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# Business Plan

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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.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_