

**KEY PERSON DISABILITY
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. Nature of the business:			
3. How long has the business been in operation?		Under the current owners?	
4. Number of employees:			
5. Financial information for the last 3 fiscal years (Note: we may request copies of financial statements):			
Fiscal Year End	Gross Revenue	Gross Profit	Net Pre-tax Profit
Section B – ABOUT THE KEY PERSON:			
1. Name:			
2. Date of birth:			
3. Relationship of key person to the business:			
<input type="checkbox"/> Shareholder and employee % owned: _____ <input type="checkbox"/> Non-shareholder employee <input type="checkbox"/> Other (please explain):			
4. Is there a contract between the business and the key person? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide a copy of the contract.			
5. Does the key person have a written job description? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide a copy of the job description.			
6. Why does the business consider this individual to be a key person?			
7. In what way has the condition of the business improved, or will it improve, due to the contribution of this individual?			

8. a. If this individual were to be unable to work for 3 months due to illness or injury, what would be the expected impact on the revenue/profits of the business?

b. What would be the impact if the individual were unable to work for a year?

9. Is there anyone else within the organization that performs similar duties and could assume the role of the key person in the event of their absence?

If no, how long would it take to hire and train a replacement to perform a similar function?

10. How was the required amount of key person disability insurance determined?

11. a. Amount of key person **life** insurance owned by the business on this individual: _____

b. Amount of key person **life** insurance currently pending: _____

c. Amount of key person **critical illness** insurance in force or pending: _____

d. If there is no key person **life** insurance in force or pending, give reasons:

Section C – 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)