



BUSINESS FINANCIAL QUESTIONNAIRE

Name:

Proposal No.:

This questionnaire must be signed by an independent third party where life cover proposed exceeds €3 million (e.g. a qualified accountant or solicitor).

What type of cover do you require (please tick appropriate box)?

- | | | |
|-----------------|--------------------------|------------------------------|
| Keyperson | <input type="checkbox"/> | Complete sections A, B and E |
| Commercial Loan | <input type="checkbox"/> | Complete sections A, C and E |
| Share Purchase | <input type="checkbox"/> | Complete sections A, D and E |
| Partnership | <input type="checkbox"/> | Complete sections A, D and E |

A. Business Details

1. Please advise the position you hold and the length of your involvement with the business.

2. Name of the Company / Business

3. Date of establishment

4. Nature of business carried out

5. Number of employees

6. Please state the turnover, gross profit and net profit before tax, for the last three years*. Please include a projection for the next year.

Month / Year	Turnover (€)	Gross Profit (€)	Net Profit (€)

*If the company has been recently established, please forward a copy of the current business plan projections

7. What share of the business does the life to be assured own?

8. State the life to be assured's personal earnings (as assessed for Income Tax) for the last 2 years

	Year 1	Year 2
Salary	€	€
Dividends	€	€
Bonuses / Commission	€	€
Share of Profit	€	€
Other	€	€

9. Please advise the value of your assets and liabilities.

Assets	Value (€)	Liabilities	Value (€)
Property		Mortgages	
Investment		Loans	
Unquoted Equities		Others (specify)	
Others (specify)		Total	
Total			

10. Please advise details of other proposals being made to other life companies.

Company	Sum Assured (€)	Reason for Cover	Type / Term of Policy

11. Please give details of all existing policies for life, serious illness and income protection insurance.

Sum Assured	Date Effected	Reason for Cover	Type / Term of Policy

B. Keyperson Insurance

1. Why is the keyperson considered valuable?

2. What proportion of the gross profit can be fairly attributed to this key-person? (Please give details of the calculation. This may be attached on a separate sheet if necessary.)

3. How has the sum insured been calculated? (Please give details of the calculation)

i. Multiple of profit

ii. Multiple of salary

iii. Other

4. Is a successor being trained? (Please give details)

5. Please give details regarding other key-person policies that the company has affected or plans to affect in the future.

Name	Position	Reason for policy	Sum Assured (€)	Effective Date

C. Commercial Loan

1. Reason for loan

2. Name of the lender

3. Amount of loan

4. Term

5. Interest rate

6. Repayment (e.g. interest only, interest and capital)

D. Share Purchase and Partnership Insurance

1. What is the value of the business?

2. What is the basis for this valuation?

3. Has a professional advisor been consulted?

4. Please give the name and qualification of the valuer.

5. How many partners/shareholders are there?

6. Is the intention to place cover on all partners/shareholders? Yes ☐ No ☐ If no, please give reason.

7. Is there a “Double Option” or “Buy and Sell” agreement? Yes ☐ No ☐ If so, please give details (parties and respective share).

I declare that:

- The answers above are true and complete to the best of my knowledge
- I have not withheld any information that may influence the assessment or acceptance of this application.

I agree that:

- This questionnaire will form part of the application to Royal London
- If the answers to any of the questions changes before Royal London assumes risk on the plan, I'll tell Royal London in writing
- If I do not give Royal London all facts that are likely to influence the assessment and acceptance of this application, any plan issued as the result of this application may be cancelled or the terms changed and any claims may be refused.

Signed:

Date:

/ /

Third Party Signature

Signed:

Date:

/ /