

- American General Life Insurance Company, Houston, TX
 The United States Life Insurance Company in the City of New York, New York, NY

In this form, the "Company" refers to the insurance company whose name is checked above. The Company shown above is solely responsible for the obligation and payment of benefits under any policy that it may issue. No other Company is responsible for such obligations or payments.

Complete a Personal or Business Expanded Financial Questionnaire as appropriate. Complete an Expanded Financial Questionnaire - Personal if the purpose of the application is for family protection, income replacement, estate preservation, charitable giving or other personal needs. Complete an Expanded Financial Questionnaire - Business if the purpose is business related such as key person, cross purchase, or creditor insurance.

Answers provided on this questionnaire will be used to determine insurability for life insurance only.

Please print all answers.

First Name _____ MI _____ Last Name _____

Date of Birth _____ Social Security # _____

1. Name of the business _____

2. Provide a description of the nature of the business _____

3. Type of organization Sole Proprietorship Corporation Partnership LLC
 S Corporation Start Up Publicly Traded Corporation

4. Title and duties of the proposed insured _____

5. Years with the company _____

6. Years of experience in a similar or the same business, but with a different company _____

7. How long has the company been established? _____

8. Percentage of equity owned by the proposed insured _____

9. Fair market value of the business _____

10. How was this value determined? _____

11. What is the purpose of the business insurance? Key Person Stock Redemption Cross Purchase Creditor
 Other (explain) _____

12. Creditor insurance only - answer A through G:

A. Did the lender request the insurance? _____ B. Name of the lender _____

C. Amount of coverage required by the lender _____ D. Amount of the loan _____

E. Purpose of the loan _____

F. Origination date of the loan _____

G. Repayment terms of the loan Monthly amount \$ _____ Number of months payable _____

13. Cross Purchase insurance only - answer H through J:

H. Is there a written agreement in effect? yes no If yes, attach a signed copy.

I. Agreement being currently prepared? yes no Expected finalization date? _____

J. Is a professional business evaluation being done? yes no If yes, attach a signed copy

14. Key Person insurance only - answer K and L:

K. How is the proposed insured financially valuable to the company? _____

L. What unique skills, knowledge, or abilities does he/she possess which make the life insurance necessary? _____

15A. Are other members of the company insured in favor of the business, or currently applying for coverage? yes no

If yes, provide the following details:

Name and Title	Insurance in force	Insurance applied for	Business Ownership (Percentage)

15B. If other members are not insured or not applying, please explain _____

Assets		Liabilities	
Current		Current	
Fixed		Long Term	
Other			
Total Assets		Total Liabilities	
		NET WORTH	
Fixed Assets	Book Value	Market Value	
Land			
Buildings			
Intangible Assets			
Patents, Trademarks, Goodwill			
	Total		Total
Market Value of Fixed Assets:			
How was the market value of the assets determined?			
Was the value determined by a professional appraiser? <input type="checkbox"/> yes <input type="checkbox"/> no		Date of most recent appraisal:	
Company Net Profit (before taxes):		Gross Sales:	
Last Year		Last Year	
Previous Year		Previous Year	
<p>Has any business organization in which you have a financial and/or managing interest declared bankruptcy? <input type="checkbox"/> yes <input type="checkbox"/> no If yes, provide all details being as specific as possible: _____</p> <p>Have operations of the business changed significantly in the last 3 years? <input type="checkbox"/> yes <input type="checkbox"/> no If yes, provide all details being as specific as possible: _____</p>			
<p>Agreement: All of the above answers are full, complete and true to the best of my knowledge and belief, and are a continuation of, and form a part of the application for insurance. I understand that any misrepresentation contained in this form and relied on by the Company may be used to reduce or deny a claim or void the policy if: (1) such misrepresentation materially affects the acceptance of the risk; and (2) the policy is within the contestable period. The Company will rely on my answers to determine the appropriate amount of insurance.</p> <p>Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.</p>			
Proposed Insured Signature X _____		Date _____	
Owner Signature X _____		Date _____	
Accountant/Preparer Signature X _____		Date _____	
Accountant/Preparer (please print full name) _____			
Print Accounting Firm Name, Address and Phone Number _____			