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Business Plan

Name of Business:_____

Business Address:_____

Year Business Started:_____ Year of Incorporation:_____

Original Number of Employees:_____ Current Number of Employees:_____

Sales Volume First Year:_____ Sales for Latest Year:_____

What exactly does your business do?_____

In the event of injury, who would run your business:_____

Do you have life insurance? ☐ Yes ☐ No If yes, How Much?_____

Is the life insurance payable to the business? ☐ Yes ☐ No

Do you have enough to cover all your outstanding work on hand? ☐ Yes ☐ No

How much life insurance do you have for your family? _____

Name and position of relatives that work for the business:

_____ _____

_____ _____

Give a description of management experience and continuity provisions you have for your business.

_____

_____

_____

What will happen when you retire?

_____

_____

_____

Outline your business goals for the next 12 months.

_____

_____

_____