

BUSINESS LOAN FAILURE TO SURVIVE APPLICATION FORM

Policy Owner (Company): _____

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? | <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 |
| 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 |
| 4. Have you ever been declined, postponed, or accepted on special terms for life, accident or illness insurance? | <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 |
| 6. Any foreign travel planned during the proposed period of insurance? <i>If “Yes”, please include location(s), anticipated length, and frequency of travel.</i> | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 7. Do you hold a valid pilot license? <i>If “Yes”, please include average piloting hours and type(s) of aircraft to be flown.</i> | <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)

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: _____