



Bharti AXA Life Insurance Company Limited

Registered Office: Unit No. 1904, 19th Floor, Parinee Crescenzo, 'G' Block, Bandra Kurla Complex, BKC Road, Behind MCA Ground, Bandra East, Mumbai -400051, Maharashtra
www.bharti-axalife.com Call centre: 1800- 103- 4444 Registration Number: 130

Service address: Bharti AXA Life Insurance Company Ltd., Spectrum Tower, 3rd Floor, Malad Link Road, Malad (West), Mumbai - 400064.

KEYMAN QUESTIONNAIRE

1. Proposal number: _____

Name of the Life to be Insured: _____

Full name and address of Company/Firm: _____

Nature of business of Company/Firm/entity: _____

Total number of employees of Company/Firm/entity: _____

Position held by the key person (Director/Executive Director/any other):

2. Please give details of the turnover, gross profit and net profit before tax for the last three years of Company/Firm/entity:

Year	Turnover	Gross Profit	Net profit before tax

Please forward copies of the audited financial accounts of the last three assessment years.

3. Please give details of the life to be insured's personal earnings as assessed for income tax for the last three assessment years:

	Year _____	Year _____	Year _____
Salary or package			
Dividends			
Bonus / commission			
Share of profit			
Other (please give details)			
Total			

4. Key person's Job profile:

5. How long has the key person has been working with the company/firm?

6. On what basis has the Sum Assured been calculated?

Multiple of salary Please state multiple _____

Multiple of profit Please state multiple _____

Any other basis Please give details _____

7. Why is the key person considered essential to the ongoing profitability of the Company/Firm?

Please enclose a copy of the keyperson's CV.

8. What impact will the loss of the key person have on the profitability of the Company? What is the keyperson's percentage contribution to profits?

9. Please advise the percentage shareholding in the company/firm of the key person and any of his/her family members?

10. Does the key person have any existing key person or other business cover (e.g. partnership cover) in force? Please provide details.

11. Is there a service agreement? Yes / No

If YES, please forward a copy or give details, including remuneration package, contract term and expiry date, notice period and responsibilities.

12. Is a successor to the key person being trained? Yes / No

If YES, please give details including when the successor will be able to handle all aspects of the key person's role.

If NO, why is there no succession planning?

13. Has the company effected or does it intend to affect, policies on the lives of other key persons? Yes / No

If YES, please give details:

Name	Position	Date effected	Policy type	Sum Assured	Reason for cover

I/We declare that the statements made are true and complete to the best of my/our knowledge and belief and that I/we have not withheld any material information that may influence the assessment or acceptance of this proposal.

I/We agree that this questionnaire will form part of my/our proposal and will be relied upon by Barti AXA Life Insurance Company Limited.

Incorrect information or failure to disclose any material fact may invalidate the contract.

Name and Signature of the Authorized person of the Company/Firm: _____

Date _____

Place _____