



**FUTURE
GENERALI**

TOTAL INSURANCE SOLUTIONS

KEYMAN QUESTIONNAIRE

TO BE FILLED IN BY THE COMPANY

Name of the Life Insured	
Application Number	

PLEASE GIVE FULL AND ACCURATE ANSWERS TO EACH QUESTION

- Name of Employer: _____
- Detailed nature of business/Activities of company
 - Sector of the company: _____
 - Nature of business: _____
- Name of the Keyman:
 - DOB of Keyman: _____
 - His academic and Professional Qualification: _____
 - Status/designation of Keyman's: _____
- Please provide details of Keyman duties: _____

- Why the company is dependent on Keyman? Please mention special expertise / knowledge that the Keyman possess? _____

- What basis has been used to arrive at the sum assured proposed? _____

- What are the realistic and immediate future prospects of the Keyman? _____

8. State Employer's turnover, gross profit and net profit for last 3 years.

Financial Year	Turn over	Gross profit	Net profit
20__ - __			
20__ - __			
20__ - __			

9. Give details of Keyman's salary (including commission payment/profit sharing, bonus etc. for last three years).

Financial Year	Basic salary	Allowance	Special perks given	Gross salary
20__ - __				
20__ - __				
20__ - __				

10. Is the Keyman or any other member of his family, a shareholder? Yes No
 It 'Yes', what is the holding in relation to the total capital issued for each individual? % Holding

11. What are the details of Keyman's service agreement?

Please attach copy of agreement.

12. Are there any other key persons in the company? Yes No
 (Does the employer already has or applied for Keyman covers on other key persons?)
 If 'Yes', please provide the sum assured, policy term of the policies)

13. Does the company already hold or has simultaneously applied or intend to take other Keyman policies? Yes No
 If 'Yes', give following details;
 • No. of policies: _____
 • Policy on each Keyman: _____

14. If the company is Public limited / Private Limited company, give the following details.
 • Total no. of shareholders: _____
 • Total no. of employees: _____

15. Has the Board minute passed to sanction the policy? If 'Yes', give details; Yes No
 • Date of Resolution: _____
 • Resolution No: _____

All financial underwriting questionnaires should be signed by an authorized official of the company, usually a Director or a Company Secretary. When the Life to be Assured is a Director or a Company Secretary, they cannot sign on behalf of the company as well.

Date: _____ Place: _____

 Signature of the officially authorized in
 Board resolution and his/her seal

VERNACULAR DECLARATION

I have explained the contents of this form and have read out the responses to the Life Insured in his/her local language. He/she has confirmed that the contents are fully understood by him/her.

Name of the Declarant: _____
 Address of the Declarant: _____

 Signature of the Declarant

Place: _____ Date: _____

 Signature of the Life Insured