BUY-SELL FAILURE TO SURVIVE

"Providing Unique Solutions For The Corporate World"



FOR

- Business Buy-Sell
- Short Term Coverage
- Mergers & Acquisitions



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Any business with two or more owners should seriously consider having a buy-sell agreement in place. Once the buy-sell agreement has been established then there is the important need to provide a mechanism for funding the transfer of ownership should something happen to one of the owners. It is the unexpected situation of a premature death or disability which normally is the cause for alarm. The firm's assets are at risk and it is the job of the Buy-Sell Failure to Survive Plan to provide a solution to this situation.



Policy & Underwriting Information

- Term of Insurance up to 12 months
- Renewals are considered if continued coverage is needed
- No medical exam or medical records required to apply
- A copy of the Buy-Sell Agreement and company financials are required at underwriting
- Benefit amount will not be able to exceed 100% of the ownership value

Coverage would be appropriate for clients when...

- Coverage is needed immediately (24-48 hour underwriting)
- Insurable interests need to remain confidential
- Completing a medical exam would be an issue
- Proposed insured is temporarily out of the country
- Proposed insured must travel to war zones
- Coverage is needed for a short period of time
- Health issues are a concern
- Issue limits are a problem

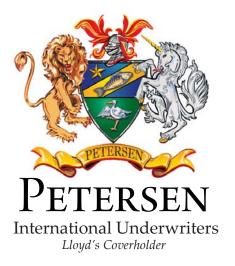
This is not intended to be a complete outline of coverage. Actual wording may change without notice. Underwriters reserve the right to modify terms and benefits at time of underwriting.

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Exclusions

- 1. Suicide, intentional self-injury or the voluntary disappearance of the insured person.
- 2. Active participation in terrorism or war.
- 3. Nuclear, biological or chemical exposure as a result of terrorism or war.
- 4. While committing or attempting to commit a felony.
- 5. Any emotional or psychiatric problems, including but not limited to neurotic disorders such as anxiety, phobias, depressions, dissociative disorders and obsessive compulsive disorders; psychotic disorders such as schizophrenia, paranoid psychosis and affective disorders; and personality disorders such as sociopathic personality.
- 6. Taking of illegal drugs, or addiction or misuse of prescription or non-prescription drugs.
- 7. Alcohol abuse or addiction, being under the influence of alcohol, as defined by the vehicle code of the state or province in which the offense has occurred.
- 8. Human Immune Deficiency Virus (HIV), Acquired Immune Deficiency Syndrome (AIDS), AIDS Related Complex (ARC) or any virus, complex or syndrome that is related to the foregoing or any sexually transmitted disease.

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	Producer #:				
	Buy-Sell Failu	JRE TO SU	RVI	VE APPLICATION FOR	RM
P	Policy Owner/Beneficiary (Not the insured) Address of Policy Owner				
	Type of Business				
	P	ersonal I	NFO	RMATION	
		_//			
		Insur	ABII	ITY	
Please	answer the following questions about the	insured to the best	t of you	r knowledge and provide details.	
1.	Do you have any physical defect or infirmity?	☐ Yes ☐ No	5.	Have you ever been declined or accepted on special terms for life, accident or illness insurance?	□ Yes □ No
2.	Have you ever suffered from high blood pressure, a heart condition, rheumatic fever or diabetes?	☐ Yes ☐ No	6.	Do you intend to engage in hazardous sports or any activites that expose you to personal injury?	☐ Yes ☐ No
3.4.	Have you ever been diagnosed with cancer of any type? Have you at any time been	☐ Yes ☐ No	7.	Are you planning to undertake any foreign travel during the next 12 months?	☐ Yes ☐ No
	physically or mentally unable to work during the last 12 months?	☐ Yes ☐ No	8.	Do you hold a valid pilot license?	☐ Yes ☐ No
Detail	s to the answers above:				
	F	inancial I	NSU	RABILITY	
	Requested Bene	fit Amount: \$			
	e indicate the total financial loss in the e send along with this application.	event of death of	f the In	sured. If any other financial docum	entation is available
	1. Ownership percentage of th	e insured perso	on.		
	2. Value of the ownership.				
	3. Please submit the past two y	ears Corporat	e/Con	npany Tax Returns (all schedules	s).
drugs my o tion c	Declaration hould be aware that the policy wordings. To the best of my knowledge and become hand or not, is true and I have not of a material fact will entitle underwrittessment of this application by underwords.	ng contains excluelief the informat withheld any ma ers to void this in	sions i tion pr aterial	ovided in connection with this appli fact. I understand that non-disclosur	cation, whether in re or misrepresenta-

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

Policy Owner's Name: ______ Signature ______ Date___