

BUSINESS PLAN

NAME OF BUSINESS: _____

ADDRESS OF BUSINESS: _____

YEAR BUSINESS BEGAN: _____ IF CORPORATION, WHEN DID IT INCORPORATE? _____

FINANCIAL YEAR END: _____ NUMBER OF EMPLOYEES WHEN BUSINESS BEGAN _____ NOW _____

NAME & POSITION OF RELATIVES WHO WORK FOR THE BUSINESS: _____

SALES VOLUME FIRST YEAR IN BUSINESS \$ _____ SALES VOLUME FOR LATEST YEAR END _____

WHAT EXACTLY DO YOU DO? _____

IN THE EVENT OF YOUR DEATH OR INJURY, WHO WOULD RUN YOUR BUSINESS? _____

DO YOU HAVE LIFE INSURANCE TO FINANCE THE COMPLETION OF ALL OUTSTANDING WORK YOU HAVE UNDER CONTRACT AT THIS TIME? _____ HOW MUCH? _____

GIVE A DESCRIPTION OF MANAGEMENT EXPERIENCE AND CONTINUITY PROVISIONS YOU HAVE FOR YOUR BUSINESS: _____

WHAT WILL HAPPEN TO YOUR BUSINESS WHEN YOU RETIRE? _____

OUTLINE YOUR BUSINESS PLAN FOR THE NEXT 12 MONTHS: _____
