**Please note: a census of all employees and executives, including First and Last Name, SSN, Postal Code, Gender at Birth, Date of Birth, and Ownership Percentages, will be required to process any quotes. You may include this information with your Intake submission to expedite the quoting process.**

Business Legal Name:

DBA:

Business Street:

Business City, State, Postal Code:

Best Phone Number:

Best Email Address:

Business Structure: Sole-Prop/LLC/C-Corp/S-Corp/Partnership/Non-Profit

Date Established/Incorporated:

Tax Exempt?: Yes/No

Tax Basis: Accrual/Profit Making/Cash Basis

Industry:

Brief description of operations:

# of Decision Makers:

Name(s) of Decision Maker(s):

# of C-Level Executives:

# of FT Employees:

# of PT Employees:

# of 1099s:

Payroll Frequency:

Payroll Company:

Attorney:

Accountant:

Principal Bank:

How’s business?:

How long do you plan to run this business?: 1-10 years/11-20 years/21+ years

Your goal today (choose one):

* Stay in the business and grow it
* Stay in the business and keep it afloat
* Leave the business and do something else

Plans over the next 5-10 years:

Where do you want to be?:

What would happen to your business in the case of your:

* Death:
* Disability:
* Retirement:

What would you WANT happen to your business in the case of your:

* Death:
* Disability:
* Retirement:

Should control and value of your business remain in the family?: Yes/No

Have you made provisions for estate taxes and settlement costs?: Yes/No

Would the business survive if you took a 2 year vacation?: Yes/No

Executive Benefits Already in Place (executive bonus/401k/deferred compensation/etc):

Could additional salaries/bonuses be paid to owner employees?: Yes/No

Employee Benefits Already in Place (health plans/dental/vision/PTO/etc):

How are annual enrollments communicated to staff:

Benefits being asked for by staff:

Anything you would NOT change about your current benefits plan:

Any benefits rate increases over the last 3-5 years?: Yes/No

Do you pay a fee for pre-taxing services (Section 125 plan)?: Yes/No

Current Broker’s Name:

Has any owner assumed personal liability for any debts?: Yes/No

If Yes, Name and Loan Balance:

* Owner 1 (if applicable):
* Owner 2 (if applicable):

Any ownership changes contemplated?: Yes/No

If Yes, What kind:

Would the death/disability of any key employee affect revenue?: Yes/No

If Yes, Name(s):

What is being done to retain the services of key employees:

What are your competitors doing to retain the services of key employees:

Other notes: