

APPENDIX A: BUSINESS FACT FINDER

Current Coverages and Business Data

Advisor	Agency	Date	
Name of Business	Telephone	Fax	
Business Address			
Contact person, title	Nature of Business	# of owners	# of employees
Fiscal year	Date incorporated		

<input type="checkbox"/> Sole proprietorship	<input type="checkbox"/> C corporation	<input type="checkbox"/> Limited liability company	<input type="checkbox"/> Professional partnership
<input type="checkbox"/> Partnership	<input type="checkbox"/> Limited partnership	<input type="checkbox"/> Professional corporation	<input type="checkbox"/> S corporation
<input type="checkbox"/> Nonprofit organization		<input type="checkbox"/> Family limited partnership	

Current group benefits:	Yes	No	Carrier	Cost	How are amounts determined?	Satisfied with results?	Anniversary
Hospital/surgical	—	—	_____	_____	_____	_____	_____
Major medical	—	—	_____	_____	_____	_____	_____
Group life	—	—	_____	_____	_____	_____	_____
Pension, profit sharing, 401(k) plan	—	—	_____	_____	_____	_____	_____
Disability income	—	—	_____	_____	_____	_____	_____
Long-term disability	—	—	_____	_____	_____	_____	_____
Dental	—	—	_____	_____	_____	_____	_____

Does the business have any of these individual benefit/plans?

	Yes	No	If no, has it been considered? Still interested? More info?
Salary continuation plan	—	—	
Section 162 bonus	—	—	
Cafeteria plan	—	—	
Deferred compensation	—	—	
Group carve out	—	—	
Key employee life insurance	—	—	
Buy-sell agreement (insured?)	—	—	
Payroll deduction products	—	—	

If yes, pick up copy of bill, booklets, agreements, and details. Complete appropriate areas below.

Does the business own life insurance on any employees or owners?

Employee	Title or Duties	Amount	Type	Purpose

Employee census: Obtain a census of employees showing name, duties, sex, birth date, employment date, salary or hourly pay, marital status and percentage of ownership (if any).