Business Continuation Planning
Using Life Insurance

Vital Information

Name of Business: _____

Address: _____

Nature of Business or Profession:_____ Year Organized: _____

Earnings (net before taxes, last four years) 200___ $_____   200___ $_____   200___ $_____   200___ $_____

Book Value (assets minus liabilities): _____

Value of Business as Going Concern:_____

(based on projected earnings of business): _____ $:_____

Liquidation Value (estimated): _____ $:_____

Business Tax Bracket:_____

Is there a buy-sell agreement in effect? _____   If so, specify:

    Type of Agreement: _____

    Parties: _____

    _____

    Dated: _____

    Purchase Price: $ _____

    Funding Mechanism: _____

    When was the last time the agreement was reviewed? _____

    What do you want to accomplish with the agreement? _____

    Events Triggering Buyout:

        Death:_____

        Disability: _____

        Retirement: _____

        Bankruptcy: _____

Business Owners:

Name	Shares/Class	Tax Bracket	Smoker/NonSmoker	Date of Birth	Life Insurance In-Force
_____					__/__/__
_____					__/__/__
_____					__/__/__
_____					__/__/__

Financial Advisor Name: _____ Phone Number: _____

Attorney Name: _____ Phone Number: _____

Accountant Name: _____ Phone Number: _____

CHAMPION AGENCY INC.

Providing Opportunities, Promoting Independence
Estate & Business Planning

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Factfinder

VITAL INFORMATION

Corporation Name: _____

Ownership in any other companies: _____   Corporate Year End: _____

Current Group Life Coverage: _____   _____

Address: _____   City: _____

_____   State/Zip: _____

Phone Number: _____   Fax Number: _____

Total Number of Employees: _____

EMPLOYEE CENSUS

Employee Name	Gender	Risk Status Select (SNS) NonSmoker (NS) Smoker (S) (circle one)	Date of Birth	Date of Hire	Title/ Job Description	Annual Compensation	Corporate Officer (check here)	% of Ownership
		SNS NS S						
		SNS NS S						
		SNS NS S						
		SNS NS S						
		SNS NS S						
		SNS NS S						
		SNS NS S						
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