

# BUSINESS INSURANCE QUESTIONNAIRE



Please check all details, then complete the relevant areas of the form and return it to:  
BSP Health (Fiji) Limited, Level 5, BSP Life Centre, Thomson Street, Private Mail Bag, Suva, Fiji.  
Telephone: 331 7000 Call Centre: 132 700 Facsimile: 330 8955 Web: www.bsplife.com.fj

## PART I - To be completed in all cases

Full Name of Applicant:

Full Name of Life to be assured:

Occupation (Please state if you are employed or self-employed):

### 1. Purpose of cover:

Please tick the appropriate box:

Keyperson Coverage

Business Loan / Investment Protection

Business Partnership Insurance / Buy/Sell Agreement / Share Purchase

Others (Please give details)

  

### 2. Simultaneous applications:

Please state if any simultaneous applications are being made to other life insurance companies. If so, please give appropriate details as follows:

| Insurance Company | Sum Assured | Type of Cover | Purpose of Cover |
|-------------------|-------------|---------------|------------------|
|                   |             |               |                  |
|                   |             |               |                  |
|                   |             |               |                  |
|                   |             |               |                  |

### 3. Existing cover:

Please give details of any existing insurance cover in force with this company or any other life insurance company as follows:

| Insurance Company | Sum Assured | Type of Cover | Purpose of Cover |
|-------------------|-------------|---------------|------------------|
|                   |             |               |                  |
|                   |             |               |                  |
|                   |             |               |                  |
|                   |             |               |                  |

**4. Income details:**

Please state your earned income of the last 3 years using the following split-up:

**Basic Salary**

|    |    |    |    |    |    |
|----|----|----|----|----|----|
| 20 | \$ | 20 | \$ | 20 | \$ |
|----|----|----|----|----|----|

**Commission / Bonuses**

|    |    |    |    |    |    |
|----|----|----|----|----|----|
| 20 | \$ | 20 | \$ | 20 | \$ |
|----|----|----|----|----|----|

**Dividends**

|    |    |    |    |    |    |
|----|----|----|----|----|----|
| 20 | \$ | 20 | \$ | 20 | \$ |
|----|----|----|----|----|----|

**Profit Share**

|    |    |    |    |    |    |
|----|----|----|----|----|----|
| 20 | \$ | 20 | \$ | 20 | \$ |
|----|----|----|----|----|----|

**Stock Options**

|    |    |    |    |    |    |
|----|----|----|----|----|----|
| 20 | \$ | 20 | \$ | 20 | \$ |
|----|----|----|----|----|----|

**Other Executive remuneration**

|    |    |    |    |    |    |
|----|----|----|----|----|----|
| 20 | \$ | 20 | \$ | 20 | \$ |
|----|----|----|----|----|----|

Please state your unearned income of the last 3 years, and give the source, i.e. property rental income, dividends from shares, interest or other:

|    |    |    |    |    |    |
|----|----|----|----|----|----|
| 20 | \$ | 20 | \$ | 20 | \$ |
|----|----|----|----|----|----|

Source

[Empty text box for source of unearned income]

**5. Company details:**

a) Name of Company:

[Empty text box for company name]

b) Nature of business:

[Empty text box for nature of business]

c) Position held and for how long:

[Empty text box for position held and for how long]

d) When was the business established?

[Empty text box for when business established]

e) Number of employees:

[Empty text box for number of employees]

**Business figures:**

No need to complete this part if audited accounts for the last 3 years are available for reference.

**1. Total assets**

|    |    |    |    |    |    |
|----|----|----|----|----|----|
| 20 | \$ | 20 | \$ | 20 | \$ |
|----|----|----|----|----|----|

**Total liabilities**

|    |    |    |    |    |    |
|----|----|----|----|----|----|
| 20 | \$ | 20 | \$ | 20 | \$ |
|----|----|----|----|----|----|

**Business turnover**

|    |    |    |    |    |    |
|----|----|----|----|----|----|
| 20 | \$ | 20 | \$ | 20 | \$ |
|----|----|----|----|----|----|

**Gross profit**

|    |    |    |    |    |    |
|----|----|----|----|----|----|
| 20 | \$ | 20 | \$ | 20 | \$ |
|----|----|----|----|----|----|

**Net profit**

|    |    |    |    |    |    |
|----|----|----|----|----|----|
| 20 | \$ | 20 | \$ | 20 | \$ |
|----|----|----|----|----|----|

*Note: If the Company has been established recently and the above information is not available, please submit copies of the current business plan inclusive of all projected figures.*

**Declaration**

I/We hereby declare that to the best of my/our knowledge, the above statements are true and complete and that such disclosures will form part of the basis of this Contract of life assurance.

Signature of Proposed Insured

Date

Signature of Applicant

Date

Signature of Sales Advisor

Date

**PART II - To be additionally completed for Keyperson Coverage**

Please specify how the sum assured was calculated and tick the appropriate box:

Multiple of the keyperson's income - If so, please state the respective multiple:

[Redacted area]

Multiple of the keyperson's share of turnover / profit - If so, please state the respective multiple and how their share of turnover / profit has been calculated :

[Redacted area]

Please explain why the Proposed Insured is considered to be so valuable to the company and advise the approximate costs of replacement:

[Redacted area]

Please state if the keyperson is a shareholder of the company. If so, please specify the percentage of the share capital the keyperson owns.

[Redacted area]

Are or will other key employees have cover effected on their lives?  No  Yes > If yes, please give details.

[Redacted area]

**PART III - To be additionally completed for Business Loan / Investment Protection**

**Please attach a copy of the loan agreement.**

What is the purpose of the loan?

[Redacted area]

Please state the name of the lender:

[Redacted area]

Please state the name of the borrower:

[Redacted area]

Please state the amount of the loan:

[Redacted area]

Please state the term of the loan:

[Redacted area]

What are the interest rates?

[Redacted area]

Has the application for life insurance been demanded by the lender?  No  Yes

Please provide further information on the Proposed Insured's involvement in the project:

[Redacted area]

Please provide further information on the project to be financed:

[Redacted area]

**PART IV - To be additionally completed for Business Partnership Insurance / Buy/Sell Agreement / Share Purchase**

What is the current valuation of the shares/partnership? Please submit Buy & Sell Agreement and current official valuation report for reference.

Please state the number of partners / shareholders in the company.

Are policies affected on all partners / shareholders? If yes, please give details. If no, please advise why.  No  Yes

What liabilities arise on the death of the Proposed Insured?

Will this policy be written in trust for the remaining partners / shareholders?

**Declaration**

I/We hereby declare that to the best of my/our knowledge, the above statements are true and complete and that such disclosures will form part of the basis of this Contract of life assurance.

Signature of Proposed Insured

Date

Signature of Applicant

Date

Signature of Sales Advisor

Date