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Business	Plan
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Name of Business:	
Business Address:	
Original Number of Employees: Current Number of Employees:	
Description of work done by the firm:	
In the event of injury or death, who would run your business?	
Do you have a formal succession plan in place? 🛛 Yes 🗌 No	
Do you have life insurance? Yes No If yes, how much?	
Is the life insurance payable to the company? 🗌 Yes 🗌 No	
Is there enough to cover your current outstanding work on hand?	
How much life insurance do you have for your family?	
Provide a description of management and continuity provisions currently in place for the business:	
What will happen when you retire?	
What are your business goals for the next 12 months?	