

1. Proposed Insured _____ Date of Birth _____

2. Name of your business _____

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

4. 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 Disability Overhead Expense insurance? Yes No
If No, explain: _____

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

Rent, OR	\$ _____	Electricity, heat, and water	\$ _____
Mortgage (interest and principal)	_____	Continued education	_____
Property taxes	_____	Office supplies	_____
Insurance premiums (property, malpractice, fire, liability)	_____	Telephone	_____
Loan payments for furniture and equipment	_____	Subscriptions and membership dues	_____
Accounting, billing, and collection fees	_____	Other fixed business expenses, not including employee salaries:	_____
Security and maintenance	_____		_____

b. TOTAL FIXED OVERHEAD EXPENSES..... \$ _____

6. PERSONAL SERVICE PROFESSIONALS ONLY (e.g. DOCTOR, LAWYER, CPA, etc.)
Does the business employ other individuals from your profession?..... Yes No
If Yes, how many? _____

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

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

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

I represent that all 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.

Signature and Title of Owner (if other than Proposed Insured)

Signature of Proposed Insured

Signed at _____
City State Date

Witness _____
Agent/Broker/Licensed Representative