



**KEY PERSON SUPPLEMENT
(To Be Completed By The Proposed Owner)**

Proposed Insured

- 1. Name: _____ 2. Title: _____
- 3. Length of time in current position: _____ years 4. Annual Income: _____
- 5. Duties and responsibilities (attach Position Description if available): _____

- 6. Formal education and experience: _____

- 7. Is similar Key Person Coverage being applied for or in force on the Proposed Insured or on any other member of the business? ____ Yes ____ No If yes, provide details: _____

Proposed Owner (business entity)

- 8. Name of Employer: _____
- 9. Number of employees: _____ 10. Length of time in business: _____ years
- 11. Net Worth (assets - liabilities): \$ _____ 12. Net Profit (after taxes) \$ _____
- 13. Does Proposed Insured own a percentage of the business: ____ Yes ____ No If Yes, how much: ____%
- 14. In the event of a disability:
 - a) What measures would be taken to ensure the Proposed Insured's responsibilities and duties are performed?

 - b) Is there anyone in the business with similar education and experience able to assume the Proposed Insured's duties and responsibilities? If yes, provide details: _____

 - c) What is the anticipated first year financial loss to the business? _____

Signed at _____ Date _____
(City/Province) (dd/mm/yy)

Signature of Proposed Owner _____

Name of Proposed Owner (please print) _____

Signature of Witness _____

Name of Witness (please print) _____