

BUSINESS PROTECTION CHECK LIST



To help identify your business protection needs the information in this checklist is required.

WHAT TYPE OF BUSINESS CLIENT ARE YOU?

PARTNER IN A PARTNERSHIP

Please go to section 1

SHAREHOLDER IN A COMPANY

Please go to section 2

1

PARTNER IN A PARTNERSHIP



Have you agreed what is to happen the partnership in the event of your death?

Yes

No

Do you want to make sure that your family are financially compensated if you die?

Yes

No

In the event of your partner's death do you want to retain control of the partnership?

Yes

No

If Yes to any of the above please complete the rest of Section 1

PARTNERSHIP NAME

ADDRESS

CONTACT NAME

PHONE NUMBER

ESTIMATED VALUE OF THE PARTNERSHIP €

PARTNER'S NAME	% SHARE	DATE OF BIRTH	SMOKER STATUS
		DD / MM / YYYY	
		DD / MM / YYYY	
		DD / MM / YYYY	
		DD / MM / YYYY	
		DD / MM / YYYY	

Are all partners resident and ordinarily resident in Ireland for tax purposes?

Yes

No

If no, give details:

2

SHAREHOLDER IN A COMPANY



Does your company have unsecured loans that need to be repaid on your /someone else's death?

Yes

No

If Yes please complete **Section 2A**

Is there a key employee whose death or serious illness would impact the profits of the business or who would need to be replaced urgently? If Yes, please complete **Section 2B**

Yes

No

Have you agreed what is to happen the company in the event of your death?

Yes

No

Do you want to make sure that your family are financially compensated if you die?

Yes

No

In the event of the death of another shareholder do you want to retain control of the company?

Yes

No

If Yes to any of the above 3 questions, please complete **Section 2C**

CONTINUED OVERLEAF ►

2A

KEYPERSON LOAN



COMPANY NAME

ADDRESS

CONTACT NAME

PHONE NUMBER

KEYPERSON NAME

KEYPERSON
DATE OF BIRTH

D

D

M

M

Y

Y

Y

Y

KEYPERSON
SMOKER STATUSOUTSTANDING LOAN
AMOUNT

€

REMAINING TERM ON
THE BUSINESS LOAN

IS THE LOAN:

A capital and interest (decreasing) loan

OR

An interest only loan?

2B

KEYPERSON LOSS OF PROFITS / REPLACEMENT COSTS



COMPANY NAME

ADDRESS

CONTACT NAME

PHONE NUMBER

	KEYPERSON	KEYPERSON	KEYPERSON	KEYPERSON
Name				
Date of Birth	DD / MM / YYYY	DD / MM / YYYY	DD / MM / YYYY	DD / MM / YYYY
Smoker Status				
Salary & Bonus this Year	€	€	€	€
What % contribution to profit does the keyperson make?	%	%	%	%
Life Cover needed	€	€	€	€
Serious Illness Cover needed	€	€	€	€



COMPANY NAME

ADDRESS

CONTACT NAME

PHONE NUMBER

ESTIMATED VALUE OF THE COMPANY

€

WHAT TYPE OF BUSINESS IS IT?

Trading / Holding / Investment etc

SHAREHOLDER'S NAME	% SHARE	HOW LONG HAVE THEY OWNED THEIR SHARES?	DATE OF BIRTH	SMOKER STATUS
	%	DD / MM / YYYY	DD / MM / YYYY	
	%	DD / MM / YYYY	DD / MM / YYYY	
	%	DD / MM / YYYY	DD / MM / YYYY	
	%	DD / MM / YYYY	DD / MM / YYYY	
	%	DD / MM / YYYY	DD / MM / YYYY	

Are all shareholders resident and ordinarily resident in Ireland for tax purposes?

Yes

No

If no, please give details

Do you have any existing arrangements in place to meet this need?

Yes

No

If yes please give details

ADDITIONAL INFORMATION

If there is any other information which you think might be relevant, please give details.