

Standard Insurance Company

Individual Disability Insurance
1100 SW Sixth Avenue Portland OR 97204-1093

**Business Overhead Expense Insurance
Application Supplement**

Proposed Insured (please print) _____

This application supplement is part of application(s) for insurance on the above named proposed insured. In this application supplement, "you" and "your" mean the proposed insured.

1. The Proposed Insured is a: (check and complete one.)
- a. Sole proprietor (100% owner).
 - b. Partner. Give your ownership percentage: _____%
 - c. Shareholder of a corporation. Give your ownership percentage: _____%
 - d. Other. Explain and give your ownership percentage: _____

2. Number of employees (exclude the proposed insured and other partners or shareholders):

- a. _____ Part-time
- b. _____ Full-time

3. If proposed insured is a partner or shareholder (or if 1-d above, is checked):

- a. Number of other partners or shareholders? _____ How many work full-time for this business? _____
- b. Are all other full-time employees of the business who are partners or shareholders already covered by or now applying for Business Overhead Expense Insurance? yes no
If no, give details: _____

- c. What percentage of the total business expenses are you responsible for? _____% If this percentage is different from your percentage of ownership, please explain here or in the Remarks:

4. Does your business share office space and/or expenses with another person or firm? yes no

If yes, give details: _____

5. Do you or your business own all or part of the building in which your business is located? yes no

If yes: a. Is it owned by you personally (all or part) or by your business? Give details: _____

b. Give percentage owned: _____% by you; _____% by your business.

6. Are there any other members of your profession, or a related profession, employed by you or your business?

yes no If yes, how many _____? Give details: _____

7. Do you have any other Business Overhead Expense Insurance in force or pending? yes no

If yes, give details: _____

(THIS FORM CONTINUES ON THE NEXT PAGE.)

