

# Key-Man Questionnaire

## LIFE INSURANCE CORPORATION OF INDIA

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 has been used to arrive at the sum proposed ?

7. State Employer's turnover and gross & net profit over the last 3 years.

Year

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*Turnover*

(G.P. = N.P. + Tax + Depreciation)

(Replies such as "as per balance sheet P & L A/c enclosed" not acceptable. Summary must be given here)

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.

Year

Salary :  
Value of  
perks if  
any:

10. Is the Keyman or any 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 authorised 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 ?	Name of Keyman	Pol.No.	DOC	S.A.	Whether inforce
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(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 keymen 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  
authorised in Board  
Resolution & his seal