

KEYMAN QUESTIONNAIRE

Application No:

Full Name of life to be assured:

1. Name of the Employer Company.

2. Detailed nature of Business / activities of the company.

3. (a) Full Name of the Key man.

(b) His Date of Birth.

(c) His academic and Professional qualifications.

4. (a) Status / nature of Key man's duties.

Cb) Give full details of the Key man's duties.

5. What special knowledge/ expertise Does Key man possess or why the Company is 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.

(G.P=N.P+Tax+Depreciation) [Replies such as "as per Balance. Profit. sheet P & L A/c enclosed" not acceptable. Summary must be given.

	Year		
Turnover			
Gross			
Net Profit			

8. What are the prospects for the Key man in the company?

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

Year	Year 1	Year 2	Year 3
Salary			
Value of perk			

10. Whether the company can train a person who can replace him and if so, within what t ime. Whether at present any person is being trained to succeed him and if not, the reaso n 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 key man 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. o f shares held _____ % of the total shares issued

Key man:	Spouse:	Children:	Total
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15. What are the details of the Key man'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 Key man?

18. (a) Does the Company already hold any keyman policies?

It's so, give details

(b) Has the Company Simultaneously proposed KMI on the lives of any Other key personnel?

If so. give details.

(c) Does company intends to effect key man insurance policies on t he lives of any other key personnel ?

If so, give details.

19. Whet her the above employee is also considered as Key man in any other Company? Yes ☐ No ☐

If yes, give details there of.

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

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.

I hereby agree that the for going questions and answers shall form part of the proposal for insurance made by me to the Company.

Date:

D

D

M

M

Y

Y

Y

Y

Place:

Signature of the life to be assured/Proposer