

Financial centre no.	Advisor's no.
Policy no.	
Name of primary insured	
Insured's date of birth / / year month day	

## BUSINESS FINANCIAL QUESTIONNAIRE

CONFIDENTIAL

TO BE COMPLETED FOR INSURANCE COVERAGES (NEW AND IN FORCE) WHERE THE TOTAL AMOUNT OF LIFE INSURANCE IS \$1,250,000 OR MORE AND FOR CRITICAL ILLNESS INSURANCE COVERAGE WHERE THE TOTAL AMOUNT OF CRITICAL ILLNESS INSURANCE IS \$500,001 OR MORE.

A FINANCIAL STATEMENT MAY BE USED IN LIEU OF THIS QUESTIONNAIRE. FOR LIFE AMOUNTS (NEW AND IN FORCE) GREATER THAN \$2,000,000 AND CRITICAL ILLNESS INSURANCE AMOUNTS OF \$1,000,000 OR MORE, A FINANCIAL STATEMENT IS REQUIRED.

1. Company name \_\_\_\_\_ Year of incorporation \_\_\_\_\_

Type of company \_\_\_\_\_

Structure  Sole proprietorship  Corporation  General partnership  Other (please specify) \_\_\_\_\_

2. Purpose of the insurance  Key person  Buy-sell agreement  Share redemption  
 Creditor (loan amount: \$ \_\_\_\_\_)  Other (please specify) \_\_\_\_\_

3. Owners or administrators

Name	Insurance in force	% of ownership

4. Financial details (please enclose a copy of audited financial statements, if available)

Assets (book value)	Liabilities	Approximate fair market value	Fair market value of goodwill
Short term \$ _____	Short term \$ _____		
Fixed income \$ _____	Long term \$ _____	\$ _____	\$ _____
Other \$ _____	Total \$ _____		
<b>Total</b> \$ _____	<b>Net value</b> \$ _____		
<b>Gross sales</b> (for the last two years)		<b>Net income after taxes</b> (for the last two years)	
\$ _____	\$ _____	\$ _____	\$ _____
\$ _____	\$ _____	\$ _____	\$ _____

5. For farms

Milk quota \$ \_\_\_\_\_ \$ \_\_\_\_\_  
 Chicken quota \$ \_\_\_\_\_ \$ \_\_\_\_\_  
 Other quota (please specify) \$ \_\_\_\_\_ \$ \_\_\_\_\_

6. Have you submitted an insurance application to another company (other companies)?  Yes (specify)  No

Name of the company or companies	Requested amount		Purpose	
	LIFE	CRITICAL ILLNESS	Personal	Business
_____	\$ _____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
_____	\$ _____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
_____	\$ _____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>

7. Do you intend to accept the full amount of coverage that has been applied for, if it is approved?  Yes  No

If not, what amount are you considering? \$ \_\_\_\_\_

I confirm that the statements above are complete and true, and that they are an integral part of the insurance application I submitted to Desjardins Financial Security Life Assurance Company.

Date \_\_\_\_\_ Signature of the person to be insured \_\_\_\_\_