



BUSINESS OWNER SURVEY

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Name: _____

Address: _____ Phone #: _____

Current role/occupation: _____ Alt. phone #: _____

Family status: ___ Single ___ Married ___ Divorced ___ Separated ___ Widowed

Number of children: _____ Age: _____

Spouse's Name: _____ Spouse's occupation: _____



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1.0 BUSINESS INFORMATION

1.1 What type of business do you own?

1.2 How long have you owned the business?

1.3 What are your duties and responsibilities?

1.4 Is your family involved with the business?

___ Yes ___ No

1.4.1 If Yes, who? (spouse, children, brother, sister, etc.)

1.5 Do you have any partners in the business?

___ Yes ___ No

1.4.1 If Yes, do you have a buy/sell agreement in place?



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1.6 How many employees do you have?

1.7 Do you consider any of them to be key employees?

Yes No

1.8 Do you plan on retiring at a specific age?

Yes No

1.9 What will happen to your business at that time?

1.10 What benefits do you offer your employees? (Check applicable items below)

Health Dental Short-term Disability

Long-term Disability

Retirement

What type? _____

1.11 Do you have your own disability insurance policy?

Yes No

1.12 Do you receive excellent service from your benefit plan representative(s)?

Yes No

1.13 Do you have any concerns regarding these plans?



2.0 ADVISORS

2.1 Do you have a financial advisor who meets with you on a regular basis?

____ Yes ____ No

2.1.1 If Yes, what do you like about what your advisor does for you?

2.2 Do you work closely with an attorney?

____ Yes ____ No

2.2.1 If Yes, name?

2.3 When was the last time you had your will and/or trusts updated by an attorney?

2.4 Do you have a CPA you work with regularly?

____ Yes ____ No

2.4.1 If Yes, name?

3.0 FINANCIAL & BENEFIT PLANNING

3.1 Do you have any financial planning concerns either for you personally or for your business?

____ Yes ____ No



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3.2 Are there any financial or benefit planning areas you would like to improve?

3.3 On a scale from 1 to 5 (1 being NOT IMPORTANT and 5 being VERY IMPORTANT), how would you rate the following business planning areas:

	NOT IMPORTANT				VERY IMPORTANT
	1	2	3	4	5
Continuity of Business					
Keeping Key Employees					
Cost of Employee Benefits					
Leaving Business To Family Member					
Your Inability To Run your Business Due to Disability					

4.0 SURVEY REFERRALS

4.1 Do you know 3-4 other people who would be willing to take this survey?

Name	Occupation	Address	Phone #
1.			
2.			
3.			
4.			



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5.0 ADDITIONAL QUESTIONS

5.1 Do you have additional questions?
