



# DISABILITY DIVISION

## Disability Buy-Out Questionnaire

**Firm Name:** \_\_\_\_\_

**Business Structure:**  SOLE PROPRIETOR  PARTNERSHIP  CORPORATION: "C" \_\_\_\_\_ "S" \_\_\_\_\_ OR "PROF." \_\_\_\_\_

**Type of Business:** \_\_\_\_\_ **Number of Employees:** \_\_\_\_\_ **Date Organized:** \_\_\_\_\_

**Effective Date of Agreement:** \_\_\_\_\_

**Type of Agreement:**  CROSS PURCHASE  STOCK REDEMPTION  OTHER

**Is Agreement Trused?**  YES  NO **Name of Trustee:** \_\_\_\_\_

PARTIES TO AGREEMENT	AGE	CURRENT ANNUAL SALARY	% OF OWNERSHIP	CURRENT VALUE OF BUSINESS INTEREST	INSURANCE IN FORCE TO FUND BUY-SELL AGREEMENT	
					LIFE	DISABILITY

Is each party to Agreement actively engaged full-time in the Business?  Yes  No (If "No", give explanation on reverse)

Has the Business Organization or any of its owners undergone receivership, bankruptcy, or suffered financial reverses in the past 5 years?  Yes  No (If "Yes", furnish all details on reverse)

**If the amount applied for on any one person exceeds \$300,000, Balance Sheets and Profit and Loss Statements for the last two Years must be submitted.**

If the amount applied for on any person does not exceed \$300,000, the following section may be completed in place of the above requirement.

Financial data for the last two years:	Last Year	Preceding Year
A. Tangible Assets	_____	_____
B. Total Liabilities	_____	_____
C. Net Sales	_____	_____
D. Net Profit (Before Tax)	_____	_____
E. Net Profit (After Tax)	_____	_____

**Form completed by:**

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### PETERSEN INTERNATIONAL UNDERWRITERS

*Lloyd's Correspondents*

23929 Valencia Boulevard Suite 215 Valencia California 91355  
Telephone (800) 345-8816 (661) 254-0006 Facsimile (661) 254-0604