



DISABILITY BUY/SELL QUESTIONNAIRE

Firm Name: _____

Business Structure: Sole Proprietor Partnership LLC "C" Corporation "S" Corporation

Type of Business: _____ Number of Employees: _____ Date Organized: _____

Effective Date of Agreement: _____

Agreement Type: Cross-Purchase Entity Purchase Other: _____

Is the Agreement Trusteed? Yes No, Name of Trustee: _____

Parties To Agreement	Age	Current Annual Salary	% of Ownership	Current Value of Business Interest	Insurance In-Force to Fund Agreement	
					Life	Disability

Is each party to the Agreement actively engaged full-time in the business? Yes No If no, please provide details: _____

Has the business or any of its owners undergone receivership or bankruptcy or suffered financial reverses in the past 5 years?

Yes No If yes, please provide details: _____

Is the business or any of its owners a party to any legal proceeding at this time? Yes No If yes, please provide details: _____

Attach Previous 2 Years Corporate/Company Tax Returns (all schedules)

IT IS UNDERSTOOD AND AGREED: I have read or had read to me and understand each of the questions and statements on this entire questionnaire and no one has prevented me from spending as much time as I felt was necessary to understand this questionnaire.

Corporate Officer Information:

Name _____ Title _____

Signature _____ Date _____