

DISABILITY BUY-SELL SUPPLEMENTARY APPLICATION

Underwritten by certain Underwriters at Lloyd's, London, England
 through **Hunter McCorquodale Inc.**
 Yonge-Eglinton Centre
 #2910 - 2300 Yonge Street, P.O. Box 2396, Toronto, ON M4P 1E4



Section A – ABOUT THE BUSINESS:

1. Legal Name of Business Entity:

2. Business Structure: Corporation Partnership

3. Nature of the business:

4. How long has the business been in operation? Under the current owners?

5. Have there been any significant changes in the operations of the business in the last 3 years? Yes No
 If yes, provide details:

6. Is there any outstanding litigation or threat of litigation in connection with the business entity? Yes No
 If yes, provide details:

Section B – ABOUT THE OWNERS:

Name of Owner	Employee (Yes/No)	If an employee, provide details:			No. of years as an Owner	% Owned	Amount of Buy-Sell Insurance In force or Pending		
		# years	Title	Hrs/Wk.			DI	Life	Critical Illness

1. Is a shareholder or partnership agreement in place? Yes No
 (a) If not, why not?
 (b) If yes, does it have provisions relating to the purchase of shares of a disabled owner? Yes No

2. Are all individuals that own at least 10% of the business being insured for disability buy-sell? Yes No
 If not, why not?

3. Do all individuals that own at least 10% of the business have life insurance in force or pending to fund the buy-sell agreement in the event of death? Yes No If not, why not?

4. Are all owners dealing at arms length? Yes No If not, please explain:

Section C – FINANCIAL/BUSINESS VALUATION:

1. What is the approximate value of the business entity?

2. How was it determined? Agreement of parties Formula Independent valuation Other

Provide details:

3. Has an independent business valuation or opinion ever been provided? Yes No If yes:

(a) By whom (provide name, contact information, qualifications):

(b) For what purpose?

4. Have any shares changed hands in the last 12 months? Yes No

If yes, provide details, including names of seller and purchaser, their relationship, number of shares sold, percentage of the business sold, and purchase price:

5. Was independent legal advice provided in connection with the drafting of the shareholder or partnership agreement?

Yes No If yes, provide name and contact information:

6. Was independent accounting advice provided in connection with the drafting of the shareholder or partnership agreement?

Yes No If yes, provide name and contact information:

Section D – GENERAL

Please provide any other information needed to **clarify any of the above answers**, or to **further support the need** for this insurance, or to **justify the sum insured**.

I hereby acknowledge and agree that this supplementary application forms a part of my application for disability insurance with Lloyd's through Hunter McCorquodale Inc., and is subject to the Declaration and Authorization in Section H of the application.

Signed at _____ this _____ day of _____, 20 _____

Signature of Proposed Insured

Signature of Owner (must be someone **other than** the Proposed Insured)