

Producer #: _____

BUSINESS LOAN FAILURE TO SURVIVE APPLICATION FORM

Policy Owner (Company): _____

Address of Policy Owner: _____

Type of Business: _____

Lender To Which Benefits Shall Be Assigned: _____

PERSONAL INFORMATION

Name of Insured Person: _____

Date of Birth: ____/____/____

Occupation Including Duties: _____

Period of Insurance: _____

INSURABILITY

Please answer the following questions about the insured to the best of your knowledge and provide details.

- | | | | |
|--|--|--|--|
| 1. Do you have any physical health problems or suffer from a sickness of any kind? | <input type="checkbox"/> Yes <input type="checkbox"/> No | 4. Have you ever been declined or accepted on special terms for life, accident or illness insurance? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Have you ever been diagnosed with a heart condition, high blood pressure, diabetes or cancer? | <input type="checkbox"/> Yes <input type="checkbox"/> No | 5. Do you intend to engage in hazardous sports or any activities that expose you to personal injury? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. Have you at any time been physically or mentally unable to work during the last 12 months? | <input type="checkbox"/> Yes <input type="checkbox"/> No | 6. Are you planning to undertake any foreign travel during the next 12 months? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | 7. Do you hold a valid pilot license? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Dates & Details to all "YES" answers to questions #1-7 _____

FINANCIAL INSURABILITY

Requested Benefit Amount: \$ _____

***** Please include a copy of the Loan Agreement with this application *****

Declaration (The Applicant must read this before signing)

You should be aware that the policy wording contains exclusions in coverage in respect of AIDS, HIV, suicide, alcohol and drugs. To the best of my knowledge and belief the information provided in connection with this application, whether in my own hand or not, is true and I have not withheld any material fact. I understand that non-disclosure or misrepresentation of a material fact will entitle underwriters to void this insurance. (A material fact is one likely to influence acceptance or assessment of this application by underwriters.)

Insured's Name: _____ Signature: _____ Date: _____

Policy Owner's Name: _____ Signature: _____ Date: _____