

BUSINESS INSURANCE

Business Valuation Data Taker

To request a valuation of your business, please submit the documents and answer the questions listed below.

Documents

Tax returns for the past two or three years:

- Form 1120s is used for an S corporation or an LLC electing to be taxed as an S corporation.
- Form 1120 is used for a C corporation or an LLC electing to be taxed as a C corporation.
- Form 1065 is used for a partnership or an LLC electing to be taxed as a partnership.
- Form 1040 (Schedule C) is used for a sole proprietorship or a single member LLC taxed as a sole proprietorship.
If submitting Schedule C, please provide balance sheets for such tax years, if available.

Questions

1. What is the name of the company and the primary service/product sold? _____

2. What percent of revenue comes from the top three customers? _____%

3. What percent of revenue is recurring or comes from return customers? _____%

4. On a scale of 1 to 5 with 1 being "remain the same" and 5 being "plummet," what would happen to revenue and/or profits if the owner(s) suddenly exited the business?

Remain the same

Plummet

- 1 2 3 4 5

Would the impact be greater depending on whether a certain owner exited? Yes No

5. If the business had any contingent liabilities, any one-time, non-operating expenses/losses and/or any one-time, non-operating revenues/gains in the past two or three years, please list them below:

	Year:	Year:	Year:
Contingent liabilities	\$ _____	\$ _____	\$ _____
Expenses/losses	\$ _____	\$ _____	\$ _____
Revenues/gains	\$ _____	\$ _____	\$ _____

6. If the business rents any physical location(s), is rent paid to an affiliated third party? Yes No
If "yes," what is the rent payable and what is the fair market value of rent that a non-affiliated third party might pay for the space? Monthly rent payable \$ _____ Fair market value of monthly rent \$ _____

7. Does the business own any real property or buildings? Yes No
If "yes," what is the fair market value and what is the mortgage amount, if any, for each piece of property or building?

Property/building location	Current fair market value	Current mortgage amount (if any)
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____



8. Including any officer compensation listed on the tax returns and any balance sheets, what is/was the value of the total compensation received by the owner(s) (other than company profits), for the past two or three years, including all types of benefits, if any (e.g., health, life and/or disability income insurance; employer-funded retirement benefits such as a 401(k), pension or profit sharing plan; a company car; and other discretionary expenses such as travel, meals and entertainment that happened to benefit the owner(s), etc.)?

	Year:	Year:	Year:
Total value of compensation to the owner(s)	\$	\$	\$

9. If the business is newer and has not yet filed a tax return for the current or prior year or if you would like to provide estimates for the current and/or future year, please identify the year(s) and projected amount(s) for the following*:

*If available, feel free to provide current revenue statements and/or balance sheets to supplement these answers.

	Year:	Year:
Revenue	\$	\$
Pre-tax earnings	\$	\$
Owner compensation (including the types of compensation mentioned in #8 above)	\$	\$
Interest expense	\$	\$
Depreciation, depletion and amortization	\$	\$
Cash	\$	\$
Accounts receivable	\$	\$
Inventory	\$	\$
Other current assets	\$	\$
Fixed assets (depreciated)	\$	\$
Intangible assets (amortized)	\$	\$
Accounts payable	\$	\$
Other short-term liabilities	\$	\$
Bank loans	\$	\$
Other long-term liabilities	\$	\$
Contingent liabilities	\$	\$
One-time, non-operating expenses/losses	\$	\$
One-time, non-operating revenues/gains	\$	\$

Additional considerations (optional)

- Do you have a business succession plan? Yes No
If "yes," is it in writing? Yes No How is it funded? _____
- Is your business succession planning coordinated with your personal estate planning? Yes No
- How many full-time employees do you have? _____
- Do you have life insurance on any of your key people? Yes No
If "yes," will the policy face amount increase the value of your business or adequately prevent it from declining at the death of a key person? Yes No
- Do you offer fringe benefits to any of your employees? Yes No If "yes," do you believe the benefit helps to retain such person's services and lower employee turn-over costs? Yes No

This data taker is for informational purposes only, and is intended as a starting point for planning. Products issued by AuguStarSM Life Insurance Company and AuguStarSM Life Assurance Corporation. Product, product features, and rider availability vary by state. Guarantees are based on the claims-paying ability of the issuer. Issuers not licensed to conduct business in NY.

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