

Business Insurance Questionnaire - UND 50



To be completed by the Applicant

Part of the application for
life insurance number

▶ Please provide all relevant information completely and legibly.

Proposed Insured details

1. Full Name of Proposed Insured

First name Middle name Last name

2. Date of birth

3. Full name of company / employer

4. Form of business Corporation Partnership Other (provide details)

5. What type of business is the company engaged in?

6. How long has the firm been in business? 7. Number of employees

8. Is the Proposed Insured:

Employee

Business Owner - Percentage of Ownership: %

Shareholder - number of shares Percentages of shares Their current market value

9. (a) How long has the Proposed Insured been with the company?

(b) If the Proposed Insured has been with the company for less than 3 years, please give the name of previous company and position held.

10. Geographical distribution of the business

11. How was the amount of insurance determined? (attach appropriate calculations).

12. Company profits: **(Please attach copies of audited financial statements including balance sheets and profit/loss statement for the last 3 years)**

Year	Turnover	Gross profit	Net profit
Current year			
Last year			
Year prior			

13. Total assets of the company (at market value):

14. Total liabilities of the company

15. Has the business been in receivership, involved in a bankruptcy, suit or judgement? Yes No

If 'yes', please provide complete details

Key Person Details (skip if application is not intended as Key Person Insurance)

1. What is the total salary roll for the firm?

2. On what basis is the insurable loss of the key person calculated?

Multiple of income What multiple?

Multiple of profits What multiple?

Other (provide details)

3. What percentage of the firm's net profit can be fairly attributed to the key person?

4. Why is the key person worth to the company the amount of insurance requested?

5. Is there a service agreement in place? Yes No If 'yes', indicate duration, terms etc.
6. Is there a succession plan in place? Yes No If 'yes', advice when training of successor will be complete.
If 'no', why is there no succession plan for a key employee?

7. Does the company hold or intend to hold insurance coverage on other key persons, loan recipients, or shareholders? Yes No
If 'yes', please provide details below. If 'no', indicate why this applicant will be the only insured key person, loan recipient, or shareholder.

Employee name	Position	Insurance amount

Note: All information included in this form and all information received by MetLife is treated in strict professional confidentiality.

Loan/Financial Facility Cover (skip if application is not intended as Loan/Financial Facility Insurance)

1. What type of credit is being extended? Loan Financial Facility
2. Please provide the following details of the loan/financial facility:
(If copy of the full and final loan/financial facility offer from the lender is available, please provide a copy)
- a. Name of the lender:
- b. Name of the borrower(s):
- c. Amount of the loan/financial facility:
- d. Duration of the loan/financial facility:
3. Is there any collateral against the loan/financial facility? Yes No
If 'yes', what amount? What type of collateral?
4. What is the exact purpose of the loan/financial facility?
5. Is the loan/financial facility conditional upon the life insurance policy? Yes No
If 'yes', provide a copy of the loan conditions which set this out.
6. Is the loan/financial facility being made to the company or to the Proposed Insured? Company Proposed Insured
7. If loan/financial facility is to the company, why is the policy required on this Proposed Insured?
8. Is the duration of the loan/financial facility different from the policy? Yes No
If different from duration of the policy, please state the reason
9. Who will be the beneficiary after the loan is repaid? Full Name Relationship

Shareholder/Partnership Cover (skip if application is not intended as Shareholder/Partnership Insurance)

1. What is the net worth (book value) of the company?
2. What is the market value of the company?
3. If market value is different from the book value net worth, how was market value determined?
4. Has the valuation been performed by a professional advisor? Yes No
If 'yes', please give the name of the advisor
5. How many partners/shareholders are there?

6. List other major partners/shareholders and their percentage(s) of ownership on the business:

Partner/Shareholder Name	Percentage of Ownership

7. How much has the Proposed Insured invested in the company?

8. Is there a buy-sell or partnership agreement in effect? Yes No

If 'yes', provide full details of the agreement including how the value of the firm was calculated for purposes of this agreement.

The above financial disclosures are made for the purpose of establishing insurability in connection with pending Life Insurance Application on my Life. They are furnished as a true and accurate statement of my financial condition on , 20 and are supported by evidence provided by me. I understand that incorrect information or failure to disclose any material fact may invalidate the contract. I further authorize MetLife to obtain from any source it deems appropriate, including any bank and / or financial institution, any information concerning my financial status and bank accounts.

I hereby provide MetLife unambiguous consent, to process, share, and transfer my personal data to any recipient whether inside or outside the country, including but not limited to the Company Headquarters in the USA, its branches, affiliates, Reinsurers, business partners, professional advisers, Insurance Brokers and/or service providers where the transfer or share, of such personal data is necessary for: (i) the performance of this Policy; (ii) assisting the Company in the development of its business and products; (iii) improving the Company's customers experience; (iv) for the compliance with the applicable laws and regulations; or (v) for the compliance with other law enforcement agencies for international sanctions and other regulations applicable to the Company.

***Personal Data** means all information relating to me (whether marked "personal" or not) disclosed to MetLife by whatever means either directly or indirectly which concerns, including but not limited to, my medical conditions, treatments, prescriptions, business, operations, contact details, account balances/activities or any transactions undertaken with MetLife.

Signed at Date

Insured's Name Full Name in his/her own handwriting X Signature

Applicant's Name Full Name in his/her own handwriting X Signature & stamp
(if different from Proposed Insured)

Witness Name & Signature Full Name in his/her own handwriting X Signature

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