

# VALUATION SUMMARY

Once completed please email the form to [careers@vikast.com](mailto:careers@vikast.com)

## SELLER & AGENCY

Seller Name:	Agency Name:
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Date of Valuation:
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## REVENUE SUMMARY

Total Annual Commissions: \$	New Business %:	Renewal %:
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Top 3 Carriers and %:
1. _____ %    2. _____ %    3. _____ %

## SDE CALCULATION

Net Income: \$	Total Add-Backs: \$	Adjusted SDE: \$
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## RISK FACTORS

	Low	Moderate	High
Carrier Concentration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Persistency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Owner Dependency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Compliance Exposure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transferability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## VALUATION

Low Value: \$	Mid Value: \$	High Value: \$
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## RECOMMENDED OFFER STRUCTURE

Cash at Close .....	\$ _____
Seller Note .....	\$ _____
Hold-back .....	\$ _____
Earn-out .....	\$ _____
Proposed Training Period: _____	