

# FINANCIAL QUESTIONNAIRE BUSINESS

Acceptional Life™ is insured and underwritten by Co-operators Life Insurance Company and is distributed by Hunter McCorquodale and its contracted sales advisors.

## BUSINESS INFORMATION

Name of Business \_\_\_\_\_

Type of Business:  Corporation  Partnership  Sole Proprietorship

Nature of Business \_\_\_\_\_ Year Established \_\_\_\_\_

Type of Insurance:  Loan Protection  Key Person  Buy/Sell (Complete corresponding section for type of insurance)

## PROPOSED LIFE INSURED

Name \_\_\_\_\_  
First Name Initial Last Name

Date of Birth \_\_\_\_\_  Male  Female Height \_\_\_\_\_  ft/in  cm Weight \_\_\_\_\_  lbs  Kg Smoker  Yes  No  
MMM/DD/YYYY

Title/Duties \_\_\_\_\_ % Ownership \_\_\_\_\_

## LOAN PROTECTION INSURANCE

- Name of Creditor \_\_\_\_\_
- Amount of Loan \$ \_\_\_\_\_
- Was insurance requested by Creditor?  Yes  No
- Date Loan Applied For \_\_\_\_\_  
MMM/YYYY
- How was the amount requested was determined? \_\_\_\_\_

## KEY PERSON INSURANCE

- Provide the following details for the two most recently completed fiscal years:

BUSINESS	Year Ended _____ <small>MMM/YYYY</small>	Year Ended _____ <small>MMM/YYYY</small>
Gross Revenue		
Gross Profit		
Net Pre-Tax Profit		

PROPOSED INSURED		
Salary		
Bonus		
Other Compensation		
Total Earnings		

- Why does the business consider the Proposed Insured to be a Key Person? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
- How was the amount of insurance requested determined? \_\_\_\_\_  
 \_\_\_\_\_

## BUY/SELL INSURANCE

1. Provide the following details for the two most recently completed fiscal years:

<b>BUSINESS</b>	Year Ended _____ MMM/YYYY	Year Ended _____ MMM/YYYY
Gross Revenue		
Gross Profit		
Net Pre-Tax Profit		
Approximate Fair Market Value (FMV)		
How was FMV determined?		

2. How was the amount of insurance requested determined? \_\_\_\_\_  
\_\_\_\_\_

3. Other Partners or Shareholders:

<b>Name</b>	<b>% Ownership</b>	<b>Amount of Buy/Sell Life Insurance In-force or Pending</b>

4. If any partners are not insured and are not being insured now, please explain: \_\_\_\_\_  
\_\_\_\_\_

## PRIVACY AND AUTHORIZATION

### Co-operators Life Insurance Company Privacy Statement

The Co-operators is committed to protecting the privacy, confidentiality, accuracy and security of the personal information that it collects, uses, retains and discloses in the course of conducting business.

At The Co-operators, we recognize and respect the importance of privacy. When you enrol for insurance coverage or submit a claim, we establish a confidential file and collect, use and disclose your personal information for the purposes of issuing, administering, adjudicating and/or servicing your insurance. You may access and correct, if needed, the personal information in your file by sending us a request in writing.

We limit access to your personal information to our staff and other persons we have authorized who have a need to know it to perform their duties. Our systems and procedures are designed to prevent the loss, misuse, unauthorized access, disclosure, alteration, or destruction of your information. Our commitment to security extends to the contracts and agreements we sign with external suppliers and service providers. We may store or process your personal information in Canada, the United States or other countries for processing, storage, analysis or disaster recovery and, under applicable law, governments, courts, law enforcement or regulatory agencies, may, by lawful order, obtain disclosure of your personal information. You can find more details about The Co-operators privacy policy at [www.cooperators.ca](http://www.cooperators.ca). If you have any questions regarding our privacy policies or about the collection, use and disclosure of your personal information, please contact our Privacy Officer at The Co-operators at Priory Square, Guelph, ON, N1H 6P8, Tel: 1-888-887-7773, E-mail: [privacy@cooperators.ca](mailto:privacy@cooperators.ca) (please include The Co-operators company you deal with in your inquiry).

If you do not agree with our use and disclosure of your information in connection with your application and servicing any policy that we issue, we will not be able to offer you the insurance product you are interested in, service your insurance or adjudicate your claim.

I declare and certify that the above information is true and complete and shall form part of my Application. I understand the personal information provided on this form will be used by Co-operators Life Insurance Company for underwriting purposes, and for any other lawful purpose in accordance with applicable federal and provincial laws. I also understand that Co-operators Life Insurance Company is relying on the information I have provided and if I have misrepresented any information, that Co-operators Life Insurance Company will be entitled to void my policy(ies).

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_  
MMM/DD/YYYY