



**Expanded Financial Questionnaire - Business**

**Policy # (if known):** \_\_\_\_\_

- American General Life Insurance Company, 2727-A Allen Parkway, Houston, TX 77019**
  - The United States Life Insurance Company in the City of New York, 175 Water St, New York, NY 10038**
- A member of American International Group, Inc. (AIG)*

In this form, the "Company" refers to the insurance company whose name is checked above. The Company shown above is **solely** responsible for the obligation and payment of benefits under any policy that it may issue. No other Company is responsible for such obligations or payments. Complete a Personal or Business Expanded Financial Questionnaire as appropriate. Complete an Expanded Financial Questionnaire - Personal if the purpose of the application is for family protection, income replacement, estate preservation, charitable giving or other personal needs. Complete an Expanded Financial Questionnaire - Business if the purpose is business related such as key person, cross purchase, or creditor insurance.

**Proposed Insured**

\_\_\_\_\_

First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Social Security # \_\_\_\_\_

**Please print all answers.**

- First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_  
 Date of Birth \_\_\_\_\_ Social Security # \_\_\_\_\_
1. Name of the business \_\_\_\_\_
  2. Provide a description of the nature of the business \_\_\_\_\_
  3. Type of organization  Sole Proprietorship  Corporation  Partnership  LLC  
 S Corporation  Start Up  Publicly Traded Corporation
  4. Title and duties of the proposed insured \_\_\_\_\_
  5. Years with the company \_\_\_\_\_
  6. Years of experience in a similar or the same business, but with a different company \_\_\_\_\_
  7. How long has the company been established? \_\_\_\_\_
  8. Percentage of equity owned by the proposed insured \_\_\_\_\_
  9. Fair market value of the business \_\_\_\_\_
  10. How was this value determined? \_\_\_\_\_
  11. What is the purpose of the business insurance?  Key Person  Stock Redemption  Cross Purchase  Creditor  
 Other (explain) \_\_\_\_\_
  12. Creditor insurance only - answer A through G:  
 A. Did the lender request the insurance? \_\_\_\_\_ B. Name of the lender \_\_\_\_\_  
 C. Amount of coverage required by the lender \_\_\_\_\_ D. Amount of the loan \_\_\_\_\_  
 E. Purpose of the loan \_\_\_\_\_  
 F. Origination date of the loan \_\_\_\_\_  
 G. Repayment terms of the loan Monthly amount \$ \_\_\_\_\_ Number of months payable \_\_\_\_\_
  13. Cross Purchase insurance only - answer H through J:  
 H. Is there a written agreement in effect? (If yes, attach a signed copy.) .....  yes  no  
 I. Agreement being currently prepared? Expected finalization date? .....  yes  no  
 J. Is a professional business evaluation being done? (If yes, attach a signed copy.) .....  yes  no
  14. Key Person insurance only - answer K and L:  
 K. How is the proposed insured financially valuable to the company? \_\_\_\_\_  
 L. What unique skills, knowledge, or abilities does he/she possess which make the life insurance necessary? \_\_\_\_\_
  - 15A. Are other members of the company insured in favor of the business, or currently applying for coverage? .....  yes  no  
 If yes, provide the following details:

Name and Title	Insurance in force	Insurance applied for	Business Ownership (Percentage)

15B. If other members are not insured or not applying, please explain \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Assets	Liabilities
Current	Current
Fixed	Long Term
Other	
<b>Total Assets</b>	<b>Total Liabilities</b>
	<b>NET WORTH</b>

Fixed Assets	Book Value	Market Value
Land		
Buildings		
Intangible Assets		
Patents, Trademarks, Goodwill		
	<b>Total</b>	<b>Total</b>

**Market Value of Fixed Assets:**

How was the market value of the assets determined?

Was the value determined by a professional appraiser? ..... <input type="checkbox"/> yes <input type="checkbox"/> no	Date of most recent appraisal:
Company Net Profit (before taxes): Last Year	Gross Sales: Last Year
Previous Year	Previous Year

Has any business organization in which you have a financial and/or managing interest declared bankruptcy? .....  yes  no  
 If yes, provide all details being as specific as possible: \_\_\_\_\_

Have operations of the business changed significantly in the last 3 years? .....  yes  no  
 If yes, provide all details being as specific as possible: \_\_\_\_\_

**Agreement:** I hereby declare that all statements and answers to the above questions are complete and true to the best of my knowledge and belief. I agree that they and this questionnaire shall form a part of my application for insurance. I agree that my failure to disclose any material fact known to me may invalidate the contract. The Company will rely on my answers to determine the appropriate amount of insurance.

**Proposed Insured (PI) Signature**

X

PI signed on (date) \_\_\_\_\_

**Owner Signature**

X

Owner signed on (date) \_\_\_\_\_

**Accountant/Preparer (A/P) Signature**

X

A/P signed on (date) \_\_\_\_\_

Accountant/Preparer (please print full name) \_\_\_\_\_

Print Accounting Firm Name, Address and Phone Number \_\_\_\_\_