



Key Person Insurance Form

Name of Key Person: First _____ Middle _____ Last _____

Occupational Duties: _____
(Please be precise) _____

What does this person do that another person cannot do? _____

What financial loss would the firm suffer if this Key Person were disabled? _____

How long has this Key Person been working for the firm? _____

Gross salary, bonuses and commissions over the last three years:

\$ _____ (Current) \$ _____ (Last Year) \$ _____ (Two Years Ago)

Firm Name: _____

Type of Business: _____ Number of Employees: _____

Is the Key Person an owner of the firm: ☐ Yes ☐ No What is the % of ownership? _____

What existing coverage is currently in force on the Key Person in which the firm is the beneficiary of any benefits of the insurance? Death (face amount): \$ _____ Disability: \$ _____

What is the basis for selecting these amounts of insurance? _____

Net Revenue of the firm over the past three years:

\$ _____ (Current) \$ _____ (Last Year) \$ _____ (Two Years Ago)

Net profit/loss of the firm over the past three years:

\$ _____ (Current) \$ _____ (Last Year) \$ _____ (Two Years Ago)

Is the Key Person or the firm a party to any legal proceeding at this time? ☐ Yes ☐ No If yes, provide details.

Corporate Officer Information:

Name: _____ Title: _____

Signature: _____ Date: _____