

CONFIDENTIAL

Business Fact Finder

CLIENT NAME

Confidential Questionnaire

GENERAL INFORMATION

Business Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Cell: _____

E-Mail: _____ Web Page: _____

Business Type:

☐ Sole Proprietorship

☐ Partnership

☐ Corporation

Date Incorporated _____

☐ C-Corp

☐ S-Corp

☐ Professional

☐ Non-Profit

Nature of Business: _____

Business Income Tax Bracket: _____ %

Professional Advisors:

Accountant: _____

Attorney: _____

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OWNERSHIP DETAIL					
Owner's Name	Title	Birth Date	Smoker	Annual Income	Ownership %
			<input type="checkbox"/> Yes <input type="checkbox"/> No		

VALUATION DETAIL	
Assets and Liability	
Book Value of Assets (cost minus accumulated depreciation)	\$
Estimated Fair Market Value of Assets:	\$
Total Liabilities:	\$
Rate of Return on Assets (5%-15%):	%
Earnings and Profits	
Average net Profit (pre-tax) for last 5 years:	\$
Reasonable Rate of Capitalization (10%-30%)	%
Appraisals/Valuations	
Has your business been valued?	
Amount?	\$
When?	
Method?	
<input type="checkbox"/> Book Value <input type="checkbox"/> Formula <input type="checkbox"/> Appraisal <input type="checkbox"/> Agreed Value	

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BUY/SELL AGREEMENT	
What is the lowest price you would accept for business interest?	\$
What is the highest price you would pay for your partner(s) interest?	\$
Do you want your business interest retained or sold if you: Retire? <input type="checkbox"/> Die? <input type="checkbox"/> Become Disable? <input type="checkbox"/> If retained, for whom? _____ If sold, to whom? _____	
Do you have a Buy/Sell Agreement inforce? <input type="checkbox"/> Yes <input type="checkbox"/> No Type: <input type="checkbox"/> Stock Redemption <input type="checkbox"/> Cross Purchase	
Is the buy/sell funded? <input type="checkbox"/> Yes <input type="checkbox"/> No How? _____	
How was the value of the business determined? (Book Value, Formula, etc.) _____ _____	

KEY EMPLOYEES				
Name	Title	Birth Date	Smoker	Annual Income
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Would the profitability of the business be impaired upon the death or disability of one of these key employees? <input type="checkbox"/> Yes <input type="checkbox"/> No Whom? _____				

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KEY EMPLOYEES CONTINUED

Have you made provisions to offset such a loss? ☐ Yes ☐ No

How? _____

Do you provide special benefits for these key people as an incentive to stay with your business?

☐ Yes ☐ No

What? _____

BENEFITS

Group

- | | |
|---|--|
| <input type="checkbox"/> Major Medical | <input type="checkbox"/> Long Term Disability |
| <input type="checkbox"/> Dental | <input type="checkbox"/> Short Term Disability |
| <input type="checkbox"/> Life Insurance | <input type="checkbox"/> Medical Reimbursement |
| <input type="checkbox"/> Dependent Life | <input type="checkbox"/> Cancer |
| <input type="checkbox"/> Critical Illness | |

Retirement

1. Qualified Plans

- | | |
|--|--|
| <input type="checkbox"/> Defined Benefit/Pension | <input type="checkbox"/> Simplified Employee Pension (SEP) |
| <input type="checkbox"/> Profit Sharing | <input type="checkbox"/> HR - 10 |
| <input type="checkbox"/> Thrift Plan | <input type="checkbox"/> 401(k) |

2. Non-Qualified Plans

- | | |
|--|--|
| <input type="checkbox"/> Deferred Compensation | <input type="checkbox"/> Salary Continuation |
|--|--|

Executive

- | | |
|--|--|
| <input type="checkbox"/> Split Dollar | <input type="checkbox"/> Group Carve-Out |
| <input type="checkbox"/> Executive Bonus (Section 162) | |

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BENEFITS CONTINUED	
Are your benefit plans reviewed on an annual basis? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Would you be interested in tailoring a separate benefit package for your key employees? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Who is responsible for choosing your benefit program?	
Which type of benefits would the company prefer? <input type="checkbox"/> Income Tax Deductible <input type="checkbox"/> Cost Recoverable	
Are there any particular benefit options (retirement, group, executive) that you would like to explore further? _____ _____ _____	

BUSINESS LIFE INSURANCE				
Insured	Owner	Beneficiary	Death Benefit	Plan Type (Split \$, etc.)

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Life insurance is issued by Protective Life Insurance Company (PLICO), 2801 Highway 280 South, Birmingham, AL 35223, or West Coast Life Insurance Company (WCL), 343 Sansome Street, San Francisco, CA 94104. Protective Life Corporation is a separate company and is not responsible for the financial condition or the contractual obligations of PLICO or WCL.