



mike moore marketing
ONWARD AND UPWARD

Business Information Schedule For Partial Sale

The information collected in this Schedule will be gathered in the strictest confidence and used in preparing a Business Information Pack which may be presented to third parties, with your prior approval.

The Information Pack will not identify me or my business name until a confidentiality agreement has been signed and received from potential purchasers.

This report will remain the property of Mike Moore Marketing Ltd. This information will be held at the offices of Mike Moore Marketing Ltd. You have access to this information for the purposes of correction.

Whilst we understand that not all the information requested will be readily available, we would appreciate it if you could provide us with as much information as possible.

Business Name	
Address	
Type of Business	
Website	
Vendor Name	
Vendor Phone #	
Vendor E-mail	
<i>Who should we liaise with to clarify information provided in this Schedule?</i>	
Contact Name	
Contact Phone #	
Contact E-mail	

1 Vendor Information

1.1	What part of the business is for sale?	
1.2	What % of the total business revenue does this part of the business represent?	
1.3	Are you exiting or remaining in the financial services industry?	<input type="checkbox"/> Exiting <input type="checkbox"/> Remaining
1.4	Why are you considering selling at this time?	
1.5	Who is your Professional Indemnity Insurer?	
1.6	Are you aware of any notified or potential claims? If 'Yes', please provide details.	<input type="checkbox"/> Yes <input type="checkbox"/> No
1.7	Is there any new business awaiting completion? If 'Yes', who will receive the commission?	<input type="checkbox"/> Yes <input type="checkbox"/> No
1.8	To what extent are you prepared to participate in the business (post-sales) i.e. personal introduction to A-Class clients/Centres of Influence) and other support as negotiated?	
1.9	Do you know of any reason a Life Insurer you currently deal with would refuse the sale of this business? If 'Yes', please provide details.	<input type="checkbox"/> Yes <input type="checkbox"/> No
1.10	Please advise details of the type of Restraint of Trade you are prepared to enter into?	

2 Business Structure

2.1	What is the legal structure of the business?	
2.2	If an Incorporated Company, who are the 3 largest shareholders?	% % %

Business Information Schedule

2.3	<p>Are you a sole practitioner or do you operate as part of a Group?</p> <p>If part of a Group, please provide details.</p>	<input type="checkbox"/> Sole Practitioner <input type="checkbox"/> Group
2.4	<p>How many agencies do you have with all carriers?</p>	
2.5	<p>Do you have any advisors working for you?</p> <p>If 'Yes', please provide their names and details of the type of sub-agency agreements in place.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.6	<p>Are there any other external relationships between the business and any of the client base?</p> <p>If 'Yes', please provide details of their nature and tenure.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.7	<p>Does any other person or entity have access to this client base? (i.e. Mortgage brokers etc.)</p> <p>If 'Yes', please provide details.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No

3 Revenue

3.1	<p>What was the total renewal commission received in the last 12 months?</p>	
3.2	<p>What was the total asset commission received for regular & lump sum investments in the last 12 months?</p>	
3.3	<p>What was the total new business commission received in the last 12 months?</p>	
3.4	<p>Are there any other commissions received in the last 12 months?</p> <p>If 'Yes', what do they relate to?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.5	<p>Do you charge fees?</p> <p>If 'Yes', what revenue was received from fees in the last 12 months?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No

3.6	<p>Are there any large cases that have been discontinued recently that may distort the renewal or asset commission revenue above?</p> <p>If 'Yes' please provide details.</p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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4 Systems & Processes

4.1	What CRM system is in use, e.g. Proplanner?		
4.2	What percentage of your client base is on the system?		
4.3	How frequently do you download updates from carriers? How do you do this?		
4.4	In what format are your physical files organised?		
4.5	<p>Do these files include summary sheets of client details, policies held, notes on client communication, reports on recommendations made etc?</p> <p>If 'Yes', please provide details.</p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4.6	How up to date are these files?		

5 Client Information

5.1	How many clients are in the business you are selling?	
5.2	What is the average number of policies per client?	
5.3	<p>What age bands do your clients fall into (percentages)?</p> <p>What is the average age?</p>	
5.4	What is the approximate split of male & female clients?	

Business Information Schedule

5.5	What is the geographical location of your client base (percentages)?	
5.6	What percentage of the client base do you have valid addresses for?	
5.7	Do you have occupational classifications for your client base?	
5.8	Have you categorized your clients, e.g. A, B, C? If so, on what basis?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.9	Do you visit your clients at home/work, or do they come to your office?	
5.10	Are your appointments mostly daytime or evening?	
5.11	Is there a service contract between the business and your client? If 'Yes', please provide details.	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.12	How frequently do you contact your clients? What method do you use, e.g. newsletters, Christmas/birthday cards etc?	
5.13	Do you have a consistent sales process? If 'Yes', which process do you follow?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.14	Is there a needs analysis/fact find for every new client?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.15	Do you have a complaints register for any current or pending complaints?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.16	Are there any current or pending complaints? If 'Yes', please provide details.	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.17	Do you have any group schemes? If 'Yes', please provide details.	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.18	Have you acquired any of your clients by purchase or as orphans? If 'Yes', please provide details.	<input type="checkbox"/> Yes <input type="checkbox"/> No

5.19	Do you hold e-mail addresses for your clients? If 'Yes', what percentage are held?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5.20	What percentage of your client base has contracts with more than one carrier?		

6 Prospects & Opportunities

6.1	Have you retained records on previous clients for future marketing opportunities, i.e. recently lapsed policies?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6.2	Do you keep files on prospects for which there is the potential for new business? If yes, what records do you have and how many?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6.3	Do you have active Centres of Influence from which you receive new opportunities? Can they be introduced to the purchaser? If 'Yes', please provide details.	<input type="checkbox"/> Yes <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> No

7 Products, Plans & Investments

7.1	What is the total number of Policies, Plans and Investments in the business?	
7.2	What is the breakdown of these by product line? (percentages and numbers)	
7.3	What is the breakdown of these by carrier? (percentages and numbers)	
7.4	What is the value of funds under management? What platform is used? E.g. Aegis	

8 Business Quality

8.1	What is your persistency ratio for the last 12 months?	
8.2	What is the average life of the policies?	

8.3	If you place business with Sovereign, do you receive a Quality Booster?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
8.4	Do you have copies of overdue premium reports available?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

9 Vendor's Comments

Please provide any further information you believe may assist us?

Prepared by: _____

Date: ____ / ____ / ____

Vendor: _____

Date: ____ / ____ / ____

Please forward to:

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