



Confidential Business Financial Questionnaire

(to be completed by the Business Owner)

Policy Number: _____

Name of Insured: _____ Date of birth: _____ (DD/MM/YYYY)

1 Legal Name of Business: _____ Year Incorporated: _____

Nature of Business: _____

Structure: Sole Proprietorship Corporation Partnership Other (please specify) _____

2 Purpose of Insurance: Keyman Buy-Sell Creditor Stock Redemption

Other (please specify) _____

3 Owners or Officers

NAME AND TITLE	INSURANCE IN FORCE	APPLIED FOR	% OF BUSINESS OWNERSHIP	PURPOSE OF INSURANCE

4 Financial Details **ATTACH COPY OF AUDITED FINANCIAL STATEMENT IF AVAILABLE**

ASSETS (BOOK VALUE)	
Current	\$
Fixed	\$
Other	\$
Total	\$

LIABILITIES	
Current	\$
Long Term	\$
Total	\$
Net Worth	\$

ESTIMATED FAIR MARKET VALUE
\$

ESTIMATED FAIR MARKET VALUE OF GOODWILL
\$

PAST TWO YEARS

GROSS SALES	
Year	\$
Year	\$

NET INCOME AFTER TAXES	
Year	\$
Year	\$

5 Amount of loan if creditor insurance applied for \$ _____

6 How was the amount of insurance determined? **PROVIDE RELEVANT CALCULATIONS**

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7 Other Comments:

I understand that my answers to the above questions will be relied on by ivari in establishing my premium rate. If the above answers are not true, complete and correctly recorded, any policy issued as a result of this questionnaire may be rendered void on the grounds of misrepresentation or fraud.

I hereby declare that I have read all the questions and answers in this questionnaire and the statements and answers given above are true, complete and correctly recorded to the best of my knowledge and belief. I understand and agree that this questionnaire shall form part of my Insurance Application to ivari.

Dated at _____ (DD/MM/YYYY)

Signature of Business Owner

Signature of Witness

Signature of Accountant (if information given by Accountant)

Signature of Witness



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