Producer #:_____

KEY PERSON FAILURE TO SURVIVE APPLICATION FORM

Policy Owner (Not the Insured): _____

Address of Policy Owner: _____

_____

Type of Business: _____

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? ❑ 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 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. Are you planning to undertake any foreign travel during the next 12 months? ❑ Yes ❑ No
7. Do you hold a valid pilot license? ❑ Yes ❑ No

Details to the answers above: _____

_____

FINANCIAL INSURABILITY

Requested Benefit Amount: $ _____

Please indicate the total financial loss in the event of death of the Key Person. If any other financial documentation is available, please send along with this application.

1. **Loss of revenue due to death of Key Person:** $_____
2. **Costs which will be incurred to find a replacement:** $_____
3. **Cost of temporary replacement staff:** $_____
4. **Valuation of ownership:** $_____
5. **Loss of future accounts:** $_____
6. **Total loss from death:** $_____

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:_____