

# Nick Ray Confidential Fact Finder

Today's Date: \_\_\_\_\_ Referred by: \_\_\_\_\_

## **Section 1. Personal/ Business Information**

Full name \_\_\_\_\_

Nickname \_\_\_\_\_ DOB \_\_\_\_\_

Home Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Business address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

How long in this job? \_\_\_\_\_ years This profession? \_\_\_\_\_ years

Company name \_\_\_\_\_

Job title/description \_\_\_\_\_

Do you report to anyone?  Yes  No

If so, what is their name and title? \_\_\_\_\_

Married?  Yes  No Significant other/partner?  Yes  No

Spouse's Name \_\_\_\_\_ Sig. Other/Partner's Name \_\_\_\_\_

How long? \_\_\_\_\_ years How long? \_\_\_\_\_ years

Children?  Yes  No Est. income this year \$ \_\_\_\_\_ Last year \$ \_\_\_\_\_

Names / ages: 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

Marriage Anniversary: \_\_\_\_\_

## **Section 2. Health/Physical Fitness Information**

Please describe your exercise program: \_\_\_\_\_

Please describe your typical sleep pattern: average night's sleep, normal bedtime, quality of sleep/sleep meds? \_\_\_\_\_

Please list any health issues/medications (prescription/OTC) being taken: \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ Weight Change in Last Year?  Yes  No Amount \_\_\_\_\_

Smoke?  Yes  No How long? \_\_\_\_\_

**Section 3: Marketing/Prospecting Information**Do you have a well-defined Target Market?  Yes  No      What is your Target Market? \_\_\_\_\_

How did you discover your Target Market? \_\_\_\_\_

Describe the products/services you offer: \_\_\_\_\_  
\_\_\_\_\_Do you prospect on a regular basis?  Yes  NoDescribe your referral source(s):  Clients/Prospects  COI  Networks  Other**Referral Information**How many referrals do you need each month? From Clients/Prospects \_\_\_\_\_ From COI \_\_\_\_\_  
From Networks \_\_\_\_\_ From Other Sources \_\_\_\_\_Are you meeting your referral goals? C/P:  Yes  No      COI:  Yes  No      NW:  Yes  No  
Other:  Yes  NoDo you record your prospecting activities?  Yes  No

Please describe the process you use to contact your referred leads: \_\_\_\_\_

Do you give as many referrals as you receive from COI and Network sources?  Yes  No**Network Marketing Information**

Do you belong to any organizations serving your Target Market? \_\_\_\_\_

Do you receive any referrals from members of these organizations? \_\_\_\_\_

Do you have a relationship with Centers of Service serving your Target Market? \_\_\_\_\_

**Section 4. Fact Finder/Presentation Information**Do you use a printed Fact Finder?  Yes  NoHow frequently do you use your printed Fact Finder?  Always  Sometimes  RarelyDoes your Fact Finder capture the names of important personal and professional relationships?  Yes  NoDoes your Fact Finder provide you with all the input data your CRM and presentation software requires?  
 Yes  No

What kind of presentation software do you use? \_\_\_\_\_

Do you use compliance-approved proposals for all of your sales presentations?  Yes  No**Section 5. Business/Practice Information****Section A- Business Plan:**Do you have a business plan?  Yes  No

If yes, please describe the benefits your plan provides: \_\_\_\_\_

How long have you been using a business plan? \_\_\_\_\_

How often do you revise your business plan? \_\_\_\_\_

### Section B- CRM Information:

What kind of CRM software do you use? \_\_\_\_\_ How long: \_\_\_\_\_

Is it PC-based or web-based?  PC  Web

Does your printed Fact Finder collect all the information that your CRM system requires?  Yes  No

List other software you use: \_\_\_\_\_

### Section C- Accounting Information:

Are your accounting records completed electronically?  Yes  No

What type of accounting software do you use? \_\_\_\_\_

Completed In-House  Completed by CPA, Bookkeeper

Do you produce a monthly profit and loss statement?  Yes  No

Do you produce a balance sheet on a regular basis?  Yes  No How often?  Q  SA  A

Do you use the Breakeven Budget Process?  Yes  No

Do you fund your retirement plan every year?  Yes  No

### Section D- Sales Activity Records

Do you keep sales records?  Yes  No

List types of information you record: \_\_\_\_\_

Is funding adequate?  Yes  No

### Section E- Personnel Policies

Number of Administrative Staff: \_\_\_\_\_

Do you have a printed procedures manual?  Yes  No

List the type of regular training you provide: \_\_\_\_\_

## Section 6. Coaching/ Assessment History

Your coaching history and results: \_\_\_\_\_

Have you completed any assessment instruments?  Yes  No If yes, which ones? \_\_\_\_\_

Date(s) Taken: \_\_\_\_\_

Did you find the results helpful?  Yes  No

If yes, please describe the benefits you derived: \_\_\_\_\_

### **Section 7. Important Coaching Issues**

Please list the 5 most important issues you'd like to work on and the time frame you have in mind.

ISSUE / OUTCOME	TIME FRAME
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____

### **Other Coaching Issues**

- Coaching Agreements
- Person Being Coached: Responsibility for completing assignments
- Fees: Late/Missed Appointments
- Periodic Reviews: Evaluating coaching program effectiveness
- Getting Things Done: What / By When

### **Coaching Fees**

*To cover fees, our normal procedure is to charge your Visa or MasterCard account at the beginning of each month. An e-mail is sent to you confirming each charge.*

**FEES:**    **ONE TIME:** \$ \_\_\_\_\_    **MONTHLY:** \$ \_\_\_\_\_    **# OF MONTHS:** \$ \_\_\_\_\_  
**TOTAL:** \$ \_\_\_\_\_

### **Coaching Timing**

**DATE SESSIONS BEGIN:** \_\_\_\_\_    **# OF TOTAL SESSIONS:** \_\_\_\_\_    **# OF SESSIONS/MONTH:** \_\_\_\_\_

<input type="checkbox"/> Visa	<input type="checkbox"/> Master Card	Card # _____	Exp. date: ____ / ____
Name as it appears on the card _____			
Billing address for the card _____			
City/state/zip _____			
Your e-mail address _____			
Signature _____			

NAME \_\_\_\_\_

**Section 8. Contact Information**

Home phone \_\_\_\_\_

Work phone \_\_\_\_\_

Cell phone \_\_\_\_\_

Fax \_\_\_\_\_

E-mail \_\_\_\_\_ Business website \_\_\_\_\_

Preferred contact \_\_\_\_\_

**Nick Ray**   
CLU, RHU, ChFC, MBC  
**Business Coach**