

Seller Questionnaire

About the Agency Being Purchased (Please have the selling agent complete this page for each agency being purchased):

Owner's Name: _____

Legal Name of Agency: _____

Legal Form of Agency (corporation, dba, etc.): _____

Agency Address: _____
Street City State Zip

Current Rental Rate: \$_____ Term Remaining on Lease: _____

Contact Info: _____
Office Phone Cell Email

When was the agency established? _____ How long has the seller owned it? _____

Is there any debt on the agency? _____ What is the agency's selling price? _____

What is the owner's reason for selling? _____

Please describe the owner's post-closing plans. _____

How many licensed staff are employed at the agency? _____ How many unlicensed staff? _____

Does the seller's spouse or other relative work in the agency? _____

If so, who and in what capacity? _____

Does the seller, seller's spouse, or other family member have an ownership or other interest in an insurance agency within a 30 mile radius of the agency being sold? _____

Anticipated sale date: _____

Seller's Affirmation: I hereby certify that the above information is true and correct to the best of my knowledge:

Signature: _____ **Date:** _____

Buyer's Affirmation: I hereby certify that I have verified the above information to the best of my ability, and it is true and correct to the best of my knowledge:

Signature: _____ **Date:** _____