

BUSINESS LOAN FAILURE TO SURVIVE APPLICATION FORM

Policy Owner (*Company*): _____
 Address of Policy Owner: _____

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

PERSONAL INFORMATION

Name of Insured Person: _____
 Date of Birth: ____/____/____ Height: _____ Weight: _____
 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. Does the Proposed Insured have any physical health problems or suffered 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. Has the Proposed Insured ever been diagnosed with a heart condition, high blood pressure, diabetes or cancer? Yes No
3. Has the Proposed Insured at any time been physically or mentally unable to work during the last 12 months? Yes No
4. Has the Proposed Insured ever been declined or accepted on special terms for life, accident or illness insurance? Yes No
5. Does the Proposed Insured intend to engage in hazardous sports or any activities that expose him/her to personal injury? Yes No
6. Is the Proposed Insured planning to undertake any foreign travel during the next 12 months? Yes No
7. Does the Proposed Insured hold a valid pilot license? Yes 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 _____