



THE LAFAYETTE LIFE INSURANCE COMPANY
 1905 Teal Road
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 Lafayette, Indiana 47903
 1-800-243-6631 FAX: 888-558-9329
 E-Mail: IndividualOperations@llic.com

CONFIDENTIAL FINANCIAL STATEMENT

(Required on all applications over \$1,000,000)
 (Unless Balance Sheet, Profit and Loss Statement or Tax Forms are Submitted)

Name of Proposed Insured _____

I - Personal Financial Data

	Last Year	This Year
1. A) Earned Income (Salary, wages, commissions, bonus)	\$ _____	\$ _____
B) Unearned Income (Dividends, interest, etc.)	_____	_____
C) Other Income (<i>describe</i>)	_____	_____
Total Income	\$ _____	\$ _____

2. Statement of Worth

Assets		Liabilities	
Cash	\$ _____	Accounts Payable	\$ _____
Stocks and Bonds	_____	Mortgages or Liens	_____
Business Interests	_____	Other Liabilities (<i>explain</i>)	_____
Real Estate (current value)	_____	Total Liabilities	\$ _____
Other Assets (<i>explain</i>)	_____		
Total Assets	\$ _____		

3. Purpose of Insurance

- Family Income Other Needs
 Estate Liquidity (Explain) _____

4. How was the amount of coverage determined? _____

Signature _____

Date _____

II. Business Insurance Supplement (both sides not necessary to complete)

Proposed Insured _____

1. Name of Business _____ Date Organized _____

2. Type of Business Sole Proprietor Partnership Corporation

3. Nature of Business _____

4. Purpose of Insurance Key Person Fund Buy-Sell
 Split Dollar Deferred Comp
 Other (explain) _____

5. List below other key employees or partners in this business. If not insured against loss to company, explain why.

Name and Title	Value of Business Interest	% Ownership	Compensation	L.I. In Force	L.I. Applied For
a.					
b.					
c.					
d.					

6.

	Last Year	This Year	Projected
Net earnings after taxes	\$ _____	_____	_____

7. How was amount of application determined? (Attach latest income statement, balance sheet and tax forms if available)

8. **ASSETS**

Current

Cash \$ _____
 Accounts & Receivables \$ _____
 Inventories \$ _____
 Equipment \$ _____
 Real Estate \$ _____
 Other (Details) \$ _____

Total Assets \$ _____

LIABILITIES

Current

Accounts Payable \$ _____
 Notes & Bank Loans \$ _____
 Mortgages \$ _____
 Other Liabilities (Details) \$ _____
 Total Current \$ _____

Equity

Capital Stock \$ _____
 Retained Earnings \$ _____
 Total Equity \$ _____

Total Liabilities and Equity (Net Worth) \$ _____

Signature _____ Date _____

Please attach a cover letter providing any additional explanations about this business or your client that may be of help to us in our decision.