



PARTNERS INSURANCE QUESTIONNAIRE

COMPANY INFORMATION

The company will be the owner of the Policy.

Company name: _____ Number of employees: _____

Company address: _____

City _____ State _____ Country _____ Postal Code _____

Phone number: _____ Email: _____

Web page: _____

Nature of the company: _____

Industry: _____ Sector: _____

Products and services provided: _____

Creation/incorporation date: mm/ dd / yy

Taxpayer Registration Number: _____

Please indicate the annual turnover, gross profit, expenses and net profit for the last three fiscal years:

YEAR	ANNUAL BUSINESS VOLUME	GROSS PROFIT	BILLS	NET PROFIT

Brief description of Business Plan and Financial Projections: _____



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MEMBERS

PARTNER NAME	PERCENTAGE OF SHARES	REQUESTED COVERAGE

Is this the only policy and/or application for member insurance coverage for the company? **YES** **NO**

If NO, please provide details of any other requests being submitted:

COMPANY	COVERAGE AMOUNT	TYPE AND TERM OF THE POLICY

I declare 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 members' insurance application and that the omission of any information may invalidate the contract. Likewise, I certify that I have reviewed the insurance application(s) submitted by the member(s) and certify that I agree with the terms and conditions of said application(s). insurance(s).

Signature of the legal representative of the company: _____

Name of the legal representative of the company: _____

Date: mm / dd / yy



Only one questionnaire per company must be sent along with the following documents:

1. Certificate of incorporation of the company.
2. Identification of the legal representative of the company.
3. Copy of the partners' purchase-sale agreement or the business continuity agreement.
4. Financial statements of the company for the last 2 years.
5. Company tax return for the last 2 years.
6. Personal tax return for each of the partners for the last 2 years (when an individual's coverage is \$500,000 or greater).
7. Audit of the business by a certified accountant (when coverage is \$1,000,000 or greater).