

# Business Insurance Questionnaire - UND 50

To be completed by the Applicant



Please complete all relevant information Completely and Legibly.

Part of the application for  
life insurance number

## Proposed Insured details

### 1. Full Name of Proposed Insured

First name  Middle name  Last name

2. Date of birth

3. Full name of company / employer

4. Form of business ☒ Corporation ☐ Partnership ☐ Other (provide details)

5. What type of business is the company engaged in?

6. How long has the firm been in business?  7. Number of employees

8. Is the Proposed Insured:

☐ Employee

☐ Business Owner - Percentage of Ownership:  %

☐ Shareholder - number of shares  Percentages of shares  Their current market value

9. (a) How long has the Proposed Insured been with the company?

(b) If the Proposed Insured has been with the company for less than 3 years, please give the name of previous company and position held.

10. Geographical distribution of the business

11. How was the amount of insurance determined? (attach appropriate calculations).

12. Company profits: **(Please attach copies of audited financial statements including balance sheets and profit/loss statement for the last 3 years)**

Year	Turnover	Gross profit	Net profit
2023			\$14.84 B
2022			\$14.84 B
2021			\$16.64 B

13. Total assets of the company (at market value):

14. Total liabilities of the company

15. Has the business been in receivership, involved in a bankruptcy, suit or judgement? ☐ Yes ☒ No

If yes, Please provide full details and dates.

## Complete only for key person cover

1. What is the total salary roll for the firm?

2. On what basis is the insurable loss of the key-person calculated?

☐ Multiple of income What multiple?

☐ Multiple of profits What Multiple?

☐ Other (provide details)

3. What percentage of the firm's net profit can be fairly attributed to the key-person?

4. Why is the key person worth to the company the amount of Insurance requested?

5. Is there a service agreement in place? ☐ Yes ☐ No If Yes, indicate duration, terms etc.
6. Is there a succession plan in place? ☐ Yes ☐ No If Yes, advice when training of successor will be complete.
- If No, why is there no succession plan for a Key employee?
7. Does the Company hold or intend to hold insurance coverage on other key-persons, loan recipients or shareholders? ☐ Yes ☒ No  
If Yes, provide details below. If No, indicate why this applicant will be the only key-person / loan recipient / shareholder insured

Employee name	Position	Insurance amount

**Note:** All informations included in this form and all informations received by MetLife is treated in strict professional confidentiality.

#### Complete only for loan cover/financial facility

1. What type of credit is being extended? ☐ Loan ☐ Financial Facility
2. Please provide the following details of the loan/financial facility:  
(If copy of the full and final loan/financial facility offer from the lender is available, please provide a copy)
- a. Name of the lender:
- b. Name of the borrower(s):
- c. Amount of the loan/financial facility:
- d. Duration of the loan/financial facility:
3. Is there any collateral against the loan/financial facility? ☐ Yes ☐ No  
If Yes, what amount?  What type of collateral?
4. What is the exact purpose of the loan/financial facility?
5. Is the loan/financial facility conditional upon the life insurance policy? ☐ Yes ☐ No  
If Yes, provide a copy of the loan conditions which set this out.
6. Is the loan/financial facility being made to the Company or to the Proposed Insured? ☐ Company ☐ Proposed Insured
7. If loan/financial facility is to the Company, why is the policy required on this Proposed Insured?
8. Is the duration of the loan / financial facility different from the policy? ☐ Yes ☐ No, If different from duration of the policy, please state the reason
9. Who will be the beneficiary after the loan is repaid?

#### Complete only for shareholder/partnership purchase

1. What is the Net Worth (book value) of the Company?
2. What is the market value of the Company?
3. If market value is different from the book value net worth, how was market value determined.
4. Has the valuation been performed by a Professional Advisor? ☐ Yes ☐ No, If Yes, please give the name of the advisor.
5. How many Partners/Shareholders are there?

6. List other major Partners / Shareholders and their percentage(s) of ownership on the Business:

Partner/Shareholder Name	Percentage of Ownership

7. How much has the proposed insured invested in the company?

8. Is there a buy-sell or partnership agreement in effect? ☐ Yes ☐ No

If Yes, provide full details of the agreement including how the value of the firm was calculated for purposes of this agreement.


The above financial disclosures are made for the purpose of establishing insurability in connection with pending Life Insurance Application on my Life. They are furnished as a true and accurate statement of my financial condition on , 20  and are supported by evidence provided by me. I understand that incorrect information or failure to disclose any material fact may invalidate the contract. I further authorize MetLife to obtain from any source it deems appropriate, including any bank and / or financial institution, any information concerning my financial status and bank accounts.

I hereby provide MetLife my unambiguous consent to process, share, and transfer my personal data to a recipient outside the country (e.g. to the Company Headquarters in the USA and / or to other branches or affiliates of the Insurer's Group and Reinsurer) where the transfer, sharing, is necessary for the performance of the contract or for the compliance with any legal obligation to which the Company is subject and where necessary transfer, share any such data with the regulators and other law enforcement agencies for the performance of its obligations related to the international sanctions and other regulations applicable to the Company.

Signed at  Date 

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Insured's Name

TAIWO OTTUN

X

Signature

Applicant's Name

TAIWO OTTUN

X

Signature & stamp

(if different from Proposed Insured)

Witness Name & Signature

CIARAN MURPHY

X

Signature

**Note:** All information included in this form and all other information received by MetLife is treated in strict professional confidentiality.

Mail Request to: American Life Insurance Company (MetLife), P.O. Box 371916, Dubai, U.A.E.  
UND Department: Tel +971 (4) 415 4555, Fax +971 (4) 415 4445  
E-mail: [ibo\\_distribution\\_servicedesk@metlife.ae](mailto:ibo_distribution_servicedesk@metlife.ae)

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