



Name: _____

Address: _____

City: _____

State/Zip: _____

Type of Business:

- Office Professional
- Retail
- Service
- Wholesale
- Other: _____

Name of Business: _____

Is your business required to be bonded? Yes No

If you were to buy your business today, what would you pay for it? \$ _____

Has a formal valuation been completed on your business?

- Yes
- No

Year Completed: _____

Type of Ownership:

- Sole Proprietorship
- Partnership
- S-Corporation
- C-Corporation
- LLC

Do you operate your business out of your residence? Yes No

Do you own or lease the building from which your business operates? Own Lease

Does your business own or lease vehicles? Yes No

Do you transport or ship property to/for your customers? Yes No

Does your business depend on computers or other electronic equipment to conduct operations? Yes No

During certain times of the year, do you carry additional inventory/stock? Yes No

Does your business require refrigeration of stock or other materials or supplies? Yes No

Would your business lose income if it were to shut down for a short period of time? Yes No

Do you have employees:

- No
- < 5
- 6 - 10
- 11 - 15
- 16 - 25
- 26 - 50
- 51 - 100
- 100+



What would you like to see happen to your business if you (or one of your co-owners) died, became disabled, or retired?

- Retained by Heirs
 - Who will run the business? _____
 - Does your will transfer your business interest to that person/group of individuals? Yes No
 - Are there sufficient assets to meet your estate settlement costs? Yes No

- Liquidated
 - What source(s) of income would your dependents have available while the business was being liquidated? _____

- Sold to other Owners/another Business
 - Do you have a written buy-sell agreement? Yes No
 - When was the agreement last updated? _____
 - Is the agreement funded? Yes No
 - How _____

Are there any employees, including owners, whose death, disability, or retirement would have an adverse impact on the business? Yes No

If eligible, would you be interested in using business dollars to pay for certain insurance costs for you or your key employees? Yes No

If yes, would you be more interested in the business:

- Receiving its premiums back when the employee leaves the business
- Receiving a federal income tax deduction

Do you currently offer a deferred compensation or salary continuation plan for the key employees of your business? Yes No

Does your business currently have a qualified retirement plan? Yes No

If yes, what type of plan does the business currently have:

- Simplified Employee Pension Plan (SEP)
- SIMPLE IRA Plan
- 401K Plan
- Keogh Plan
- Profit-Sharing Plan
- Defined Benefit Plan

Does your business currently offer life insurance to your employees? Yes No

Does your business currently offer health insurance to your employees? Yes No

Does your business currently offer disability insurance to your employees? Yes No