

FINANCIAL QUESTIONNAIRE - BUSINESS COVERAGE (to be completed by Proposed Insured)

Name: _____ Application No.: _____

1. Purpose: Keyman Buy/Sell Cross Purchase Stock Redemption
 Creditor Sole Proprietor Other: _____

2. How was amount determined? _____

3. Name and nature of business and years in existence: _____

4. Type of organization: Proprietorship Partnership Corporation

5. Title and duties of Proposed Insured: _____

6. Years with this company: _____ Experience in similar or same business: _____

7. % equity of Proposed Insured: _____ Proportion to be covered by this policy: _____

8. Are other owners or officers being insured? Yes No If yes, complete table below. If no, please explain:

Name and Title	Amount In Force	Amount Applied For	Percentage of Ownership	Purpose of Insurance

9.

ASSETS (book value)		Fixed Assets	Book Value	Market Value
Current	\$ _____	Land	\$ _____	\$ _____
Fixed	\$ _____	Buildings	\$ _____	\$ _____
Other	\$ _____	Equipment	\$ _____	\$ _____
Total	\$ _____	Intangible Assets	\$ _____	\$ _____

LIABILITIES		Other (e.g. Patents, Trademarks, Goodwill)	\$ _____	\$ _____
Current	\$ _____	Total*	\$ _____	\$ _____
Long Term	\$ _____			

*Must agree with financial statements

Market Value of Fixed Assets: Estimate Appraisal

Date of Latest Appraisal (dd/mmm/yyyy): _____

Name of Appraiser: _____

Additional Information:

NET WORTH \$ _____

FINANCIAL QUESTIONNAIRE - BUSINESS COVERAGE (Cont'd)

10. GROSS ANNUAL SALES (past three years)

Year	Gross Annual Sales

NET INCOME AFTER TAXES (past three years)

Year	Net Income After Taxes

11. Has any business organization(s) in which you have a financial and/or managing interest declared bankruptcy? Yes No
If yes, please give details:

12. Have operations of the business changed significantly in the last 3 years? Yes No If yes, please give details:

I declare that all answers to the questions in this questionnaire and statements made are true and complete and will form part of my application for insurance with BMO Life Assurance Company. I understand that if I do not completely and truthfully answer all of the questions, the company may void the policy.

Province Signed	Date (DD/MMM/YYYY)	Signature
		Proposed Insured X