



# DISABILITY DIVISION

## Key Person Insurance Questionnaire

Name of Key Person: First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Occupational Duties: \_\_\_\_\_  
(Please be precise) \_\_\_\_\_  
\_\_\_\_\_

What does this person do that another person cannot do? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What financial loss would the firm suffer if this Key Person were disabled? \_\_\_\_\_  
\_\_\_\_\_

How long has this Key Person been working for the firm? \_\_\_\_\_  
\_\_\_\_\_

Gross salary, bonuses and commissions over the last three years:

US\$ \_\_\_\_\_ (Current)      US\$ \_\_\_\_\_ (Last Year)      US\$ \_\_\_\_\_ (Two Years Ago)

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

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

Is the Key Person an owner of the firm:  Yes  No What is the % of ownership? \_\_\_\_\_

What existing coverage is currently in force on the Key Person in which the firm is the beneficiary of any benefits of the insurance? Death (face amount): \$ \_\_\_\_\_ Disability: \$ \_\_\_\_\_

What is the basis for selecting these amounts of insurance? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Net Revenue of the firm over the past three years:

US\$ \_\_\_\_\_ (Current)      US\$ \_\_\_\_\_ (Last Year)      US\$ \_\_\_\_\_ (Two Years Ago)

Net profit/loss of the firm over the past three years:

US\$ \_\_\_\_\_ (Current)      US\$ \_\_\_\_\_ (Last Year)      US\$ \_\_\_\_\_ (Two Years Ago)

Is the Key Person or the firm a party to any legal proceeding at this time?  Yes  No If yes, provide details.  
\_\_\_\_\_  
\_\_\_\_\_

**Form completed by:**

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

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

## PETERSEN INTERNATIONAL UNDERWRITERS

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