

Business Planning Fact Finder



Agent Information

Agent Name: _____ PC: _____
Office Address: _____
City: _____ State: _____ Zip: _____
Phone: (_____) _____ - _____ Fax No.: (_____) _____ - _____
e-mail address: _____

Primary Information

Business Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Interviewee: _____ Position: _____
 Company founded by Owners Ownership acquired by: _____
Date Established/Acquired: _____

Legal Information

Business Organization Type:
 Corporation Partnership Sole Proprietorship Non-profit
 Sub-Charter Professional Limited Liability Corporation
How is the company taxed? C-Corp Partnership
Fiscal Year Ends: _____ Tax Basis: Accrual Cash Basis
Attorney: _____ Attorney Location: _____
Accountant: _____ Accountant Location: _____
Primary Bank: _____ Bank Location: _____

Future of Business

Type of Business:
 Manufacturing Retail Service Other
Please describe the primary product/service: _____
How is business currently going? _____
What makes your business unique to others like it? _____
Do you plan to stay in business? Yes No (Reason _____)

Future of Business ... Page 2 of 4; continued from previous side.

What are the goals the business hopes to accomplish?

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

What are the goals the business hopes to accomplish?

- 5 years? _____
- 10 years? _____
- 20 years? _____

If the following should occur, please explain what would currently happen to your business and what you would prefer to happen:

| Event | Current Outcome | Preferred/Alternative Plan |
|------------|-----------------|----------------------------|
| Death | | |
| Disability | | |
| Retirement | | |

In the event of death:

- Could the business be successfully maintained by your family members? Yes No
- Do you have a key employee who could manage the business? Yes No
- Do you have a plan to help with estate taxes and fees? Yes No
- Have arrangements been made for who should control the business? Yes No
- Would management be required to help with this transition? Yes No
- If you were to sell the business, what would the asking price be? \$ _____
- Do you plan to stay in business? _____

Employee Information

Please list how many of each type of employee:

| Type | Stockholders | Partners | Officers | Key People | Salaried | Union | Non-Union | Total |
|------|--------------|----------|----------|------------|----------|-------|-----------|-------|
| | | | | | | | | |

Ownership of Company:

If any of the owners have a personal liability in the company, please list the amount.

| Owner Name | Date of Birth | % Ownership | Salary + Bonuses | Title | Personal Debt |
|------------|---------------|-------------|------------------|-------|---------------|
| | | | \$ | | \$ |
| | | | \$ | | \$ |
| | | | \$ | | \$ |

If any of the owners are related, please list them here with their relationship to one another: _____

Key Employees

If there is a life insurance policy on any of the key employees, please list the amount.

| Employee Name | Date of Birth | Owner | Salary + Bonuses | Life Insurance |
|---------------|---------------|--|------------------|----------------|
| | | <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 | \$ | |
| | | <input type="checkbox"/> Yes <input type="checkbox"/> No | \$ | |
| | | <input type="checkbox"/> Yes <input type="checkbox"/> No | \$ | |

What would be the impact to business if the key employee(s) listed above were lost? _____

Owner/Key Employee to be Insured

Insured: _____ Male Female

Date of Birth: _____ State of Residence _____ Status: Smoker Non-Smoker

Insurance Rating¹: Preferred Plus Standard Plus Standard Table Rated _____

Is the employee that is to be insured an owner? Yes No

Business Financial Data

Approximate business Net worth: \$ _____

Fair Market Value of the business: \$ _____

5-Year Average Business Value (Assets – Liabilities): \$ _____

5-Year Average Net Income (Income – Expenses): \$ _____

Number of shares for a corporation: Common _____ Preferred _____

Federal Tax Bracket: _____ % State Tax Bracket: _____ %

Assets and Liabilities

Assets Total: \$ _____

Cash/Savings (Checking, Savings, CDs, etc): \$ _____

Inventory/Receivables: \$ _____ Real Estate: \$ _____

Personal Property (Furniture, Equipment, Vehicles, etc.): \$ _____

Investments (Stocks, Bonds, Mutual Funds, etc): \$ _____

Other: _____

¹ Insurance Rating is assumed for illustration purposes only. All ratings are subject to underwriting approval.

Assets and Liabilities ... Page 4 of 4; continued from previous side.

Liabilities Total: \$ _____

Credit Cards: \$ _____ Real Estate: \$ _____

Business Debt: \$ _____ Personal Debt: \$ _____

Charge Accounts: \$ _____ Mortgages: \$ _____

Other: _____

Benefits Available to Employees

IRA/SEP

Life Insurance

401(k)

Cafeteria Plan

Medical Insurance

Long-Term Disability

Deferred Comp/Exec Bonus

Salary Continuation

Dental Insurance

Long-Term Care

Profit Sharing

Vacation

Needs, Goals and Strategies

What are the company's fears and concerns regarding the future of their business? _____

How do they plan to achieve the previously referenced goals? _____

What is the financial range of what they are willing to contribute to achieve these goals? _____

What would you, as the agent, like to be able to illustrate to the clients and business? _____

Neither American National Insurance Company nor its agents give tax advice. Clients should contact their attorney or tax advisor on their specific situation.

American National Insurance Company, Galveston, Texas. American National Life Insurance Company of New York, Glenmont, New York.

Each company has financial responsibility only for the products and services it issues.

