

Check the appropriate company.

Business Insurance Supplement

- Metropolitan Life Insurance Company First MetLife Investors Insurance Company
 New England Life Insurance Company Metropolitan Tower Life Insurance Company

The Company indicated above is referred to as "the Company".

To be completed for all Business Insurance Applications.

1. Form of Business

- C Corporation S Corporation LLC
 Partnership Sole Proprietorship

2. Business Associates

(Owners, Partners, Officers and Key Associates)

Names - including Proposed Insured	Age	Title or Position	% of Ownership	Business Insurance*	
				Existing	Applied**

* Show full amount of life insurance and Accidental Death Benefit (ADB) included in policies. ** ADB will generally not be available for Business Insurance.

3. Purpose of Insurance

Check all that apply.

- Deferred Compensation Business Planning
 Executive Bonus Split Dollar
 Succession Planning
 Stock Purchase or Partnership Purchase
 Is there a written Stock or Partnership Purchase Agreement? YES NO
 Are all parties to the Agreement applying for or already covered by insurance? YES NO
IF NO, give details _____

 Key Person
 Are all other Key persons applying for or covered by comparable amounts? YES NO
IF NO, give details _____

 Business Loan
 Name of creditor or lending institution: _____
 Amount of Loan: \$ _____ Date loan granted: _____
 Length of Loan: _____ Purpose of Loan: _____
 Other (Give details): _____



**Business
Insurance
Supplement**

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(continued)

**4. Financial
Information**

Are financial statements
available?

YES **NO**

IF YES, attach in lieu of
completing this section.

Gross annual sales:	Last full year	\$ _____
	Previous full year	\$ _____
Total business:	Assets	\$ _____
	Liabilities	\$ _____
Total business net worth:	Last full year	\$ _____
	Previous full year	\$ _____
Net profit after taxes:	Year _____	\$ _____
<i>(enter past two years individually)</i>	Year _____	\$ _____
Estimated market value:		\$ _____
Proposed Insured's annual income from business:		
	Salary	\$ _____
	Bonus/Dividends	\$ _____

Source of above information:

Proposed Insured Account Rep.'s Estimate Other

