

Use this form to help business partners in planning buy-sell agreements and obtaining life insurance quotes.

Date: _____

BUSINESS INFORMATION							
Primary Contact:				Primary Contact Title:			
Business Name							
Address			City		State		Zip
Phone Number		Website		Business Type: <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> C-Corp <input type="checkbox"/> S-Corp <input type="checkbox"/> Professional <input type="checkbox"/> Nonprofit			
Year Organized		Earnings (net before taxes, last 4 years)		201 \$		201 \$	
				201 \$		201 \$	
Nature of Business or Profession							
Entity Tax Bracket		Tax Payer Information <input type="checkbox"/> Cash Basis <input type="checkbox"/> Accrual Basis <input type="checkbox"/> Tax Year other than Calendar					

BUSINESS OWNERS							
Name	Title	Percent Ownership	Date of Birth	Gender	Smoker Y/N	State of Residence	Annual Income

METHOD OF VALUATION	
<input type="checkbox"/> Appraisal	Value Amount: \$ _____
<input type="checkbox"/> Book Value	Net Assets: \$ _____
	Liabilities: \$ _____
	Multiple %: _____
<input type="checkbox"/> Good Will	Value Amount: \$ _____
<input type="checkbox"/> Capitalization of Earnings	Schedule of Earnings: \$ _____
	\$ _____
	\$ _____
	\$ _____
Use Weighted Average <input type="checkbox"/> Yes <input type="checkbox"/> No	Fiscal Year: _____
	Amount: \$ _____
	Multiple %: _____
	Capitalization Rate %: _____
<input type="checkbox"/> Owner's Estimate	\$ _____
Apply Assumed Increase per Year? <input type="checkbox"/> Yes <input type="checkbox"/> No	Rate %: _____

EXISTING BUY-SELL ARRANGEMENT

Type of Arrangement: Entity Purchase Cross Purchase Wait & See No-Sell Buy-Sell Trusteed Cross-Purchase Other

Parties

Date of Agreement

Event Triggering Buyout: Death Disability Retirement Bankruptcy Other

BUSINESS CONTINUITY

What are the names and ages of any relatives or children who may enter the business?

In the event family members are too young or lack experience, who would run the business?

What have you done to guarantee that this person(s) will stay?

Are there any other agreements concerning your business interest in existence? If "YES" please explain

Does your will contain any provision regarding the disposition or retention of your business interest?

Does your will direct or authorize your executor to retain or operate the business?

BUSINESS STABILITY

Do any owners have personal liability for business debts? Yes No

If "YES" are these debts covered by life insurance? Yes No

Are there key employees whose death or disability would jeopardize company profits? Yes No

What has been done to protect the business in the event of death or disability of one of these key employees?

If key employees are insured, who are the insured?

If not insured, who should be?

Is the insurance adequate today? Yes No