

Debtor Name(s): _____

Bk Case #: _____

Business Case Questionnaire

INSTRUCTIONS: *If you are self-employed, or if you are an owner, member, partner, or shareholder of a business, you will need to fill out this questionnaire prior to your first meeting of the creditors. Please complete a separate Business Case Questionnaire for each separate business or business location. Complete all pages of the form, using additional pages if necessary. Be sure to include debtor name(s), case number, and question number on each additional page. Do not leave any section blank. If the section is not applicable, mark the section "N/A." After you have completed this questionnaire, please provide this questionnaire along with the other documents that you will be providing to the Trustee prior to your first meeting of the creditors.*

1. DESCRIPTION OF BUSINESS

a) Name of business:

b) Address/location of business:

c) Are you leasing space? Yes No

* If yes, is it your intention to continue with the lease? Yes No

* If yes, have you listed the lease in your plan? Yes No

* Are you leasing space at more than one location? Yes No

(For the business discussed in this questionnaire)

Length of Lease: _____

Ongoing Lease Payment: _____

Amount of arrears on Lease (if any): _____

Name of Landlord(s): _____

d) When did the business/location start operating?

e) Prior business names and years of operation (start with most recent working backwards):

Name: _____ Years of operation: _____

Name: _____ Years of operation: _____

f) Describe the type of business you operate (nature of work performed or service provided):

g) Is your business seasonal? Yes No

* If yes, identify your typical busy season and slow season:

h) Is your company a: Corporation Partnership Sole proprietorship LLC LLP

i) Name(s) of owners, members, partners, shareholders: _____

j) Does the business have any employees? Yes No

If so, how many? _____

If not, how are you compensated? _____

Are 1099's issued? Yes No

Employee Name	Position/Function	Monthly Salary	Part Time/Full Time

*Continue on separate sheet, if necessary.

k) Are you leasing any business equipment? Yes No

Description of leased/rented item(s): _____

Monthly payment(s): _____

Creditor name(s): _____

Terms of payments or lease: _____

Date(s) purchased/leased: _____

l) Have you pledged your receivables, rents, profits, or other cash as collateral for any loans?

Yes No

m) Does the business carry any of the following insurance policies?

- | | | <u>Provider/Policy #</u> |
|---------------------------|--|--------------------------|
| 1. Commercial Liability | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____ |
| 2. Workman's Compensation | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____ |
| 3. Commercial Property | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____ |
| 4. Automobile Coverage | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____ |
| 5. Other (list): | | _____ |

Are all policies current? Yes No

n) Is the business required to have any business licenses? Yes No

2. DESCRIPTION OF ASSETS

a) On a separate page, describe each item with a value of \$500.00 or more. Include the following:

- Original cost of the item and date purchased
- Age of the equipment
- The item's current market value (What would you sell the item for in its present condition, assuming a fair price?)

b) What would you estimate the total market value of your inventory to be?

\$ _____

c) What would you estimate the total market value of your accounts receivables to be?

\$ _____

d) If you were to buy your business today, how much would you pay for your business?

\$ _____

3. TRADE CREDIT

a) Do vendors allow your business to purchase inventory on credit? Yes No

If yes, list all suppliers and vendors who allow a revolving credit account:

If yes, list all suppliers and vendors who you have purchased from on credit in the last 90 days:

If yes, are you still incurring trade credit after filing your bankruptcy? Yes No

b) Do you intend to continue to incur trade credit throughout your bankruptcy?
 Yes No

4. DESCRIPTION OF ALL BANK ACCOUNTS TO WHICH YOU HAVE ACCESS

a) Are you the only authorized signatory on the account(s)? Yes No

If no, specify other authorized signature(s):

Bank Name	Account Number	Type of Account	Purpose

I/We declare under penalty of perjury that the foregoing statement of information is true and correct to the best of my/our knowledge, information and belief.

Dated: _____

Debtor Signature

Dated: _____

Co-Debtor Signature