

# Business Insurance Quote Request

Company Name \_\_\_\_\_

Nature of Business \_\_\_\_\_

Organization:    **Sole Proprietorship**      **Partnership**      **Corporation**      **Other**

Annual Sales \_\_\_\_\_      Fair Market Value \_\_\_\_\_

Net Profit \_\_\_\_\_      Business Net Worth \_\_\_\_\_

Are the firm and it's officers free from business failures, bankruptcies or pending suits?    **Y**    **N**

If **NO**      Dates and Details please \_\_\_\_\_

Is this a "Start-UP (less than 1 year old) or IPO? (Please explain)    **Y**    **N** \_\_\_\_\_

## KEY EMPLOYEE TO BE INSURED

Name \_\_\_\_\_      Sex    **M**    **F**      Date of Birth \_\_\_\_\_

Height \_\_\_\_\_      Weight \_\_\_\_\_      Smoker?    **Y**    **N**      State \_\_\_\_\_

Coverage Desired? \_\_\_\_\_      Amount \_\_\_\_\_      Plan Desired? \_\_\_\_\_

Key employee's total salary package including salary, bonuses, stock options, fringe benefits, etc.  
\_\_\_\_\_

What is the percent of ownership of this employee? \_\_\_\_\_

Are other Key Employees also being insured?    **Y**    **N**    Please explain \_\_\_\_\_

Have you ever been Rated or Declined for insurance?    If **YES**      Complete details please \_\_\_\_\_

What have been your recent Blood Pressure readings? \_\_\_\_\_      Cholesterol \_\_\_\_\_

Have you been hospitalized in the past 5 years?      **Y**    **N**

If **YES**, Complete Details and Dates please \_\_\_\_\_

Do you have any abnormalities on an EKG or X-ray?      **Y**    **N**

If **YES**, Complete Results and Dates please \_\_\_\_\_

Do you have Diabetes?    **Y**    **N**      When Diagnosed? \_\_\_\_\_

If **YES**, what medication are you taking? \_\_\_\_\_

Do you have any Family History of Breast Cancer, Heart Disease or Diabetes? \_\_\_\_\_

If **YES**, Complete Details please \_\_\_\_\_

Please list all medications being taken: \_\_\_\_\_

Do you have any other major health problems?      (example: Coronary Artery Disease, etc)? \_\_\_\_\_

Broker Submitting Questionnaire: \_\_\_\_\_

Address \_\_\_\_\_

Phone: \_\_\_\_\_      FAX: \_\_\_\_\_      E-mail: \_\_\_\_\_

Please send completed form:      Victorson Associates, Inc.    PO Box 863    Smithtown, NY 11787  
You may Fax to:    (631) 265-7054      or      E-mail to:    vainc@victorson.com