

partners life

Business Protection Plan Questionnaire

1.0	O Understanding Your Business				
a)	What is the name of your business				
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	What date did your business start operating				
c)	What goods or services does your business make or provide				
d)	Do any of the shareholders of your business have any associated entities to this business If yes, please provide details.		Yes	No	
	n yes, please provide details.				
e)	Is there anything about your business that makes its position unique to the market/s it serves				
f)	How many people (including shareholders) work for the business:				
	Income Producing:				
	Non-Income Producing:				
g)	Are you expecting any structural changes to the way your business operates in the next 12 months If yes, please provide details.		Yes	No	
h)	Please provide a brief description of the role and responsibilities of other people you consider key to the bus	siness' success			
,					
i)	Has your business performance (either turnover or profit) varied by more than 20% (loss or gain) in the past	financial year?	Yes	No	
,	If yes , please provide an explanation.				
j)	Has there been a decline in gross income (revenue) or net income (profit) over the past two financial years, or is there any known reason why business performance may deteriorate in the next 12 months?				

2.0 Understanding Your Role in the Business a) How long have you been employed by the business? b) How long have you been in your current role? c) Please explain the key tasks and responsibilities you have in your business Yes No d) Are there any people who are currently in the business who understand and could perform your key responsibilities. If yes, please provide details of this person's current role, and how they would mitigate the loss of the life assured in the business. e) Please detail all other insurance covers held by the business on you Notes

3.0 Understanding the long term debt position of your business (please complete for Debt Protection Cover, and lump sum where you are insuring debts) (Please note for each debt we are insuring against)						
a) Current level of debt	\$					
b) Date this debt was taken out						
c) What this debt was used for						
c) What this debt was used for						
d) When this debt is due to be repaid						
Notes						

4.0 Understanding the Value of your business (Please complete for Shareholder Buyout Cover, and lump sum where you are insuring shareholder value)						
	%					
 Please confirm your current direct and indirect (via spouse, family trust or investment entity) shareholding % in the business 						
b) What is the current valuation of the business that the sum assured has been calculated upon	\$					
c) Please explain how you have come to the valuation						
1) Independent Valuation 2) Share Purchase within the last 12 months 3) Calculated by 1	the business owners 4) Other					
d) Please show the methodology used to calculate the business valuation						
e) Is a buy/sell or exit agreement already in place, or when is this aniticipated to be completed?	☐ Yes ☐ No					
Notes						

 $5.0\ Understanding\ the\ impact\ to\ the\ business\ if\ the\ event\ of\ your\ unexpected\ exit\ (Please\ complete\ for\ Permanent\ Loss\ of\ Keyperson,\ and\ lump\ sum\ where\ you\ are\ insuring\ the\ loss\ of\ your\ efforts)$ \$ a) Please confirm your current remuneration package \$ b) Please estimate the expected market cost of your replacement c) Please explain how you have calculated the sum insured being applied for, including any relevant calculations Notes

What would be the immediate impact (within in the first month) to the business in the event of the life assured's disablement, in terms of sales, gross process. What would be the medium to long term impact (after the first month, up to 2 years after life assured disablement) to the business in the event of the I disablement	orofit and expense
	life assured's
What basis are you applying for Loss of Revenue Cover 1) Locum Cover 2) Fixed Expens	se Cover 3) (
Please explain how you have calculated the sum insured being applied for, including any relevant calculations	
If you have or are applying for concurrent personal disability benefits, please provide justification for the combined risk	
Is there an intention to continue paying the life assured's normal remuneration whilst the Loss of Revenue is being paid	Yes
What percentage of the company's gross profit is directly generated by the life assured?	
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Notes	

7.0 Understanding the short term business disbility needs - Variable Loss of Revenue (Please complete the Variable Loss of Revenue Form)

Notes	