beneva

Financial Questionnaire (Business)

First and last names of insured _____

Y Y Y Y M M D D
Date of birth

_____
Policy / application number

1. What is the purpose of the insurance?

☐ Buy / sell agreement
☐ Collateral loan (specify amount: $ _____)
☐ Key person protection
☐ Other specify: _____

2. How long has the business been in operation? _____

3. Financial information of the company covering the last two (2) years:

Year:	Y Y Y Y	Year:	Y Y Y Y
Assets:	$	Assets:	$
Liabilities:	$	Liabilities:	$
Shareholders' Equity:	$	Shareholders' Equity:	$
Net profit:	$	Net profit:	$
Fair market value:	$	Fair market value:	$

4. Are you the sole owner? ☐ Yes ☐ No

If No, complete the following table for each shareholder.

Name	% of shares	Insurance in force (business)	Insurance pending (business)
		$	$
		$	$
		$	$
		$	$

5. If the shareholders are not insured for the same amount, explain the reasons below.

_____

_____

_____

6. Additional remarks

_____

_____

_____

7. Declaration

I acknowledge having fully understood all of the questions above and that the answers given are true and complete. In addition, I consent to having them as an integral part of the requested insurance policy.

X _____ Y Y Y Y M M D D
Signature of insured Date of signature

Protection of personal information

Protecting your personal information is a priority for Beneva. To find out more about our practices, please consult the Personal Information Protection Statement located at beneva.ca.