GBS Insurance and Financial Services

BUSINESS INFORMATION

A Gallagher Company

KEY PERSON INSURANCE

Date:

Confidential Fact Finder

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

Primary Contact:						Primary Contact Title:							
Business Name					Business Tax Rate :								
								%					
Address				City			S	State			Zip		
Phone Number Website			site			Business Type:			etorship [rship Partnership			
					☐ Corporation ☐ C-Corp ☐ S-Corp					Professional Nonprofit			
Total Number of Employees: Numb			per of Business Owners:			Years in Business:			Annual Growth Rate:				
									%				
Nature of Business:													
KEY PERSONS													
				Owner	Age	e/	Smo	oker		Insu	rance	Retirement	
Name		Tit	Title		DO	B Gender	Y	/N	Salary	Am	ount	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													
					r.	Duration of		duct Ty				Replace	
ŀ	Key Person	Death	Death Benefit Amount		ed	Coverage	rage (Term, UL,		ROP) Ca		er	Y/N	
PROFESSIONAL ADVISORS													
	Name		Address			Phone Number				Email			
Accountant													
Attorney													
Banker													

Woodland Hills, CA 800.473.5966 East Hartford, CT 860.289.7732 Fairfield, CT 800.653.1322

Coral Springs, FL 954.486.1236 Rolling Meadows, IL 630.285.3742