

Buy-Sell Contingent Contract Protection Application Form

Policy Owner/Beneficiary (Not the insured): _____

Address of Policy Owner: _____

Personal Information

Name of Insured Person: _____

Date of Birth: ____/____/____

Requested Benefit Amount: \$ _____

Occupation Including Duties: _____

Period of Insurance: _____

Insurability

Please answer the following questions about the insured to the best of your knowledge and provide details.

1. Is the proposed insured currently or planning to participate in any hazardous activities?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Is the proposed insured planning to undertake any foreign travel?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Does the proposed insured have any medical condition that would effect this insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Has the proposed insured been actively at work for the past 90 days?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Are there any other factors affecting this insurance of which you are aware?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Are there any other Life insurance policies owned by the employer on this person?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Details to the answers above: _____

Financial Insurability

1. Ownership percentage of the insured person. _____

2. Value of the ownership. _____

Please submit a completed Buy-Sell Supplementary application.

Declaration

To the best of my knowledge and belief the information provided in connection with this application is true and I have not withheld any material fact. I understand that non-disclosure or misrepresentation of a material fact will entitle underwriters to void this insurance. (A material fact is one likely to influence acceptance or assessment of this application by underwriters.)

Policy Owner's Name: _____ Signature _____ Date _____