

BUSINESS LOAN COLLATERALIZATION COVER LETTER WORKSHEET

Client Name: _____ Date of Birth: _____

Business Name: _____

Business Type (C-Corp, S-Corp, Partnership, LLC, Sole Prop, etc.): _____

Loan Details

Initial Loan Amount: _____

Current Loan Balance: _____

Lender: _____

Year Originated: _____

Company Financial Information

Business Assets: _____

Business Liabilities: _____

Business Income: _____

Net Profit (Pre-Tax): _____

EBITDA: _____

Industry Value Multiple: _____

Company Fair Market Value (EBITDA x Multiple): _____

Source of Company Financial Information (CFO/CPA/Accountant): _____

Ownership %: _____

Proposed Insured's Ownership Value (Fair Market Value x Ownership %): _____

*** Important: Carries will typically limit face amount to 70% of the total loan ***

Proposed Insured's Existing Business Insurance

Insurance Company	Face Amount	Year Issued	Replacement (Yes/No)

Ownership Group Details

Owner Name: _____ Ownership %: _____

Inforce Coverage: _____

Coverage Applied For: _____

Owner Name: _____ Ownership %: _____

Inforce Coverage: _____

Coverage Applied For: _____

Owner Name: _____ Ownership %: _____

Inforce Coverage: _____

Coverage Applied For: _____

Owner Name: _____ Ownership %: _____

Inforce Coverage: _____

Coverage Applied For: _____

Reason lender is requesting insurance coverage:

Additional Comments: