

KEY PERSON COVER LETTER WORKSHEET

Client Name: _____ Date of Birth: _____

Business Name: _____

Business Type (C-Corp, S-Corp, Partnership, LLC, Sole Prop, etc.): _____

Job Title: _____

Job Duties: _____

Compensation Details

Annual Salary: _____

Average Bonus (Last 3 Years): _____

Company Cost of Medical & Dental Insurance _____

Company Retirement Plan Contributions (401(k) match, etc.): _____

Housing Allowance: _____

Transportation Allowance: _____

Entertainment Allowance: _____

Total Compensation: _____

*** Important: Carrier guidelines typically allows for 10x - 20x total compensation in Key Person coverage. If additional coverage is needed, please complete the following:*

- 1) Provide Company Financial Details as outlined below
- 2) Submit a current resume for the proposed Key Person

Company Financial Details

Business Assets: _____

Business Liabilities: _____

Business Net Worth: _____

Client's Ownership %: _____

Client's Capital Contribution: _____

Total Venture Capital Funding: _____

Date of Capital Infusion: _____

Proposed Insured's Existing Business Insurance

Insurance Company	Face Amount	Year Issued	Replacement (Yes/No)

Other Key Employee Details

Employee Name: _____ Ownership %: _____

Inforce Coverage: _____

Coverage Applied For: _____

Employee Name: _____ Ownership %: _____

Inforce Coverage: _____

Coverage Applied For: _____

Describe why employee is considered a Key Person:

Additional Comments: