

Policy number:						
Full name of th	e proposed insure	d:		_		
Birthdate: _mm	/ dd / yy A	mount of coverage r	equested:			
The company v	vill be the owner o	f the policy.				
EMPLOYER I	NFORMATION					
Company nam	e:		Number of employees:			
Company addr	ess:					
City			 Country			
Phone number	:	Email:				
Web page:						
Products and s	ervices provided: _					
	poration date: _mm,					
Company regis	tration number, if	applicable:				
	legal representativ					
Annual turnove	er, gross profit, exp	enses and net profit f	for the last three fisc	al years:		
YEAR	ANNUAL BUSINESS VOLUME	GROSS PROFIT	BILLS	NET PROFIT		



INSURED PROPOSA	L DETAILS				
Profession and position	·		Date of hire: mm/ dd / yy		
Function within the cor	npany: functions an	d responsibiliti	es:		
KEY PERSON COVE Please provide the follow					
The key person's total re	emuneration packaç	ge (salary and b	enefits) for the last three financial		
YEAR	SALARY		BENEFITS		
=		•	ny. Include details of skills, em "key"		
How was the sum insur	ed for the key perso	n calculated:			
If key person coverage h If yes, fill out a form for e			be contracted for other people.		
Is this the only request f provide details of any ot			posed insured? If NO, please		
COMPANY	COVERAGE AMOUNT	POLICY TYPE AND	TERM REASON FOR THE POLICY		



Please list all other current life, critical illness, family protection or income protection policies:

COMPANY	COVERAGE AMOUNT	EFFECTIVE DATE	POLICY TYPE AND TERM	REASON FOR COVERAGE

DECLARATION

I confirm that the information contained in this form is true and complete to the best of my knowledge and belief and that I have not withheld any information that could influence the evaluation or acceptance of this application. I accept that this questionnaire will form part of the key person's insurance application and that the omission of any information may invalidate the contract.

Signature of the Legal Representative of the company:	
Signature of the proposed insured:	
Date: mm/ dd / yy	

3/4 www.olelife.com 11-06-2024



Send this Questionnaire duly completed along with the following documents:

- 1. Certificate of incorporation of the company.
- 2. Identification of the legal representative of the company.
- 3. Financial statements of the company for the last 2 years.
- 4. Company tax return for the last 2 years (when key person coverage is \$500,000 or greater).
- 5. Business plan and financial projections
- 6. Audit of the business by a certified accountant (when coverage is \$1,000,000 or greater).
- 7. Key person's personal tax return for the last 2 years (when an individual's coverage is \$250,000 or greater).