

## CONFIDENTIAL FINANCIAL QUESTIONNAIRE (C.F.Q)

This questionnaire and its appendices must be fully and accurately filled in, then dated and signed by the person to be insured. A copy of the insurance proposal or the application form must be attached to it for each contract. If these rules are not compiled with, the application cannot be processed.

SURNAME: ..... First Name : .....  
 (Maiden name for married women) .....  
 Date and place of birth: .....

### INFORMATION ON THE PERSON TO BE INSURED

1. Companies that you work in and/or are a shareholder of :  
 Name: .....  
 Address: .....  
 Trade register number (SIREN): .....  
 Percentage owned: ..... Value of holding: .....
2. Do you benefit from close protection measures (firearm, body guard) ? YES / NO  
 If Yes, specify: .....  
 Why? .....

### SPECIAL RISKS

- |   | Yes                      | NO                       |  |  |     |    |       |                          |                          |       |                          |                          |       |                          |                          |
|---|--------------------------|--------------------------|--|--|-----|----|-------|--------------------------|--------------------------|-------|--------------------------|--------------------------|-------|--------------------------|--------------------------|
| 3. Do you use a motorcycle?   | <input type="checkbox"/> | <input type="checkbox"/> | If Yes, specify :<br>Type of machine:.....<br>Capacity: .....  |  |     |    |       |                          |                          |       |                          |                          |       |                          |                          |
| As a means of transport only?   | <input type="checkbox"/> | <input type="checkbox"/> | Average annual mileage: .....  |  |     |    |       |                          |                          |       |                          |                          |       |                          |                          |
| Do you play any sports?   | <input type="checkbox"/> | <input type="checkbox"/> | If Yes, specify : competitions   |  |     |    |       |                          |                          |       |                          |                          |       |                          |                          |
|   |                          |                          | <table border="0" style="margin-left: auto; margin-right: auto;"> <tr> <td></td> <td style="text-align: center;">Yes</td> <td style="text-align: center;">No</td> </tr> <tr> <td>.....</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>.....</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>.....</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table> |  | Yes | No | ..... | <input type="checkbox"/> | <input type="checkbox"/> | ..... | <input type="checkbox"/> | <input type="checkbox"/> | ..... | <input type="checkbox"/> | <input type="checkbox"/> |
|   | Yes                      | No                       |  |  |     |    |       |                          |                          |       |                          |                          |       |                          |                          |
| .....   | <input type="checkbox"/> | <input type="checkbox"/> |  |  |     |    |       |                          |                          |       |                          |                          |       |                          |                          |
| .....   | <input type="checkbox"/> | <input type="checkbox"/> |  |  |     |    |       |                          |                          |       |                          |                          |       |                          |                          |
| .....   | <input type="checkbox"/> | <input type="checkbox"/> |  |  |     |    |       |                          |                          |       |                          |                          |       |                          |                          |
| 4. Do you use aircraft, either as a pilot or Passenger<br>(Except for regular commercial lines)?  | <input type="checkbox"/> | <input type="checkbox"/> |  |  |     |    |       |                          |                          |       |                          |                          |       |                          |                          |
| 5. Do you ever visit countries other than the<br>European Economic Zone, Japan, Australia,<br>Canada, the United States, New Zealand,<br>Singapore and Switzerland? | <input type="checkbox"/> | <input type="checkbox"/> |  |  |     |    |       |                          |                          |       |                          |                          |       |                          |                          |

Country	Number of trips a year	Average stay	Reason	Major Urban Centres only
.....	.....	.....	.....	Yes <input type="checkbox"/> No <input type="checkbox"/>
.....	.....	.....	.....	Yes <input type="checkbox"/> No <input type="checkbox"/>
.....	.....	.....	.....	Yes <input type="checkbox"/> No <input type="checkbox"/>

**If you practice any of the following activities:** Aeronautics (aviation, ballooning, hang-gliding, micro lighting, parachuting, paragliding), nautical activities (sea scooter, skin diving, yachting more than 20 miles from the coast), mountaineering (including rock climbing and trekking), horse riding (if other than trekking and riding classes), motor sports (automobile, motorcycle), winter sports (skiing or hiking at altitudes above 3,000 metres, snowboard, raid, ski expeditions); you must fill in A SPECIFIC QUESTIONNAIRE FOR THAT ACTIVITY.

**Signature of Life to be Assured/Proposer:**

**AIM OF THE INSURANCE APPLIED FOR**

If the application includes several insurance aims, please indicate each aim and the corresponding sum. Whatever the aim of the insurance, **applicable supporting documents must be supplied:**

- Income replacement** sum insured for this purpose.....
- Estate taxes** (see definition below) sum insured for this purpose.....
- Personal Loan** sum insured for this purpose.....
- Corporate Loan** sum insured for this purpose.....
- Key Man (not linked to a loan)** sum insured for this purpose.....
- Key man linked to a loan** sum insured for this purpose.....
- Partnership Insurance** sum insured for this purpose.....
- Investor Insurance (See Definition Below)** sum insured for this purpose.....

**INVESTOR INSURANCE**

A contract which aims to compensate for the financial effects on a company, and therefore on the investors, of the death of the key man, the guarantor of the innovation that was the original reason for the investment.

**ESTATE TAXES INSURANCE**

The Purpose of this cover is to allow the beneficiary to pay all or part of the estate taxes due on the DEATH of the insured. Consequently, no cover other than death cover is justified.

The answers to this questionnaire are mandatory. The insurer and the reinsurer reserve the right to request any further information that they may deem necessary.

The undersigned may ask to see and correct any information concerning them which might appear on any file used by the insurance Company or the Reinsurer. The right of access and correction may be exercised at the head office of the Insurance Company. In approval of the information supplied herein.

**SIGNATURE / STAMP OF THE CONTRACTING PARTY**

**SIGNATURE OF THE PERSON TO BE INSURED**

**SIGNATURE**

**Date:**

**SIGNATURE**

**Date:**