
INSERT YOUR LOGO HERE



Business Protection & Succession Discovery Form

Client's Name:

Adviser's Name:

Date:

Appointment held at:

Business Asset Register	
Type of Asset	Amount
Property	\$
Stock	\$
Plant Machinery & Equipment	\$
Goodwill	\$
Debtors	\$
Loan Amounts	\$
Cash	\$
Others (please specify):	\$
	\$
	\$
	\$
	\$
	\$

Business Liability Register	
Type of Liability	Amount
Mortgages	\$
Overdraft	\$
Leases	\$
Hire Purchase	\$
Creditors	\$
Loan Accounts	\$
Others (please specify):	\$
	\$
	\$
	\$
	\$
	\$

Business Protection &
Succession Discovery Form



Business Owner Details												
Name	Gender M/F	Date of Birth	Health Status (Poor / Average / Good / Excellent)	Smoker Y/N	Business Equity %	Equity owned by	Liabilities to be paid out	Salary	Which of the following triggering events need to be provided for? (tick as required)			
									Death	TPD	Trauma	Insurance funding required
									<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
									<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
									<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
									<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
									<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
									<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
									<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Do any of the owners have any current or past health concerns?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<i>If yes, please provide details on a separate sheet</i>
Are any of the owners taking any medication?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<i>If yes, please provide details on a separate sheet</i>
Do any of the owners have known family medical history?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<i>If yes, please provide details on a separate sheet</i>

Key Employee Details <i>(please complete one per key person)</i>		
Employee Name		
Position		
Date of Birth		
Smoker	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Salary	\$	

Key person <i>(Revenue Purposes)</i>	
Method 1 – Specific Valuation: Revenue and Expense Items	
Lost income / revenue or business expense allowance* <small>*lost revenue or expenses that will be incurred for periods without key person</small>	\$
Recruitment Costs	\$
Advertising	\$
Inducements	\$
Training	\$
Temp Staff/Contractors	\$
Debtor/customer defaults	\$
Severance Pay	\$
Other Revenue Items	\$
Method 2 – Proportional Valuation: Estimated effect on profit position for revenue purposes	
Gross revenue for period without key person	\$
Less gross expenses for period without key person	\$
Remuneration all key people	\$
Remuneration this key Person	\$
Other costs to cover (e.g. replacement costs etc...)	\$