



## Business Protection FACT FIND

<b>Consultant:</b>	
<b>Disclosure Documents Issued:</b>	
<b>Date of first Client Contact:</b>	
<b>Form of Meeting:</b>	

The information requested in these pages is entirely confidential. Periodically your financial adviser may have to confirm that the information is current.

The personal and financial information provided in this document will be used in assisting your adviser in offering you the most suitable advice, as required by the Financial Services and Markets Act 2000. The personal data provided will be stored and used in accordance with the Data Protection Act 1998.

### COMPLETED FOR

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PRIMIS Mortgage Network is a trading name of First Complete Ltd. First Complete Ltd is authorised and regulated by the Financial Conduct Authority (FCA Number: 435779). First Complete Ltd is registered in England and Wales. Registered office: Newcastle House, Albany Court, Newcastle Business Park, Newcastle upon Tyne, NE4 7YB. Company No: 05416236.

## THE BUSINESS DETAILS

Name of Business:			
Legal Structure:		<input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Limited Company <input type="checkbox"/> Limited Liability Partnership <input type="checkbox"/> Partnership	
For LLP and Limited Company:		Date of Incorporation: Company Registrations Number:	
Correspondence/ Trading Address:			
Name and Title of Main Business Contact:			
Registered Address (if different):			
Number of	Shareholders:	Directors:	Employees:
How did you start the business? (i.e. self-financed, acquisition group of companies,)		Date/ when Business Started:	
What is the business structure today? (For example, is it part of a management buyout?)			
Is there a layer of management below the board? If 'Yes', please describe:		<input type="checkbox"/> Yes <input type="checkbox"/> No	
What is the principal activity of the business?			
Are the business assets owned or leased?		<input type="checkbox"/> Owned <input type="checkbox"/> Leased If leased, how long does the lease run?	

Soft Facts: (e.g. for limited company, have the Certificate of Incorporation and Memorandum/ Articles of Association / Shareholder Agreements been seen and/ or copied? Are any employees on a part-time or zero hours contract? Are there any plans for expansion?



## DIRECTORS, PRINCIPALS AND SHAREHOLDERS

Names of directors (D), principals (P) and shareholders (S) holding at least 5% and a role in business		Date Commenced	Address	Age / DOB	% Holding	Smoker Y / N	Remuneration				
							Salary/ Drawings/ Dividends:	Bonus	Benefits	Dividends	Total
1.	Sex M / F		Postcode:								
2.	Sex M / F		Postcode:								
3.	Sex M / F		Postcode:								
4.	Sex M / F		Postcode:								
5.	Sex M / F		Postcode:								
6.	Sex M / F		Postcode:								

*If your organisation has more than six directors, principals or shareholders please continue on a separate sheet or under "Additional information".*

## REPORTS AND ACCOUNTS

Can you supply copies of published and / or management accounts?	<input type="checkbox"/> Yes ( <i>Please attach onto Toolbox</i> ) <input type="checkbox"/> No
If 'No', please complete the following:	
Issued Share Capital:	
Authorised Share Capital:	
Business Year End Date:	
Value of Business:	Current £_____ Projected £_____
Business Turnover:	Current £_____ Projected £_____
Business Profits:	Current £_____ Projected £_____
Net Business Profit After Tax:	Current £_____ Projected £_____
Net Business Profit Last Year:	£
Did the business pay corporation tax?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If 'Yes', what was paid this year and last year?	This year £_____ Last year £_____

Name and Address of Business's Accountants:	Contact: Postcode:                      Telephone:
Do they give personal financial guidance to the principals, shareholders and directors?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do they act as auditors?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do they act as tax planners?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Name and Address of Business's Solicitors:	Contact: Postcode:                      Telephone:
Is there a Shareholder/ Partnership Agreement in Place?	<input type="checkbox"/> Yes <input type="checkbox"/> No (If No, indicate whether the client will address this):
Do they give personal financial guidance to the principals, shareholders and directors?	<input type="checkbox"/> Yes <input type="checkbox"/> No

## CURRENT BENEFITS FOR INDIVIDUALS/ BUSINESS OWNERS:

	Name of Director/ Partner/ Shareholder:					
	Please indicate below if any of the following plans/ policies are NOT in the name of the business:					
	1.	2.	3.	4.	5.	6.
<b>Sick Pay:</b>						
<b>Death In Service:</b>						
<b>Keyman Insurance:</b>						
<b>Shareholder Protection:</b>	In Trust?	In Trust?	In Trust?	In Trust?	In Trust?	In Trust?
<b>Executive Income Protection:</b>						
<b>Loan Protection:</b>						

## ESTABLISHING A BUDGET

<p>What is the maximum affordable budget for the business' financial planning needs, or, will any recommendations be considered in line with the overall profitability of the company?</p>	<p>£</p>
<p><b>Soft Facts:</b></p>       	

# KEY PEOPLE

Apart from principals or directors, list the people who have a key role in your organization:						
Name	M / F	Smoker Y / N	Title	Age / DOB	Basic Salary (PA)	Average Bonus/ Commission (PA)
1.					£	
2.					£	
3.					£	
4.					£	
5.					£	
6.					£	

<p>From the above list please complete their role, duties and an indication of the important of their role within your organization...</p> <p>In the second column, please indicate what benefits you currently provide i.e. not part of salary/ remuneration</p>	
Duties	Employee Benefits
1.	
2.	
3.	
4.	
5.	
6.	

*If your organisation has more than six key people, attach a detailed list to this Fact Find.*

<p>If the business were to lose one of the key people stated, due to illness or death, would you be able to maintain your profitability and future plans?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>If 'No', how might their loss affect your business? (Please consider the impact on your ability to trade, as well as any direct loss of profit)</p>	
<p>Have you insured against this risk?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>If 'Yes', please provide details of existing policies:</p>	
<p>If 'No', does this concern you?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>Soft Facts:</p>	

## SHARE PURCHASE / BUSINESS PROTECTION

Do the directors / principals have wills?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is there a company will?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is there a written agreement stating how any shares will be dealt with in the event of a death (and if 'yes' please provide details)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

What would the business owners like to happen to their interest in the business in the event of their death or incapacity (e.g. due to a critical illness)?	
Are there any concerns that the business has about current planning?	

Name	What currently happens to each business owner's interest in the business, should they suddenly die?	How would this affect control and to what extent?

<b>Soft Facts:</b>		
Is it a concern of the business should any of the business owner's suddenly die?	<input type="checkbox"/> Yes	<input type="checkbox"/> No



## PRIVATE MEDICAL INSURANCE (PMI)

Does the company currently possess any existing provision?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the company wish to consider arranging any/ additional PMI?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Existing PMI Policies Details	
Is Existing cover on a Group basis or individual?	<input type="checkbox"/> Group <input type="checkbox"/> Individual
Provider(s):	
Plan(s):	
Policy Number(s):	
Excess:	
Start Date(s):	
Renewal Date(s):	
Current Underwriting:	<input type="checkbox"/> FMU <input type="checkbox"/> Mori <input type="checkbox"/> CME <input type="checkbox"/> MHD
Broker Appointed:	<input type="checkbox"/> Yes <input type="checkbox"/> No
If 'Yes', Broker Name:	
Company Contribution(s) per month:	
Individual Contribution(s) per month:	

### Definitions

FMU – Full Medical Underwriting

Mori – Moratorium

CPME – Continuing Personal Medical Exclusions

MHD – Medical History Disregarded

Existing Group Scheme	
Are you able to provide the last three years' renewal premiums?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If 'Yes', please provide details (if details have been provided please attach on to Toolbox):	

<b>Plan requirements. We would like our private healthcare policy to provide cover for:</b>	
<input type="checkbox"/> Group Basis	<input type="checkbox"/> Individual Basis
<b>Please detail which groups/ cohorts are to be provided with private healthcare (e.g. Directors/ Partners only, or all staff)</b>	
<b>Treatment:</b>	
<b>Pre-existing medical conditions covered?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Cover for short term acute medical conditions?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>In-patient treatment?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Day-patient treatment?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Out-patient level of cover?</b>	<input type="checkbox"/> Full <input type="checkbox"/> Limited Amount Required _____
<b>Out-patient tests requirement?</b> (For example: CT, MRI, PET scans, Blood tests, X-Rays, Ultra Sound and ECGS.)	
<b>Out-patient therapies?</b>	<input type="checkbox"/> Physiotherapy <input type="checkbox"/> Alternative Medicines <input type="checkbox"/> Both
<b>Psychiatric consultants and treatment?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Oncology i.e. cancer?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Nursing at home and parent accommodation?</b>	<input type="checkbox"/> Nursing at Home <input type="checkbox"/> Parent Accommodation <input type="checkbox"/> Both
<b>GP-referred services?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Cash payment for treatment received as an NHS in patient?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Overseas travel?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Hospitals:</b>	
<b>NHS private facilities?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Private hospitals?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Scottish / Northern Ireland hospital only?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Underwriting:</b>	
<b>FMU?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Moratorium?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No

CPME?	<input type="checkbox"/> Yes <input type="checkbox"/> No
MHD (over 20 employees)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Soft Facts:	
Excess:	
<input type="checkbox"/> Nil?	<input type="checkbox"/> Up to £50?
<input type="checkbox"/> £100?	<input type="checkbox"/> £200?
<input type="checkbox"/> £500?	
Other?	
Six week rule?	<input type="checkbox"/> Yes <input type="checkbox"/> No

## BANKERS

Name and Address of Principal Banker:	
	Postcode:                      Telephone:
Name of Bank Manager (branch or commercial):	
How good is the business's relationship with your bankers? How long have you been with the bank?	
Do they provide an active business manager?	<input type="checkbox"/> Yes <input type="checkbox"/> No
What services do they provide?	
What services do you regularly use?	
Soft Facts:	

# COMMERCIAL LOANS

Remember appointed representatives who wish to engage in commercial lending must only do so by introducing cases to carefully selected Primis Mortgage Network business partners, which can be located on the Hub.

Describe all sources including mortgages, bank loans, overdrafts, letters of credit:					
Source and Purpose	Amount Outstanding / Limit	Period Repayment Date	Terms and Conditions (for example rates, fixed or variable)	Security (for example personal guarantees, security value)	Source and Purpose
Overdraft					
Loans:					
Director's Loans to the Business					
Other					

If applicable, when were the loans last reviewed and how will they be repaid?	
Are the loans adequate to meet current and future needs of the business and for how long?	
How limited are the director's guarantees?	
Is the principals' / directors' families' security at risk?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Would you be interested in restructuring the existing loans?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is there a current company pension scheme for the directors, principals or senior executives?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does this business provide any other guarantees/ benefits?  (For example for a subsidiary / associated company.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
If 'Yes', please provide details: If 'No', does this concern you?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Is there a different pension scheme for directors, principals or senior executives	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is there a current company pension scheme for employees?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

## Individual employee benefits

### Sick pay:

What current sick pay arrangements are in place for employees?
Does this apply to 'key' staff as well?

## Existing insurance for income protection or death in service policies

Do you offer your employees individual death-in-service and/or sickness/ health benefits as part of an employee benefit package?

Yes  No

If 'Yes', please give the following details:

Policy owner					
Insured person					
Type of insurance					
Insurer					
Amount of cover	£	£	£	£	£
When is cover to be paid?					
Policy payment	£	£	£	£	£
Expiry/Maturity Age					
How did you decide on the amount of cover needed?					
Purpose of policy					

If 'No' do you wish to provide individual death-in-service and/ or sickness/ health benefits for your employees?

Yes  No

## OTHER BENEFIT SCHEMES *(if applicable)*

Directors / Principals and Senior Executives Schemes			
	Type of Scheme (e.g. Life Assurance/Critical Illness, Income Protection/Personal Accident, Medical Expenses, Cycle to work, Child Care, Hospital Plan, Dental Plans etc.)		
Type of Scheme:			
Commencement Date:			
Provider:			
Benefits Provided:			
Approximate Cost:			
Employer:			
Employee:			
Who is covered? (For example, job title / number of members.)			
Duration of cover:			
Soft Facts/ Other Schemes:			

## BTL MORTGAGES VIA CORPORATE STRUCTURES

Does the company wish to consider arranging a buy-to-let mortgage via corporate structures?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If 'Yes', please ensure you complete and attach the buy-to-let mortgages via corporate structures Fact Find to this Fact Find.		

# FUTURE BUSINESS PLANNING

<p><b>What plans do you have for the business?</b></p>

## PRIORITISING YOUR NEEDS AND OBJECTIVES

You may now have a list of financial priorities. Please rank in order your priorities from the following list, with 1 being the most important.

Please note that you do not have to put an entry to all these categories, you only need to prioritise the areas you feel are of importance to you at this time.

	Priority	Recommended	Agreed
1. Keyman – contingency planning for loss of profits			
2. Share protection / partnership assurance - for directors / principals and shareholders			
3. Commercial Loans – tax efficient repayment (remember no advice can be given) and protection of loans and overdrafts			
4. Employee Benefits – please specify type			
5. Retirement planning for:	a. Directors		
	b. Employees		
6. Buy-to-Let Mortgages via corporate structures			
7. Other – please specify			

<p><b>Soft Facts (which is the important to you and why?):</b></p>          
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# Declaration

	<b>Tick as appropriate:</b>	
I / we confirm that the information detailed on this form is accurate and complete. I / we understand that advice and recommendations will be made based on this information.	<input type="checkbox"/>	
I / we understand that if information I / we provide is incorrect or incomplete: <ul style="list-style-type: none"> <li>• My / our adviser will be unable to take into account all of my / our business circumstances when giving advice or making recommendations. This will restrict the ability of my/our adviser to provide the most appropriate advice or recommendation.</li> <li>• Where I have knowingly made false or misleading representations to my adviser or provided information which is subsequently found to be false, this may mean that my transaction will not proceed, notwithstanding any costs I have incurred; and / or that my adviser may be required to disclose that I have made such false representations. Such disclosure may be made to any provider who may consider my application or any regulatory or supervising authority.</li> </ul>	<input type="checkbox"/>	
I am / we are aware that provision of information to the adviser places me / us under no obligation to conclude any transaction.	<input type="checkbox"/>	
I / we have received copy of the adviser's general terms and conditions.	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**Signature(s)**

Signature	Name	Date



**Additional or updated information:**

**Sign:**

**Date:**