

■ ABOUT YOU

1. Name:
2. Email Address:
3. Date:

■ BUSINESS OVERVIEW

1. Date Your Operation Started
2. Ownership structure of your operation (Sole proprietorship, LLC, Partnership, Co-Op)
 - a. The owners and percentage owned
 - b. How your operation started
 - c. Do you trade labor for use of machinery with family or another operator?
3. Tell us the breakdown of your farmed acres.
 - a. **Attach Farms Operated Schedule**, which includes the breakdown of your acres. If you are unable to attach the Farms Operated Schedule, fill out the following:
 - i. Total Acres Cash Rented
 1. Average Rent
 2. Total number of landlords
 - ii. Total Acres Crop Shared
 1. Total number of landlords
 - iii. Total Acres Owned
4. Tell us what makes your operation unique.
 - a. Do you have any specialty crops? (i.e. seed corn, non GMO, seed beans)
 - b. Livestock? *If yes, list type, operation type, daily rate of grain, income type*
 - c. Do you have forward contracting opportunities with grain or livestock? (i.e. food processor, livestock integrator) If so, please list in the area below.
 - d. List any discount purchasing opportunities that you have (i.e. family farms, land lords, seed sales).
 - e. List any alliances, mentors, personal or business-related relationships or networking arrangement directly tied to your operation

■ FARM GOALS

1. What are your short-term goals for the next 1-5 years?
2. What is your realistic vision and long-term (5-30 years) goals for this farming operation (growth, diversification, etc.)?
3. Is there a transition plan within your operation (i.e. machinery buyout)?

■ MANAGEMENT SKILLS

1. What **financial management** skills have you obtained to run a successful operation?
2. My education includes:
 - a. High School Degree
 - b. College Degree
 - c. Specialized Training
 - d. Other Education (please specify)
3. I have taken the following courses/programs...
4. Please list agricultural-related organizations you are a member of and the number of years you have been involved:
5. Have you attended Farm Credit courses? If so, please list below:
6. Other financial skills include:
7. What **production** skills have you obtained to run a successful operation?
 - a. My on-farm experience includes:
 - b. I utilize the following farming practices:
 - c. Technology efficiency that my operation has include:
 - d. Other:

■ RISK MANAGEMENT

1. Describe the following:
 - a. My operational strengths:
 - b. My operational weaknesses:
 - c. Opportunities available for my operation:
 - d. Threats to my operation:

■ MARKETING STRATEGY

1. Do you have a written marketing strategy? *If yes, please attach your written strategy.*
 - a. If no, my unwritten strategy includes:
2. Does your operation have on-farm storage?
 - a. If yes, how many bushels?
3. My marketing advisers include:
4. My goal is to forward sell _____% of my crop by _____
 - a. How do you plan on achieving this goal?

■ INSURANCE COVERAGE

1. Liability and Facility Coverage
 - a. Current Coverage, No Coverage or Planned Coverage
 - b. Carrier
 - c. Agent

- d. Policy
- e. Coverage Type & Level
- 2. Crop Insurance Coverage
 - a. Current Coverage, No Coverage or Planned Coverage
 - b. Carrier
 - c. Agent
 - d. Policy
 - e. Coverage Type & Level
- 3. Medical/Personal Insurance Coverage
 - a. Current Coverage, No Coverage or Planned Coverage
 - b. Carrier
 - c. Agent
 - d. Policy
 - e. Coverage Type & Level
- 4. Life Insurance Coverage
 - a. Current Coverage, No Coverage or Planned Coverage
 - b. Carrier
 - c. Agent
 - d. Policy
 - e. Coverage Type & Level

■ OFF-FARM INCOME & FAMILY LIVING

1. Do you and/or your spouse work off farm?
2. Describe any non-farm employment and how long it will continue:
 - a. Job Title Description(s):
 - b. Salary, Hourly, Commission or Seasonal? Income Amount?
3. What are your living expenses? *This figure includes (i.e. house payment, vehicles, food, utilities, etc.) A detailed family living cash flow template/example is located at www.farmcreditil.com*
 - a. Total monthly living expenses \$_____

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