

BUSINESS PLAN

1. Name of Business: _____

2. Address of Business: _____

3. Year Business Began: _____ If Incorporated, Year: _____

4. Financial Year End: _____ Number of Employees: _____

5. Name & Position of Relatives That Work in The Business:

1. _____ 3. _____

2. _____ 4. _____

6. Sales Volume First Year: _____ Sales Last Year: _____

7. Brief Description of Your Business: _____

8. In The Event of Your Death or Injury, Who Would Operate The Business To Finish Uncompleted Projects?

You Must Submit a Resume & SBA Form 912 (Statement of Personal History) For The Name Entered Above

9. Do You Have Life Insurance? _____ To Be Paid to The Business? _____

What Type and How Much? _____

Do You Have Enough to Cover All Your Outstanding Work On Hand? _____

Do You Have Life Insurance For Your Family? _____ How Much? _____

10. Give a Description of Management Experience and Continuity Provisions You Have For Your Business: _____

11. Outline Your Business Goals For The Next 12 Months: _____

12. What Will Happen To Your Business When You Retire? _____
