



Name of Division : _____

Proposal No. : _____

KEYMAN QUESTIONNAIRE

1. Name of the Employer / Company																	
2. Detailed nature of Business / Activities of the company.																	
3. (a) Name of the Keyman (b) His date of birth																	
4. (a) Status / Occupation of Keyman (b) Give full details of the Keyman's duties																	
5. His academic and Professional Qualification What special knowledge / expertise does keyman possess or why the Company is so dependent on him.																	
6. What basis had been used to arrive at the sum proposed?																	
7. State Employer's turnover and gross / net profit over the last 3 years. (G.P. = N.P. + Tax + Depreciation) [Replies such as "as per Balance Sheet and P & L A/c enclosed" not acceptable. Summary Must be given here.]	<table border="1"> <thead> <tr> <th>Year</th> <th>Turnover</th> <th>G.Profit</th> <th>Net Profit</th> </tr> </thead> <tbody> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </tbody> </table>	Year	Turnover	G.Profit	Net Profit	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
Year	Turnover	G.Profit	Net Profit														
_____	_____	_____	_____														
_____	_____	_____	_____														
_____	_____	_____	_____														
8. What are the realistic immediate & future prospects of the keyman?																	
9. Give details of the Keyman's Salary (Including commission payment/profit sharing etc.) bonus earned by him during last 3 years.	<table border="1"> <thead> <tr> <th>Year :</th> <th>Salary :</th> <th>Value of Perks</th> <th>If any</th> </tr> </thead> <tbody> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </tbody> </table>	Year :	Salary :	Value of Perks	If any	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
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_____	_____	_____	_____														
_____	_____	_____	_____														
_____	_____	_____	_____														

10. IF the Keyman or member of his family, is a shareholder, what is the holding in relation of the total issued capital?		No. of Shares held	% of the total shares issued
	Keyman:	_____	_____
	Spouse:	_____	_____
	Minor Children:	_____	_____
	Total :	_____	_____
11. What are the details of the Keyman’s Service Agreement? Attach copy of the agreement also.			
12. Has the Board authorized the purchase of policy? If so, attach the original copy of Board Resolution.			
13. What is the normal retirement date of the Keyman?			

14.	(a)	Does the company already hold any Keyman policies? If so, give details:	Name of Keyman	Pol.No.	DOC	S.A.	Whether Inforce
	(b)	Has the Company simultaneously proposed KMI on the lives of any other Key personnel? If so, give details					
	(c)	Does Company intend to effect Keyman insurance policies on the lives of any other key personnel? If so, give details					

15. Whether the above employee is also considered as Keyman in any other Company? If so, give details thereof.

16. What permanent health or other sickness insurance arrangements have been / will be made for the Keyman.

17. If the company is an unquoted Public Limited Company or a Private Limited Company, Give following details.
 (i) Total No. of shareholders
 (ii) Total No. of employees

Place : _____

Date : _____

**Signature of Official authorized
 In Board Resolution & his seal**