AMERICANSURETYBONDS

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Business Plan

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? ☐ Yes ☐ No

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

Names and Positions of relatives that work for the company:

_____ _____

_____ _____

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?

_____

_____

_____