

KEYMAN QUESTIONNAIRE

Full name of life to be assured

Proposal number /Application number

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1. Name of the employer company

2. Detailed nature of business /activities of the company

3. a) Full name of the Keyman

b) His date of birth

c) His academic and professional qualifications

4. a) Status /nature of Keyman's duties.

b) Give full details of the Keyman's duties.

5. What special knowledge /expertise does Keyman possess or why is the company so dependent on him?

6. What basis has been used to arrive at the sum proposed?

7. State employer's turnover and gross & net profit over the last 3 years

Turnover (G.P=N.P+Tax+Depreciation)

Replies such as "as per Balance sheet P & L A/c enclosed" not acceptable. Summary must be given.

Year	Turnover	Gross Profit	Net Profit
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8. What are the prospects for the Keyman in the company?

9. Give details of the Keyman's salary (including commission payment/ profit sharing etc.) bonus, earned by him during value of last 3 years

Year	Salary	Value of Perks, if any
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10. Whether the company can train a person who can replace him and if so, within what time? State whether at present any person is being trained to succeed him and if not, the reason for not doing so.

11. Who was the person in his place before and what were his qualifications, training and experience?

12. Likely loss that the concern may suffer on account of the death of the Keyman.

13. Is the Keyman or any member of his family is a shareholder of the company? Yes No

14. If yes, what is the holding in relation of the total issued capital?

No. of shares held _____ % of the total shares issued _____

Keyman: _____

Spouse: _____

Children: _____

Total: _____

15. What are the details of the Keyman's service agreement?

Attach copy of the agreement also.

16. Has the Board authorized the purchase of policy? Yes No

If yes, attach the copy of Board Resolution verified by the company officials.

17. What is the retirement date of the Keyman?

18. a) Does the company already hold any Keyman policies?

If so, give details

Name of Keyman _____

Policy no. _____

DOC in force _____

S.A. _____

b) Has the company simultaneously proposed KMI on the lives of any other key personnel?

If so, give details.

c) Does company intend to effect Keyman insurance policies on the lives of any other key personnel?

If so, give details.

19. Whether the above employee is also considered as Keyman in any other company? Yes No

If yes, give details thereof.

20. What permanent health or other sickness insurance arrangements have been /will be made for the Keyman?

21. If the company is an unquoted Public Limited Company or a Private Limited Company, give following details.

i) Total no. of shareholders _____

ii) Total no. of employees _____

Place: _____

Date: _____

Signature of Official authorized in Board
Resolution & his seal.