

Business Asset Protection Questionnaire

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Your name: _____
Business name: _____
Mobile phone: _____
Direct email: _____
Website: _____

What do you do?

What is the lifetime value of a client (new or existing)? \$ _____

Does your business have:

_____ Standard Non-competition Agreement
_____ Standard Non-disclosure Agreement
_____ Customer Lists
_____ Trade Names
_____ Trade Dress
_____ Trademarks
_____ Licenses
_____ Trademarks
_____ Patents
_____ Source Code
_____ Copyrights

What is your Form of Business?

_____ Proprietorship
_____ General Partnership
_____ Limited Partnership
_____ Corporation (either S or C for tax purposes)
_____ Limited Liability Company
_____ Trust
_____ Not Sure

Fax at 210-568-4550 or scan to me and email to jemlaw@mac.com

Do you have the following Insurance?

_____ Liability
_____ Umbrella
_____ Life
_____ Disability
_____ Long Term Care

Do your employees sign written Employment Contracts? _____ Yes _____ No

Do you have a written Employee Manual? _____ Yes _____ No

If your business is owned by more than one owner, do you have a written Buy/Sell Agreement?

_____ Yes _____ No
Is it signed? _____ Yes _____ No
Signed in the last five years? _____ Yes _____ No

Does it cover all the following:

_____ Death
_____ Disability
_____ Divorce
_____ Termination (Voluntary and Involuntary)
_____ Valuation
_____ Right of First Refusal of offer of sale
_____ Non-disclosure
_____ Non-competition
_____ Life Insurance to fund

Did you actually get insurance? _____ Yes _____ No

Who owns it? _____

Who is the beneficiary? _____

Will the amount pay the purchase price in full? _____ Yes _____ No

Estate Plan

Does each of your owners have a will or trust for estate planning? _____ Yes _____ No

Signed in the last five years? _____ Yes _____ No

Do each of you have the following signed in the last five years?

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_____ Financial Power of Attorney

_____ Medical Power of Attorney

_____ Directive to Physicians (Natural Death)

_____ HIPAA Release

Have you reviewed the beneficiaries of your life insurance in last five years?

_____ Yes _____ No

Do you have a child protection plan?

_____ Yes _____ No

(Designation of Temporary Guardian, Medical Power of Attorney, Etc.)

Do you have the power of attorney and medical items electronically on a card in your wallet?

_____ Yes _____ No

Please rank the importance to you of the following topics (1 being the most important, 8 the least):

Asset Protection from lawsuits

0 1 2 3 4 5 6 7 8

Charitable Planning

0 1 2 3 4 5 6 7 8

Estate Planning

0 1 2 3 4 5 6 7 8

Estate Taxes

0 1 2 3 4 5 6 7 8

Probate Avoidance

0 1 2 3 4 5 6 7 8

Income Taxes

0 1 2 3 4 5 6 7 8

Business Planning

0 1 2 3 4 5 6 7 8

Other

0 1 2 3 4 5 6 7 8

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Do you have a business plan? Yes No

Have you experienced complications with your taxes in the past?
 Yes No

Are you interested in protecting your business assets? Yes No

Do you need to create an estate plan? Yes No

Are you currently liable for any claims or lawsuits? Yes No

Is your business compliant with taxes and recording responsibilities?
 Yes No

Does your business have a 90 day action plan if one of your owners dies or is incapacitated?
 Yes No

Please attach your business card here: