Underwriting Questionnaire

Financial Supplement for Business Insurance



ucer Name	Phone	Date	_ \
nt Name	Date of Birth		
ale		Beneficiary	
Assets		Liabilities	
Cash and cash equivalents	\$	Accounts payable	\$
Accounts receivable	\$	Current income tax liabilities	\$
Inventories	\$	Bank loans	\$
Prepaid expense	\$	_ Other tax liabilities	\$
Investments held for trading	\$	_ Issued debt securities	\$
Property, plant, and equipment	\$	_ Deferred tax liabilities	\$
Goodwill	\$	_ Minority interest and equity	\$
Other intangible fixed assets	\$	_ Other liabilities	\$
Deferred tax assets	\$	_ TOTAL LIABILITIES	\$
TOTAL ASSETS	\$	_ NET WORTH	\$
Net income for last tax fiscal year	\$	_ Retained earnings/stockholder equi	ity \$
Net income after tax current fiscal ye	ar \$	_ Fair market value of business	\$
Type of business ☐ C Corp ☐ S Corp Number of employees	·	e Proprietorship	
Purpose of insurance Key person Loan Deferred		ption	
If Buy/Sell , provide names of all pa	artners, percent of business owne	ed, and amount of buy/sell insurance	inforce and applied for
		%	\$
		%	\$
		%	\$
		%	\$
	, ,,,,	omparable amounts of insurance \(\sigma\)	·
	and purpose of loan		·



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