

## Business Legal Health Checklist

This simple checklist is designed to help you identify where you might need some attention from a legal perspective.

If you answer “no” to any of the questions below, please give us a call and we can help.

### The team at JMJ Lawyers

#### Do I Have:

#### A Formal Business Structure?

- |  |   |
|--|---|
| Company?   | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> |
| Trust?   | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> |
| Limited Partnership?   | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> |
| Written regular meeting minutes?   | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> |
| Written Shareholder Agreement/Partnership Agreement/<br>Trust Documents? | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> |
| Succession Planning/ mechanism recorded?                                 | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> |

#### Written Terms of Trade?

- |  |   |
|--|---|
| Limitation of liability?                   | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> |
| Interest charging?                         | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> |
| Debt collection costs that can be claimed? | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> |
| Ability to register PPSA charge?           | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> |
| Personal Guarantee?                        | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> |
| IP Protection?                             | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> |
| Ability to re-possess?                     | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> |

#### Insurance Cover?

- |                         |   |
|-------------------------|---|
| Public Liability?       | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> |
| Professional Indemnity? | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> |
| Business Interruption?  | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> |
| Key man?                | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> |

#### IP Protection?

- |             |   |
|-------------|---|
| Patents?    | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> |
| Trademarks? | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> |

Copyright? Yes  No  N/A

IP use agreements? Yes  No  N/A

### **Employments Policies?**

Written Employment Agreements? Yes  No  N/A

Written discipline procedure? Yes  No  N/A

Written performance management plan? Yes  No  N/A

Detailed job descriptions? Yes  No  N/A

### **A Health and Safety Plan?**

Process to identify and mitigate risks? Yes  No  N/A

A risk register? Yes  No  N/A

### **A Premise Plan?**

Written Lease? Yes  No  N/A

Diary rent and lease renewal dates? Yes  No  N/A

Premise in separate ownership? Yes  No  N/A

### **A Business Plan?**

Strategic Plan? Yes  No  N/A

Written internal policies? Yes  No  N/A

Financial budget and forecasts? Yes  No  N/A

Marketing Plan? Yes  No  N/A

If you have completed your checklist online, let us know your contact details below and press SEND, one of our team will be in touch to talk through your questions with you.

### **Contact Details:**

**Name:**

**Email:**

**Phone:**