

Use this form to obtain life insurance quotes for key employees of a business.

Date: \_\_\_\_\_

BUSINESS INFORMATION				
Primary Contact:		Primary Contact Title:		
Business Name			Business Tax Rate : %	
Address		City	State	Zip
Phone Number		Website		Business Type: <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> C-Corp <input type="checkbox"/> S-Corp <input type="checkbox"/> Professional <input type="checkbox"/> Nonprofit
Total Number of Employees:	Number of Business Owners:		Years in Business:	Annual Growth Rate: %
Nature of Business:				

KEY PERSONS									
Name	Title	Owner Y/N	Age/ DOB	Gender	Smoker Y/N	Salary	Insurance Amount	Retirement Age	

Please attach census if more than 10 lives.

Are there pending applications for life insurance on key persons?  Y  N  
(If yes, please provide the name(s) of the key person, insurance company name, face amount, date of application)

EXISTING KEY PERSON INSURANCE COVERAGE						
Key Person	Death Benefit Amount	Year Issued	Duration of Coverage	Product Type (Term, UL, ROP)	Carrier	Replace Y/N

PROFESSIONAL ADVISORS				
	Name	Address	Phone Number	Email
Accountant				
Attorney				
Banker				