



## **THE FAMILY BUSINESS LEGACY COMPANY, LLC**

# **BUSINESS PROFILE**

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**Company Name**

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# I. Document Checklist

## PLEASE READ

This questionnaire is used to produce your Personal Financial Plan and/or Business Continuation Plan. It will be necessary for you to supply us copies of the items checked below or noted in the remarks section and get all of these items to your advisor for your next meeting.

### Insurance Policies: Life, Disability, Medical, Property and Liability

	Insured	Type	Company	Agent	Date Received
<input type="checkbox"/>		Key Person Life			_____
<input type="checkbox"/>		Key Person Life			_____
<input type="checkbox"/>		Buy/Sell Life			_____
<input type="checkbox"/>		Buy/Sell Life			_____
<input type="checkbox"/>		Group Disability Plan			_____
<input type="checkbox"/>		Disability-Bus Overhead			_____
<input type="checkbox"/>		Group Medical Plan			_____
<input type="checkbox"/>		Group-Dental/Vision			_____
<input type="checkbox"/>					_____
<input type="checkbox"/>		P&C-Business Interruption			_____
<input type="checkbox"/>		P&C-Liability/E&O			_____
<input type="checkbox"/>		P&C-Workers Comp			_____
<input type="checkbox"/>		P&C-Fleet			_____

NOTE: Original policies listed above have been received for review and analysis. They will be returned upon completion of analysis or upon client request.

Business Documents	Date Received
<input type="checkbox"/> Tax Returns (Prior YR)	_____
<input type="checkbox"/> Financial Statements (P& L, Balance Sheet)	_____
<input type="checkbox"/> Deferred-Compensation Plans	_____
<input type="checkbox"/> Pension/Profit Sharing/401K Plan Documents	_____
<input type="checkbox"/> Operating Agreement/By Laws	_____
<input type="checkbox"/> Merger/Acquisition Agreements	_____

\*\*\*\*\*All information provided will be held in the strictest confidence\*\*\*\*\*

# I. Document Checklist (cont)

- EIN Application \_\_\_\_\_
- Articles of Incorporation \_\_\_\_\_
- Buy-Sell Agreements \_\_\_\_\_
- Stock Option/Purchase Agreements \_\_\_\_\_
- Employment Agreements \_\_\_\_\_
- Employee Benefits Booklets \_\_\_\_\_
- Company Patents \_\_\_\_\_
- Equipment Leasing Agreements \_\_\_\_\_
- Leases (as lesser or lessee) \_\_\_\_\_
- Business Continuation & Exit Plan Questionnaire \_\_\_\_\_
- Ownership Schedules \_\_\_\_\_
- Exit Plan Assessment Questionnaire \_\_\_\_\_
- Business Organizational Chart \_\_\_\_\_
- Successor Development Plan \_\_\_\_\_
- RQ Questionnaire \_\_\_\_\_
- Key Executive Benefit Programs \_\_\_\_\_
- Family Participation Plan \_\_\_\_\_
- Other \_\_\_\_\_
- Other \_\_\_\_\_

\*\*\*\*\*All information provided will be held in the strictest confidence\*\*\*\*\*

## II. Business Information

Business Name \_\_\_\_\_ Date Started \_\_\_\_\_ EIN \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

Form of Business:     Sole Proprietorship     Partnership     LLC/LLP     "S" Corporation     "C" Corporation

Number of Employees:    Full Time \_\_\_\_\_ Part Time \_\_\_\_\_

### III. Ownership Information

Ownership Group Information	Owner 1	Owner 2	Owner 3	Owner 4
Last Name	_____	_____	_____	_____
First Name	_____	_____	_____	_____
Age	_____	_____	_____	_____
Voting Ownership%	_____	_____	_____	_____
Non Voting Ownership %	_____	_____	_____	_____
Contribution % to Sales	_____	_____	_____	_____
Contribution % to Profit	_____	_____	_____	_____
Title	_____	_____	_____	_____
Job Description	_____	_____	_____	_____
Salary	_____	_____	_____	_____
Key Employee Insurance	_____	_____	_____	_____
-Death Benefit	_____	_____	_____	_____
-Disability Benefit	_____	_____	_____	_____

## IV. Key Employee Information

In addition to yourself, who are your other key people?

	<u>Key Person 1</u>	<u>Key Person 2</u>	<u>Key Person 3</u>
Last Name	_____	_____	_____
First Name	_____	_____	_____
Birth Date	_____	_____	_____
Sales Contribution %	_____	_____	_____
Profit Contribution %	_____	_____	_____
Title	_____	_____	_____
Job Description	_____	_____	_____
Salary	_____	_____	_____

## **V. Income Statement & Balance Sheet**

**(Please provide a copy of your updated income statement and balance sheet)**