

SELLER INTAKE FORM



Once completed please email the form to careers@vikast.com

SELLER INFO

Full Name:	Agency Name:		
Address number and Street Name:	City:	State:	Zip:
Mobile Phone Number:	E-mail:		

State(s) Licensed:

Primary Lines of Business:

<input type="checkbox"/> Medicare	<input type="checkbox"/> Group Health	<input type="checkbox"/> Ancillary
<input type="checkbox"/> ACA/Individual	<input type="checkbox"/> Life	<input type="checkbox"/> Other: _____

BOOK OF BUSINESS SNAPSHOT

Estimated Annual Commissions: \$	Number of Active Clients:	_____ % Medicare	_____ % ACA
		_____ % Other	

Top 5 Carriers:

EXIT GOALS

Ideal Exit Timeline:	Willing to Stay On to Transition?: <input type="checkbox"/> Yes <input type="checkbox"/> No	How Long?:
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Biggest Concern About Selling:

DOCUMENT STATUS

I have carrier commission statements Yes No

I have tax returns Yes No

I have bank statements Yes No

I have a CRM export Yes No

Other docs I have:
