

Performance Evaluation for Employer Owned Life Insurance



Section A: Policyholder

Business Information

Name of Business _____ Nature of Business _____ Name of Policy Holders _____ (if different than above) _____ Business Address _____ _____ Cell Phone _____ Office Phone _____ <u>Business Valuation</u> What is the current value of the business? _____ When was the business last appraised (year)? _____ Method of Valuation: <input type="checkbox"/> Stipulated by Owners <input type="checkbox"/> Appraisal <input type="checkbox"/> Formula in Agreement <input type="checkbox"/> Other: _____	Tax ID _____ Business Entity (select one): <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> S Corporation <input type="checkbox"/> C Corporation <input type="checkbox"/> Nonprofit <input type="checkbox"/> Partnership <input type="checkbox"/> Other: _____ Date of Incorporation _____ Total Number of Employees (full-time) _____ (part-time) _____ Who Owns the Business? <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 25%;"></th> <th style="width: 25%;">Ownership %</th> <th style="width: 40%;">Name</th> <th style="width: 10%;">Date of Birth</th> </tr> </thead> <tbody> <tr><td>Owner #1:</td><td></td><td></td><td></td></tr> <tr><td>Owner #2:</td><td></td><td></td><td></td></tr> <tr><td>Owner #3:</td><td></td><td></td><td></td></tr> <tr><td>Owner #4:</td><td></td><td></td><td></td></tr> <tr><td>Owner #5:</td><td></td><td></td><td></td></tr> </tbody> </table>		Ownership %	Name	Date of Birth	Owner #1:				Owner #2:				Owner #3:				Owner #4:				Owner #5:			
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Owner #5:																									

Section B: Insured Employees

Please provide details on all policies owned or being paid by the policyholder (business).

[illegible]

Section C: Notice and Consent Requirements

Based on the the list of employees above, please indicate if any of the employees have been given written notice and consented in writing to any life insurance policies that are owned by the policyholder. If the employees have NOT been given notice, nor consented in writing to any life insurance policies owned by the policyholder, please use the diagram below and indicate "Y" for yes if they were given notice and "N" for no if they were not given notice.

[illegible][illegible]