

BUSINESS PLAN

Name of Business_____

Address of Business:_____

Year Business Began:_____ If Corporation, date of incorporation?_____

Financial Year End?_____ Number of employees when you began?_____ Now?_____

Name & Position of Relatives who work for the business:

1. _____

2. _____

3. _____

4. _____

Sales volume first year in business:_____ Sales for latest year:_____

What exactly does your business do?_____

In the event of your death or injury, who would run your business?_____

Do you have Life Insurance?_____ How much?_____ Is your Life Insurance to be paid to the Business?_____ Do you have enough to cover all of your outstanding work on hand?_____

How much Life Insurance for your family?_____

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 goals for the next 12 months:_____
