

Americo Financial Life and Annuity Insurance Company
Home Office: Dallas, Texas • Administrative Office: P.O. Box 410288, Kansas City, MO 64141-0288
Business Insurance Questionnaire

1. Policy Number	2. Name of Proposed Insured	3. Date of Birth			
4. Name of Business					
5. Type of Organization <input type="checkbox"/> Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation					
6. Purpose of Insurance <i>(name of Creditor)</i> <input type="checkbox"/> Key Person <input type="checkbox"/> Stock Purchase <input type="checkbox"/> Buy-Sell Agreement <input type="checkbox"/> Creditor:					
Is insurance requested by creditor? <input type="checkbox"/> Yes <input type="checkbox"/> No	Amount of Loan \$ _____	Duration of Loan (in Years and Months) _____			
Propose of Loan					
<input type="checkbox"/> Other Purchase - explain: _____					
7. Percentage ownership of business					
Business Insurance on all other Key Individuals or Owners of this business					
Name	Amount Applied for	Amount in Force	Name of Company	% Ownership of Business	Active in Business
	\$ _____	\$ _____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
	\$ _____	\$ _____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
	\$ _____	\$ _____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Circumstances of Application <input type="checkbox"/> Solicitation by Agent <input type="checkbox"/> Inquiry by Applicant <input type="checkbox"/> Other (explain):					
9. How was amount of application determined? (Attach copies of relevant calculations). _____ _____ Who determined amount of application? _____					
10. Business finances (Attach copies of company financial statements if available: earnings statements and balance sheets)					
Net profit after taxes for the past 3 years:					
Assets	\$ _____	Year: _____	\$ _____		
Liabilities	\$ _____	Year: _____	\$ _____		
Net Worth	\$ _____	Year: _____	\$ _____		
11. Insurance in force on Proposed Insured					
	Amount			Annual Premium	
a. Personal	\$ _____			\$ _____	
b. Business	\$ _____			\$ _____	
Insurance applied for with Americo Financial	\$ _____			\$ _____	
Applied for with other Companies (explain below)	\$ _____			\$ _____	
Total	\$ _____			\$ _____	

12. Income of Proposed Insured

a. Annual Salary	\$ _____
b. Bonuses, Stock Options	\$ _____
c. Dividends, Interest, etc.	\$ _____
d. Other income (describe)	\$ _____
Total	
	\$ _____
e. Undistributed profits	\$ _____
f. Present net worth of Proposed Insured	\$ _____

13. Is there a written buy-sell agreement? <input type="checkbox"/> Yes <input type="checkbox"/> No (if "Yes", attach copy if available)	Fair Market Value \$ _____
--	-------------------------------

14. Business Banking references (including lending institution if insurance to cover business loan)

Bank Name: _____ Address: _____ _____ Phone Number: _____	Business Accountants and Attorneys: _____ Address: _____ _____ Phone Number: _____
---	--

I represent that the above answers are true, complete, and correctly recorded. I agree that the above answers shall form a part of my application and that the Company can rely on these answers.

Signed at _____ this _____ day of _____, _____

Witness (Agent)	Signature of Applicant
-----------------	------------------------

Underwriting Financial Questionnaire

Name of Proposed Insured/Applicant	Date of Birth
------------------------------------	---------------

AGENT'S SUMMARY Please provide us with your calculations and comments concerning the amount of insurance being applied for.

Date	Signature of Agent	Agent's Code
------	--------------------	--------------