) the reason for selecting this type and duration of policy.

Please provide the following information if partnership or share purchase cover is required

8. Please indicate:

- a) what percentage of the company's share capital /partnership the Proposed Insured owns;
- b) what liability arises upon the death of the Proposed Insured; if a "Buy and Sell" agreement exists, please provide a copy;
- c) what relationship exists between the Policyowner and the Proposed Insured;
- d) what value has been placed on the business; please give details of the basis on which the valuation was reached; and
- e) whether policies are being effected on the lives of all shareholders/partners.

I hereby declare that the above answers and statements are true and complete.

Signature of Proposed Insured

Signature of Payor / Policyowner
(if other than Proposed Insured)

Date