Contingency Plan

Company Name

Date

Your Contingency Plan: Fulfilling Your Vision No Matter What the Future Holds

Table of Contents

Before you begin, gather all of your important contact information, documents, finances and other information including, but not limited to the following. You may want to gather your business partners and/or family to complete the form. This information should be organised and accessible at all times.

- Key Personnel
- Documents
- Financials
- Third-party Service Providers and Advisors
- Facilities
- Customers and/or Clients

Statement of Intentions

Upon my death or permanent incapacity, the company should be:

- ☐ Sold to an outside third party
- ☐ Sold to employees,specifically
- ☐ Transferred to family members, specifically
- ☐ Continued ☐Liquidated

In the scenario I have chosen above, please consult the following professional advisors:

Name Type of Advisor

Phone Number E-Mail

Name Type of Advisor

Phone Number E-Mail

Name Type of Advisor

Phone Number E-Mail

If I have indicated above that sale is appropriate, below are names of people/companies that have expressed interest or whom I believe would be interested in acquiring the company:

☐ Has expressed interest ☐ I think might be interested

☐ Has expressed interest ☐ I think might be interested

☐ Has expressed interest ☐ I think might be interested

Contingency Plan Information Checklist

Key Personnel

- ☐ Contact information for all owners
- ☐ Option or other stock plan holders
- ☐ Names of those who manage daily operations of business and/or departments
- ☐ Names of staff critical to operations

Other

Documents

- ☐ Leases
- ☐ Contracts
  - ☐ Buy-Sell Agreement
  - ☐ Sales Agreements
  - ☐ Licenses
  - ☐ Patents and Copyrights
  - ☐ Articles of Incorporation/
  - ☐ Operating Agreements and minutes and resolutions
  - ☐ Key Employee Agreements
  - ☐ Written Business Plan
  - ☐ Written Exit Plan
  - ☐ List of Potential Buyers
  - ☐ Other

Financials

- ☐ Bank accounts
- ☐ List of Location of safe deposit box and key(s)
- ☐ Loans
- ☐ Company credit cards
- ☐ Other

☐ Other

Advisors

- ☐ Attorney(s)
- ☐ CPA
- ☐ Certified Exit Planning Advisor
- ☐ Financial Advisor(s)
- ☐ Banker
- ☐ Management Consultant

Retirement Plan Administrator

Property Casualty Insurance Agent(s)

Other

Facilities and Equipment

- ☐ Location of keys and codes for all facilities
- ☐ Contact information for building manager and owner
- ☐ Location of all vehicles and company equipment

Vendors

- ☐ Payroll Service
- ☐ Suppliers

Clients

- ☐ Names and contact information for all important accounts
- ☐ Names and contact information for active clients/pending work
- ☐ Names and contact information for prospective clients

Key Personnel

Owner (i):

Name:

Phone Number: Email Address:

Address: Ownership %:

Owner (ii):

Name:

Phone Number: Email Address:

Address: Ownership %:

Owner (iii):

Name:

Phone Number: Email Address:

Address: Ownership %:

Investor (i):

Name:

Phone Number: Email Address:

Address: Ownership %:

Investor (i):

Name:

Phone Number: Email Address:

Address: Ownership %:

Investor (i):

Name:

Phone Number: Email Address:

Address: Ownership %:

The following people have been given responsibility to continue and to supervise these activities

Business Operations:

Financial Decisions:

Internal Administration:

Identify and Confirm all Documents in Section Seven (Please Attach All Documents)

Key Personnel

Department Head (i):

Title:

Name:

Phone Number: Email Address:

Department Head (ii):

Title:

Name:

Phone Number: Email Address:

Department Head (iii):

Title:

Name:

Phone Number: Email Address:

Critical Employee (i):

Title:

Name:

Phone Number: Email Address:

Critical Employee (ii):

Title:

Name:

Phone Number: Email Address:

Critical Employee (ii):

Title:

Name:

Phone Number: Email Address:

Financials

Banking – Account (i):

Bank: Routing Number:

Account Type: Account Number:

Name on Account:

Secondary Signing Authority:

Deposit Box #: Key Location:

Online Username: Online Password:

Banking – Account (ii):

Bank: Routing Number:

Account Type: Account Number:

Name on Account:

Secondary Signing Authority:

Deposit Box #: Key Location:

Online Username: Online Password:

Existing Loans:
Holding Organization or Individual:

Amount: Current Amount on Balance:

Existing Loans:
Holding Organization or Individual:

Amount: Current Amount on Balance:

Credit Card (i):
Name on Card:

Credit Card Number: CSC:

Type:

Credit Card (ii):
Name on Card:

Credit Card Number: CSC:

Type:

Credit Card (ii):
Name on Card:

Credit Card Number: CSC:

Type:

Advisors

Corporate Attorney:

Full Name: Firm:

Phone Number: E-Mail:

Trust & Estate Attorney:
Corporate Attorney:

Full Name: Firm:

Phone Number: E-Mail:

General Attorney:

Full Name: Firm:

Phone Number: E-Mail:

Certified Public Accountant:

Full Name: Firm:

Phone Number: E-Mail:

Certified Exit Planning Advisor:

Full Name: Firm:

Phone Number: E-Mail:

Financial Advisor:

Full Name: Firm:

Phone Number: E-Mail:

Banker:

Full Name: Firm:

Phone Number: E-Mail:

Management Consultant:

Full Name: Firm:

Phone Number: E-Mail:

Retirement Plan Administrator:

Full Name: Firm:

Phone Number: E-Mail:

Advisors

Business Insurance Agent(s):

Full Name: Firm:

Phone Number: E-Mail:

Personal Insurance Agent(s):

Full Name: Firm:

Phone Number: E-Mail:

Facilities

Location of Keys and Codes for all Facilities

Key Holder (i): Location:

Key Holder (ii): Location (ii):

Key Holder (iii): Location (iii):

Primary Office/ Facility:

☐ Own:

☐ Rent

Address:

Managing Firm:

Manager Name:

Additional Location (i):

☐ Own:

☐ Rent

Address:

Managing Firm:

Manager Name:

Fixed Assets (Please List):

Type:

Information:

Type:

Information:

Type:

Information:

Location of All Vehicles and Company Equipment:

Type: Location:

Type: Location:

Type: Location:

Type: Location:

Facilities

Hardware:
Type:
Information:

Hardware:
Type:
Information:

Hardware:
Type:
Information:

Utilities:
Firm:
Representative:
Phone Number: E-Mail:

Payroll:
Firm:
Representative:
Phone Number: E-Mail:

Suppliers:
Firm:
Representative:
Phone Number: E-Mail:

Suppliers:
Firm:
Representative:
Phone Number: E-Mail:

Existing Clients

Client Name: Type:
Phone #: E-Mail:
Website:

Client Name: Type:
Phone #: E-Mail:
Website:

Client Name: Type:
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Prospective Clients

Client Name: Type:
Phone #: E-Mail:
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Client Name: Type:
Phone #: E-Mail:
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Client Name: Type:
Phone #: E-Mail:
Website:

Documents (Please Attach if Possible)

Documents:

Do You have a:

Employment Agreement(s): ☐ Yes ☐ No

Stock Option Plan(s): ☐ Yes ☐ No

Bonus Plan(s): ☐ Yes ☐ No

Buy-Sell Agreements: ☐ Yes ☐ No

Sales Agreements: ☐ Yes ☐ No

Licenses: ☐ Yes ☐ No

Patents and Copyrights: ☐ Yes ☐ No

Articles of Incorporation/Operating Agreements and minutes and Resolutions: ☐ Yes ☐ No

Powers of Attorney: ☐ Yes ☐ No

Additional Information

Additional Instructions

Notes

What We Do

The Blue Sky Exit Planning “Four Phase Value Creation Process” creates a clear path to maximize the value you will get for your business upon a partial or complete exit from your business. By the end of the process, you will have prepared your business for unplanned events, increased the value of your business, and created financial security for you and your family.

In addition to this we also provide external CFO, business specific advisory and recruiting services: Most small and mid-size business cannot afford the cost of an experienced CFO full-time. Our fractional CFO program gives you years of experience for a fraction of the cost. Working with an outsourced CFO gives you access to the knowledge and expertise you need without the price tag of a full-time CFO. What’s more, good outsourced CFOs will help their companies replace them down the road.

Call for your free consultation today!

Blue Sky Exit Planning
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