

THE MANHATTAN LIFE INSURANCE COMPANY

Administration Office: 5 Waterside Crossing, Third Floor, Windsor, Connecticut 06095

Business Insurance Questionnaire

1. Policy Number	2. Name of Proposed Insured	3. Date of Birth			
4. Name of Business					
5. Type of Organization <input type="checkbox"/> Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation					
6. Purpose of Insurance		(name of Creditor)			
<input type="checkbox"/> Key Person <input type="checkbox"/> Stock Purchase <input type="checkbox"/> Buy-Sell Agreement <input type="checkbox"/> Creditor:					
Is insurance requested by creditor? <input type="checkbox"/> Yes <input type="checkbox"/> No	Amount of Loan \$ _____	Duration of Loan (in Years and Months)			
Purpose of Loan					
<input type="checkbox"/> Other Purchase – explain:					
7. Percentage ownership of business					
Business Insurance on all other Key Individuals or Owners of this business					
Name	Amount Applied for	Amount in Force	Name of Company	% Ownership of Business	Active in Business
_____	\$ _____	\$ _____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	\$ _____	\$ _____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	\$ _____	\$ _____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Circumstances of Application			<input type="checkbox"/> Solicitation by Agent	<input type="checkbox"/> Inquiry by Applicant	
<input type="checkbox"/> Other (explain)					
9. How was amount of application determined? (Attach copies of relevant calculations)					

Who determined amount of application?					

10. Business finances (Attach copies of company financial statements if available: earnings, statements and balance sheets) Net Profit after taxes for the past 3 years:					
Assets	\$ _____	Year:	_____	\$ _____	_____
Liabilities	\$ _____	Year:	_____	\$ _____	_____
Net Worth	\$ _____	Year:	_____	\$ _____	_____
11. Insurance in force on Proposed Insured					
	Amount	Annual Premium			
a. Personal	\$ _____	\$ _____			
b. Business	\$ _____	\$ _____			
Insurance applied for with Manhattan Life	\$ _____	\$ _____			
Applied for with other Companies (explain below)	\$ _____	\$ _____			
Total	\$ _____	\$ _____			

