

**Financial Questionnaire is required for face amounts over \$3 Million.**

**Financial Questionnaire**  
**Policy # (if known): \_\_\_\_\_**  
**New York Version**

**The United States Life Insurance Company in the City of New York**

175 Water St, New York, NY 10038

In this form, the "Company" refers to the insurance company named 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.

**Proposed Insured**

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

1. Your income (before Income Tax):

	Current fiscal year (Date / / thru / / )	Previous fiscal year
A. Salary or wages		
B. Bonuses and/or commissions		
C. Net business or professional income (i.e., Gross income less business expenses, but not before personal income)		
D. Other earned income (give details in "Remarks" below)		
E. Unearned income (interest and dividends, net real estate income, etc.) give details in "Remarks" below		
F. TOTAL		

2. What is your approximate net worth, i.e., assets minus liabilities? (if necessary, give details in "Remarks" below)

	Current fiscal year (Date / / thru / / )	Previous fiscal year
A. Personal Assets		
B. Business Assets		
C. Liabilities		
D. Net worth		

3. Estimated tax liabilities at death (include potential estate taxes, inheritance taxes and capital gains taxes, both federal and state).

\_\_\_\_\_  
 \_\_\_\_\_

4. How was the need for this new amount of coverage determined?

Remarks (questions 1-4)

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



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If applying for personal insurance, please skip questions 5 - 12 and complete the Signature and Agreement section at the bottom of this page. If applying for business insurance, please complete questions 5 - 12 and the Signature and Agreement section on this page.

**5. Purpose of business insurance**

- Key Person   
  Deferred Compensation   
  Buy-Sell/Cross Purchase Agreement   
  Stock Repurchase   
  Creditor  
 Other (explain): \_\_\_\_\_

6. Is a written buy/sell agreement in effect? (if yes, attach copy).....  yes  no  
 Is a buy/sell agreement contemplated? .....  yes  no

7. Creditor: Name of lender \_\_\_\_\_  
 Is insurance requested by lender? .....  yes  no  
 Coverage amount required by creditor: \$ \_\_\_\_\_  
 Purpose of loan: \_\_\_\_\_

*(Use "Remarks" below for further details.)*

8. Are other key persons or partners being insured? .....  yes  no  
 If yes, provide amount of inforce and/or applied for coverage with us or another insurance company. If no, explain:  
 \_\_\_\_\_

9. What percentage of the business do you own? \_\_\_\_\_%

10. Date business started? \_\_\_\_\_

11. Estimated fair market value of business: \_\_\_\_\_ *(In "Remarks" state how this value was determined)*

**12. Financial details of business:**

	Current fiscal year (Date / / thru / / )	Previous fiscal year
A. Total assets		
B. Total liabilities		
C. Gross sales or revenue		
D. Net income (before taxes)		

*Please submit a copy of the most recent balance sheet and income statement (year or quarter).*

Remarks (questions 5 - 12)  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**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 any material misrepresentation of fact by me may invalidate the contract. The Company will rely on my answers to determine the appropriate amount of insurance.

**Owner Signature**

**Proposed Insured (PI) Signature**

X

X

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

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

**Owner signed at** (city, state) \_\_\_\_\_

*(If under age 14 1/2, signature of parent or guardian)*

