

Identification

Policy No:

Name:

First name:

Date of birth: / /
day / month / year

Purpose of this Coverage:

Personal Coverage: Yes No **If yes, complete section A**

Business Coverage: Yes No **If yes, complete section B**

Key Person Coverage*: Yes No **If yes, complete section C**

** Key person: Insurance applied for by a company or a group on the life of a hard-to-replace individual, for example the owner or main employee, in order to meet the reorganization expenses that would result from disability or the death of that person.*

Section A

Personal Coverage

1. Annual earned income: \$ _____ Annual unearned income*: \$ _____

* Income from investments, rentals, or other **sources not related to your occupation.**

2. If the person to be insured has no income, what is the taxable annual earned income of the family? \$ _____

3. Total assets: \$ _____ Total liabilities: \$ _____ Net Worth: \$ _____

4. Is this coverage for insuring the mortgage on your primary residence? Yes No

If yes, indicate the amount of the mortgage loan \$ _____

5. If the person to be insured is a child, please indicate the amount of life insurance and critical illness insurance on each of the parent?

Mother: \$ _____ Father: \$ _____

6. Purpose of this insurance? _____

How was the need for this amount of coverage determined? _____



Section B

Business Coverage

1. CONFIRM THE COMPANY STATUS

Sole proprietorship Association Corporation Other (specify) _____

Date of Establishment of the Business: / /
day / month / year

2. Please complete the table below for each key person:

Name	Title	% of shares	Amount of Existing Insurance Coverage	Amount of Insurance Coverage Pending

Please provide details if all shareholders are not insured or applying for insurance coverage:

3. Nature of business: _____

4. Net book value: \$ _____ Fair market value: \$ _____

5. Net profits after tax for the last 3 years:

Year 1 \$ _____ Year 2 \$ _____ Year 3 \$ _____

6. Purpose of this insurance: _____

How was the need for this amount of coverage determined? _____

7. If this application is for business loan insurance, please complete the following:

Loan amount: \$ _____ Terms/Years of repayment: _____ years

Loan details: _____

Section C

Key Person Coverage

1. Name of person to be insured: _____

2. Title: _____

3. Number of years in current position: _____ 4. Annual Income: \$ _____

5. Duties and responsibilities: _____

6. Education and experience: _____

7. Is there Key Person insurance in force or pending for the person to be insured? Yes No

If yes, please provide details: _____

Please complete the table below for each key person:

Name	Title	% of shares	Amount of Existing Insurance Coverage	Amount of Insurance Coverage Pending

Please provide details if all key persons are not insured of applying for insurance coverage:

Signatures

I, the undersigned, declare that the above information is true and complete and will form part of my application for insurance with Humania Assurance.

Signed at: _____ Date: / /
day / month / year

Signature of person to be insured or parent or guardian _____

Signature of Policyholder if other than person to be insured _____

Signature of representative _____