

Managing Succession Preliminary Assessment



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Date:	
Name:	
Company Name:	
Address:	
City:	
State:	
Zip Code:	
Email:	
Website:	
Fax:	
Phone:	

Company Structure

C Corp
 LLC
 Proprietorship
 S Corp
 Partnership
 Other

NAICS Code

List owners (list 1,2,3) and breakdown by number of shares or ownership units - must equal 100%

Which generation of management/ownership is this company?

Describe business and its age

Describe products or services

List all locations of business

Number of employees. Are employment contracts used? Key man life insurance used?

Separate real estate or equipment companies

Is there successor management in place?

Check the items you are submitting (*required, ** optional)

- Annual Financial Statements: Bal. Sheet, P&L, Cash Flow *
 - CPA prepared (preferred - word or pdf document)
 - Spreadsheet download
- All Succession Documents, especially buy/sell agreement*
- Personal Financial Plan **
- Business Plan **

<input type="checkbox"/> Life insurance*	Amount	<input type="text"/>
Owner number	<input type="text"/>	Beneficiary(1) <input type="text"/>
<input type="checkbox"/> Life insurance*	Amount	<input type="text"/>
Owner number	<input type="text"/>	Beneficiary (1) <input type="text"/>
<input type="checkbox"/> Life insurance*	Amount	<input type="text"/>
Owner number	<input type="text"/>	Beneficiary (1) <input type="text"/>
<input type="checkbox"/> Life insurance*	Amount	<input type="text"/>
Owner number	<input type="text"/>	Beneficiary (1) <input type="text"/>

(1) Describe: bank, spouse, partner, other

Describe Lending Relationship (amounts, type, collateral, guarantees)

Provide any added information (especially any valuation data provided by third parties, disability insurance and additional life insurance information, salary continuation or deferred compensation agreements - attach additional sheet if necessary)