

1. Personal Information

Proposed Insured	Date of Birth	Current Age
Name of your business		
Business Address		

2. Indicate the Coverage(s) Applying For

- Overhead Expense only** (answer Questions 3-8)
- Overhead Expense and Business Loan Protection Rider** (answer Questions 3-9)
- Business Loan Protection Rider only** (answer Questions 3, 4, 5 and 9)

3. Overhead Expense

Benefit Amount \$ _____
 Elimination Period 30 day 60 day 90 day
 Maximum Aggregate Benefit Factor 12 15 18 24 30

Optional Benefit Riders:

- Residual Disability Benefit
- Other _____
- Business Loan Protection (BLP)

BLP Monthly Benefit Amount \$ _____ (Round up to nearest dollar)

BLP Elimination Period: 30 day 60 day 90 day 180 day 365 day

BLP Termination Date: ____ / ____ (Loan payoff date or earlier selected date. Date must not exceed
 MM YYYY age 65 policy anniversary)

You MUST select ONE of the following:

- Benefit Update (BU*) AND Automatic Increase Option (AIO)
- Benefit Update (BU*) only
- Automatic Increase Option (AIO) only
- Neither BU nor AIO

*** You must apply for 75% of eligible expenses to qualify for Benefit Update**

Owner (if other than proposed insured) – (Please list owner and have sign this form and Part C).

Name	Address
City	State
Zip	Owner Taxpayer ID Number

Loss Payee (if other than the owner) FOR OVERHEAD EXPENSE ONLY

Name	Address
City	State
Zip	

- 4. Type of business:** Sole proprietorship Partnership C-Corp S-Corp
 Limited Liability Company (LLC) Other



**Principal Life
Insurance Company**
PO Box 14455
Des Moines, IA 50306-3455

**Overhead Expense
Application Supplement**

Proposed Insured _____ Policy Number (if known) _____

5. Expense Liability and Business Ownership Information

- a. Your percent of ownership _____%
- b. Your share of overhead expenses _____%
- c. Name(s) and ownership percentage of other owners _____

- d. If other owners, do they have, or are they applying for Overhead Expense insurance? Yes No
If Yes, provide details: _____

- If No, explain: _____

6. Expense Information

- a. LIST YOUR SHARE OF THE CURRENT, AVERAGE MONTHLY OVERHEAD EXPENSES

Rent, OR	\$ _____	Electricity, heat, and water	\$ _____
Mortgage (interest and principal)	_____	Replacement salary	_____
Property taxes	_____	Office supplies	_____
Insurance premiums (property, malpractice, fire, liability)	_____	Telephone	_____
Accounting, billing, and collection fees	_____	Subscriptions and membership dues	_____
Security and maintenance	_____	Other fixed non salary business expenses:	_____
		_____	_____
		_____	_____
- b. TOTAL ELIGIBLE OVERHEAD EXPENSES (Sum of Itemized fixed expenses above) \$ _____

7. Fee For Service Professionals Only (e.g. Doctor, Lawyer, CPA, etc.)

Does the business employ other individuals from your profession?..... Yes No
If Yes, how many? _____

8. List the job title, number and monthly salaries of non income producing employees. Exclude members of your profession:

Job Title/Function	Number of Employees	Combined Monthly Salaries (your share)
_____	_____	\$ _____
_____	_____	_____
_____	_____	_____
_____	_____	_____
Total salaries		\$ _____



Principal Life Insurance Company
 PO Box 14455
 Des Moines, IA 50306-3455

Overhead Expense Application Supplement

Proposed Insured _____ Policy Number (if known) _____

9. Loan Information

- a. Purpose of the loan is to purchase: Building Equipment Practice
 Other (please specify) _____
- b. Loan Number _____
- c. Financial Institution/Lender
 Name _____
 Address _____
 Phone Number () _____
- d. Monthly Amount of Loan Payment \$ _____
- e. Date of initial monthly loan payment ____ / ____ / ____ Loan Pay Off Date ____ / ____ / ____
MM YYYY MM YYYY
- f. Is the loan obligation shared with any other person? Yes No
 If yes, Name(s) and percent of loan obligation for each person _____

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

I represent that all the above statements in this application are true and complete to the best of my knowledge and belief. I understand that the statements in this application are a part of any insurance issued.

SIGNATURES (Please do not print name below. Signatures are required.)

Proposed Insured X	Signed at: City	State	Date / /
Owner (If other than Proposed Insured) X	Title (If Corporation, Officer other than Proposed Insured)		Date / /
Witness (Agent/Broker/Licensed Rep.) X			Date / /