

Date:

Advisor:

Business Name	Other Names (d/b/a)
Main Business Phone	Main Business Fax
Contact's Cell Phone	Business Website
Contact's Email	Year Business Established
Main Office - Street, City, State, Zip	
Form of Business: _____ C-Corp _____ S-Corp _____ General Partnership _____ Limited Partnership _____ LLC (taxed as a corp.) _____ LLC (taxed as a partnership) _____ Sole Proprietorship	
Has the business ever operated under another form? Yes No - If so: What _____ Year of change _____	
Brief description of business activities:	

<i>Business Ownership</i>				
Name	DOB	Ownership %		Relationship
		Voting	Non-voting	

Business Financial Information
Has the business been recently formally or informally valued? Yes No – If so, when _____ Business fair market value _____ (If no valuation, then estimate) Which owners depend on the business as their primary source of income? What are the intentions should an owner die, or become, become disabled, retire, or desire to sell their interest? Have these intentions been agreed upon among the owners and documented? Yes No – If so, when _____ Are there any arrangements to fund the agreement?

<i>Key Employees – Including Onwer-employees</i>					
Name	Title (if any) Position/Duties	Age	Years Employed	Years to Retire	Salary (inc. bonus)

Company-Owned Life Insurance <i>(List personally owned coverage on separate personal fact finder)</i>				
Carrier & Policy No.	Death Benefit	Cash Value (if any)	Insured	Purpose

Business Advisors		
	Name	Phone
Accountant		
Attorney		
Other		

Business Planning Priorities			
	Current (Y/N)	Priority If Needed	Concerns/Goals
Qualified Retirement Plan			
Workforce group benefits			
Business continuation planning			
Executive fringe benefits			
Protection against key person loss			
Other (specify)			
Other (specify)			