

Financial Supplementary Statement for Self-Employed Persons

This statement should be completed by the Proposed Insured/Policyowner

Proposed Insured	Date of Birth
------------------	---------------

Please answer each question **truthfully, accurately** and **completely** and where appropriate, provide particulars.

1. What is the nature of your business and from what address is it principally carried out?

2. How long has it been established?

3. What is your exact role in the operation of the business?

4. How many people do you employ?

- a) full-time _____
- b) part-time _____
- c) seasonally _____

5. What has been the annual trade turnover, net and gross profit of the business for each of the last three (3) years?

Year	Gross	Net

6. Do you have any other sources of income?

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