



INTERNATIONAL  
SPECIALTY INSURANCE, INC

HELPING PROTECT  
WHAT  
YOU'VE ACHIEVED

QUESTIONS?  
800-849-0474

**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.

## Key Person Application Supplement

Name of Key Person: \_\_\_\_\_  
FIRST M.I. LAST

Duties & Description  
of Application: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What does this person do that another person cannot do? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What financial loss would the company suffer if this Key Person were disabled? \_\_\_\_\_  
\_\_\_\_\_

How long has this Key Person been working for the company? \_\_\_\_\_  
\_\_\_\_\_

Gross Salary, bonuses and commissions over the last three years:

US \$ \_\_\_\_\_ US \$ \_\_\_\_\_ US \$ \_\_\_\_\_  
CURRENT LAST YEAR TWO YEARS AGO

Company Name: \_\_\_\_\_

Type of Business: \_\_\_\_\_ Number of Employees: \_\_\_\_\_

Is the Key Person an owner of the company:  Yes  No What is the % ownership? \_\_\_\_\_

What existing coverage is currently in force on the Key Person in which the company is the beneficiary of any benefits of the insurance?

DEATH: \$ \_\_\_\_\_ DISABILITY: \$ \_\_\_\_\_

What is the basis of selecting these amounts of insurance? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Net Revenue of the company the past three years:

US \$ \_\_\_\_\_ US \$ \_\_\_\_\_ US \$ \_\_\_\_\_  
CURRENT LAST YEAR TWO YEARS AGO

Net profit/loss of the company over the past three years:

US \$ \_\_\_\_\_ US \$ \_\_\_\_\_ US \$ \_\_\_\_\_  
CURRENT LAST YEAR TWO YEARS AGO

Is the Key Person or the company a party to any legal proceeding at this time?  Yes  No

If yes, please provide details: \_\_\_\_\_  
\_\_\_\_\_

Form completed by: \_\_\_\_\_

NAME

TITLE

SIGNATURE

DATE