

BUSINESS LOAN FAILURE TO SURVIVE APPLICATION FORM

Policy Owner (*Company*): _____
 Phone Number: _____ Email: _____
 Address of Policy Owner: _____

 Type of Business: _____
 Assignee (*Lender*): _____
 Address of Assignee: _____

PROPOSED INSURED PERSON INSURABILITY

This section must be completed by the proposed insured person.

Name of Insured Person: _____
 Date of Birth: ____/____/____ Height: _____ Weight: _____
 Occupation: _____ Daily Duties: _____
 Period of Insurance: _____

If "Yes" is answered for any of the following questions please provide full details in the space below. If there is not sufficient space, please attach your answers on a separate sheet.

1. Do you have any physical health problems or suffer from, been diagnosed with, received treatment for, or been prescribed treatment for any condition related to, or from a sickness of any kind? Yes No
2. Have you ever been diagnosed with a heart condition, high blood pressure, diabetes or cancer? Yes No
3. Have you at any time been physically or mentally unable to work during the last 12 months? Yes No
4. Have you ever been declined, postponed, or accepted on special terms for life, accident or illness insurance? Yes No
5. Do you intend to engage in hazardous sports or any activities that expose you to personal injury? Yes No
6. Any foreign travel planned during the proposed period of insurance? *If "Yes", please include location(s), anticipated length, and frequency of travel.* Yes No
7. Do you hold a valid pilot license? *If "Yes", please include average piloting hours and type(s) of aircraft to be flown.* Yes No
8. Have you ever had any criminal convictions? Yes No

Dates & Details to all "YES" answers to questions #1-8 _____

FINANCIAL INSURABILITY

Requested Benefit Amount: \$ _____

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

Declaration (The Applicant must read this before signing)

I am 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: _____ Title: _____

Signature: _____ Date: _____