

# Insurance planning for your business

Confidential







## Shareholder and family information

Provide the following information for shareholders and immediate family members of the business owner(s).

Name	Relationship to business owner	Age of family member	Position within business entity (if applicable)	Class of shares (if applicable)	Number of shares (if applicable)

## Insurance information

If the business owner(s) or any of the corporations own life insurance, disability insurance, or critical illness insurance policies, complete the table below.

Insured's name	Policy owner's name	Sum insured	Annual cost	Purpose	Date purchased

## Employee benefits

Do you offer employee benefits? Check all that apply:

- |   |   |
|---|---|
| <input type="checkbox"/> Pension plan / individual pension plan | <input type="checkbox"/> Life insurance               |
| <input type="checkbox"/> Retirement compensation arrangement    | <input type="checkbox"/> Critical illness insurance   |
| <input type="checkbox"/> Executive compensation                 | <input type="checkbox"/> Short / long term disability |
| <input type="checkbox"/> Share ownership                        | <input type="checkbox"/> Health and dental insurance  |

# Fact finding questionnaire

1. Does the business qualify for the small business deduction (i.e. is the business a Canadian Controlled Private Corporation - CCPC)?  Yes  No

If yes, is the business owner bonusing down to the small business income threshold?  Yes  No

What were the bonuses for the most recent years? \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

2. What is the current value of the business? \$ \_\_\_\_\_

3. If there is a holding company, what is the value of the other property in the holding company?  
\$ \_\_\_\_\_

4. Are any of the following people citizens or residents of countries other than Canada? (business owners, shareholders, family members)  Yes  No

If yes, provide the following information:

Name	Residency	Citizenship

5. Have the business owner(s) and spouse(s) used some or all of their capital gains exemption?  Yes  No

If yes, how much? \$ \_\_\_\_\_

6. On a scale of 1 to 5, (with 1 low and 5 high) how would you rate:

Present performance of the business  1  2  3  4  5

Expectation for future performance of the business  1  2  3  4  5

7. What annual percentage growth is projected for the next 10 years? \_\_\_\_\_% net income, \_\_\_\_\_% business value.

8. How long does the business owner intend to keep the business? \_\_\_\_\_ years

9. What will happen to the business when the business owner retires?

Don't plan to retire  Family member will take it over  Sell it to an employee

Sell it to a third party  Don't know

10. Does the business owner have a business succession plan in place?  Yes  No

11.a) Is this a family run business (i.e. run by family only, including children who are/will be involved)?  Yes  No

**If no, skip to question 12.**

If yes, does the business owner have a Will in place indicating who receives the business or company shares at death? If yes, please provide a copy.  Yes  No

If the business or shares are left to the spouse, who gets the business or shares when that spouse dies?

\_\_\_\_\_

b) Are there any children who are involved in the business?  Yes  No

If yes, are they shareholders or will they become shareholders?  Yes  No

c) Are there any children who are not involved in the business?  Yes  No

If yes,

i.) do they plan to become involved at some point in the future?  Yes  No

ii.) is there a need to ensure they receive a fair share of the estate because their siblings will receive shares of the business?  Yes  No

## Fact finding questionnaire (continued)

12. Does the corporation/partnership have multiple shareholders/partners?  Yes  No

If yes, is there a buy-sell agreement/partnership agreement in place? If yes, please provide a copy.  Yes  No  
(In the event that one of the shareholders/partners wants to leave the business, becomes sick or disabled and is unable to continue working, or one of the shareholders/partners dies.)

If yes, is the buy-sell/partnership agreement funded with life or critical illness insurance?  Yes  No

13. Will the spouse and/or family have a source of income when the business owner dies?  Yes  No

If yes, please describe: \_\_\_\_\_

If no, what will happen to the business owner's shares if they die or are unable to continue working?

\_\_\_\_\_

14. Will the spouse and/or family have a source of income when the business owner becomes disabled or critically ill?  Yes  No

If yes, please describe: \_\_\_\_\_

15. Are there any people who are key to the operation of the business?  Yes  No

If yes, complete the following:

Name of key person	Duties	Income	What financial impact would the loss of that key person have on the business?

16. Are there any outstanding business loans?  Yes  No

If yes, what is the loan for? \_\_\_\_\_

If yes, what is the current balance? \$ \_\_\_\_\_

17. Are there any business credit facilities, including lines of credit and credit cards?  Yes  No

If yes, what are the current total balances? \_\_\_\_\_

What has been the highest total balance in the past 5 years? \$ \_\_\_\_\_

18. Has the business owner personally guaranteed any business loans or credit facilities?  Yes  No

If yes, what is the current total balance? \$ \_\_\_\_\_

19. Are there any outstanding amounts that the company owes to shareholders?  Yes  No

If yes, please describe: \_\_\_\_\_

\_\_\_\_\_

**To the best of my knowledge and belief, the statements and answers in this fact sheet are true, complete and correctly recorded as at the date I sign this fact sheet.**

Client's signature

Date

Other important information you believe may be of assistance to your advisor:

\_\_\_\_\_  
\_\_\_\_\_

# About Equitable

At Equitable we believe in the power of working together. This guides how we work with each other. How we help our clients and partners. And how we support the communities where we live and work.

Together, with partners across Canada, we offer Individual Insurance, Group Insurance and Savings and Retirement solutions. To help our clients protect today and prepare tomorrow.

We believe the world is better when we work together to build an Equitable life for all.



**NOTE: Do not submit this with the application. Retain it for your records.**

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