

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: _____

PETERSEN INTERNATIONAL UNDERWRITERS

23929 Valencia Blvd., Suite 215 • Valencia, California 91355
Tel (661) 254-0006 - Fax (661) 254-0604 - (800) 345-8816
www.piu.org piu@piu.org