

# BUY/SELL COVER LETTER WORKSHEET

Client Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Business Name: \_\_\_\_\_

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

Company Description:

## Company Financial Information

Business Assets: \_\_\_\_\_

Business Liabilities: \_\_\_\_\_

Business Net Worth: \_\_\_\_\_

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 %): \_\_\_\_\_

## 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: \_\_\_\_\_

Additional Comments: