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CONFIDENTIAL BUSINESS FINANCIAL QUESTIONNAIRE

Name of Proposed Insured: _____ Date of Birth: _____

1. PURPOSE OF BUSINESS INSURANCE

KEY PERSON:

Annual Salary: \$ _____ Job Title: _____

Why is person "key?" _____

CREDITOR:

Name of Creditor: _____ Insurance Required by Creditor? YES NO

Amount of Loan: \$ _____ Duration of Loan: _____

Purpose of Loan: _____

DEFERRED COMPENSATION:

Annual Salary: \$ _____ Job Title: _____

Details of Agreement: _____

BUY-SELL AGREEMENT OR STOCK REDEMPTION:

Percentage of business owned by proposed insured: _____

Names/Titles of other partners & their ownership percentages:

Amount of insurance on other partners (if no insurance, please explain):

Other: Provide full details: _____

2. FINANCIAL DETAILS OF CORPORATION OR PARTNERSHIP

	Last Complete Fiscal Year	Previous Fiscal Year
Total Assets:.....	\$ _____	\$ _____
Total Liabilities:.....	\$ _____	\$ _____
Gross Sales or Revenue:.....	\$ _____	\$ _____
Net Income (before tax):.....	\$ _____	\$ _____

Please submit a copy of the most recent balance sheet and income statement (annual or quarter)

3. REMARKS

I hereby represent that all of the above statements and answers to all the above questions are complete and true.

 Signature of Proposed Insured

 Date