

Application Supplement

Questions? Call 800-849-0474

“Disability Protection For Your Business”

Instructions: Print in black and initial all changes · Answer all questions in their entirety · Any unanswered questions will delay the processing. "N/A" or "None" are unsatisfactory answers and will not be accepted.

Proposed Insured: _____ Date of Birth: _____

1. Name of Business Entity: _____ Date Organized: _____

2. Form of Business (check one): C Corp S Corp Partnership LLC LLP Other: _____

3. Nature of Business (briefly describe product, service, etc.): _____

Financial Data for Business Entity:	Last Full Year as of (date) _____	Previous Year As of (date) _____	Year to Date As of (date) _____
a. Net Worth (Book Value):	\$ _____	\$ _____	\$ _____
b. Gross Income/Sales:	\$ _____	\$ _____	\$ _____
c. Net Profit (Loss):	\$ _____	\$ _____	\$ _____
d. Business Owners' Compensation from the Business Entity, including salary, bonuses and commissions:	\$ _____	\$ _____	\$ _____

4. a. What is your estimate of current fair market value of the business entity? \$ _____
 b. How was this determined? _____

5. Are there any familial relationships among the employees? If yes, please explain below..... Yes No

6. Are there other related business entities?..... Yes No

a. If Yes, are those entities included in the buy-sell agreement?..... Yes No

b. If not included in the buy-sell agreement, please explain below.

7. Does the proposed insured have life insurance in force or applied for to fund a buy-out requirement at death? If yes, please explain below..... Yes No

8. Do all proposed insured business owners work full-time in the business? If no, please explain below..... Yes No

9. Has the business entity experienced a bankruptcy, a net loss or a year-to-year increase in net profit, before income taxes, in any of the last five (5) years? Or have you filed for personal bankruptcy? If yes, please explain below..... Yes No

QUESTION NUMBER:	Please give detailed explanations as requested for Questions 4 through 9. Other information may also be added here.

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DECLARATION

I represent that all answers to the preceding questions are correctly recorded, and that they are true and complete to the best of my knowledge and belief. I agree that this application supplement shall become part of any contract of insurance based on such application.

Signature of Proposed Insured

Signed at _____ on ____/____/____
City, State Date mm/dd/yyyy

Signature of Policy Owner (if Other Than Proposed Insured)

Signed at _____ on ____/____/____
City, State Date mm/dd/yyyy

Title (print)

Company Name (print)

I declare and affirm that no changes, additions or alterations of any kind have been made to this form after it was signed by the proposed insured(s) and owner (if other than proposed insured). If this form has been sent to International Specialty Insurance (ISI) electronically, the copy of this form sent to ISI is a true and exact copy of the original.

Signature of Soliciting Producer

Signed at _____ on ____/____/____
City, State Date mm/dd/yyyy

FRAUD WARNING

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON, FILES AN APPLICATION FOR INSURANCE CONTAINING ANY FALSE INFORMATION OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME.

Please return completed forms to:
International Specialty Insurance
105 West Main Street
Elkin, NC 28621
336.835.2230 (p)
336.835.1729 (f)
www.isinsurance.com