

# DISABILITY DIVISION

## Disability Buy-Sell Questionnaire

Firm Name: \_\_\_\_\_

Business Structure:  SOLE PROPRIETOR  PARTNERSHIP  CORPORATION: "C" \_\_\_\_\_ "S" \_\_\_\_\_

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

Effective Date of Agreement: \_\_\_\_\_

Type of Agreement:  CROSS PURCHASE  STOCK REDEMPTION  OTHER

Is Agreement Trusteed?  YES  NO Name of Trustee: \_\_\_\_\_

PARTIES TO AGREEMENT	AGE	CURRENT ANNUAL SALARY	% OF OWNERSHIP	CURRENT VALUE OF BUSINESS INTEREST	INSURANCE IN FORCE TO FUND BUY-SELL AGREEMENT	
					LIFE	DISABILITY

Is each party to Agreement actively engaged full-time in the Business?  Yes  No

If "No", give explanation \_\_\_\_\_

Has the Business Organization or any of its owners undergone receivership, bankruptcy, or suffered financial reverses in the past 5 years?  Yes  No

If "Yes", furnish all details \_\_\_\_\_

Are you or the company a party to any legal proceeding at this time?  YES  NO If "yes", furnish all details.

\_\_\_\_\_

**Please attach the last 2 years  
Corporate/Company Tax Returns (all schedules)  
For valuation consideration**

Form to be completed by Company Officer or Principal Owner:

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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