



ARLINGTON INSURANCE
PLANNING SERVICES

Business Planning Questionnaire

Company Information

1. Business name: _____

Address: _____

City: _____ State: _____ Zip: _____

Tel: _____ Website _____

Primary Contact Name: _____

Primary Contact Email: _____

2. When was the business established? _____

3. Form of Business:

C Corporation: Tax bracket _____% S Corporation LLC

Sole Proprietorship General Partnership Limited Partnership

4. Has the form of business changed recently? i.e. S-Corp → C-Corp ...If yes, provide details:

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5. Describe Primary Business Activity

Company Ownership

6. List Owners

Name	D.O.B	Ownership %		Salary	Relationship
		Voting	Non-Voting		

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Financial Info

7. Average Business Income: \$ _____

% net on gross revenue or sales after taxes (including personal taxes on pass through entities)

8. Describe past and current growth or trends for the business:

9. Is the business the main source of income for you household? Yes No

10. What percentage of the business income is needed to fund your annual household living expenses? _____%

11. Is there substantial liquidity in the business that can be used to fund estate taxes?

Yes No

12. How much can be used for estate taxes without jeopardizing the business? (Note: You should discuss the possible tax implications with you tax advisor)

Buy Sell Information

13. Do you have a written Buy-Sell Agreement? Yes No If Yes:

Date Executed: _____ Date Last Reviewed: _____

14. Type: Cross Purchase Stock Redemption Wait & See Other

Describe the terms (e.g. triggering events, note provisions etc.)

15. Total value (As agreed or estimated FMV): \$ _____

Date of Valuation _____ Method of Valuation:

Appraisal Stipulated by Owner(s) Formula in Agreement Other:

16. Is the Agreement Funded? Yes No If Yes, How? _____

17. Has Ownership Interests Changed Since Last Review? (e.g. gifts to children) Yes No

If yes, Describe: _____

Business Succession

18. Describe the general objectives for your business between now and retirement (grow/expand,

sell, go public, gift...) _____

19. How will the business be disposed of at:

	Retirement	Disability	Death
Family Members	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Owner(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Key Employee(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Competitor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Liquidated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Undecided	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Describe: _____

20. Who will inherit your share of the Business?

Name	%	Currently Active in Business	Relationship
		<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	

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21. What would be the impact on the business at your death or disability?

22. Number of Employees: _____ Number of Key Employees: _____

23. If Considering Key Employee or Group Planning, please provide your employee pool census.

Notes:
