



# Confidential Business Planning Questionnaire

Prepared for: \_\_\_\_\_

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*Provided by:*

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*Date:*

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## General Business Information

Name of Business: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

- Type of Business:  Sole Proprietorship  
 Partnership  
 Corporation (State of: \_\_\_\_\_)  
 S-Corporation (State of: \_\_\_\_\_)  
 P-Corporation (State of: \_\_\_\_\_)  
 Limited Liability Company (State of: \_\_\_\_\_)

Date Established?: \_\_\_\_\_ If Incorporated, Corporate Tax Bracket: \_\_\_\_\_%

Current Estimated Fair Market Value of Business: \$\_\_\_\_\_

## Owner Information

Name	Title	Date of Birth	Sex	Ownership Interest	Annual Compensation	Personal Tax Bracket
1.		___/___/___	M F	____%	\$_____	____%
2.		___/___/___	M F	____%	\$_____	____%
3.		___/___/___	M F	____%	\$_____	____%
4.		___/___/___	M F	____%	\$_____	____%
5.		___/___/___	M F	____%	\$_____	____%

## Professional Advisor Information

**Attorney:** \_\_\_\_\_

Firm Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

**Accountant:** \_\_\_\_\_

Firm Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

**Property & Casualty  
Insurance Agent:**

Firm Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

## Business Planning Priorities

	High Priority	Medium Priority	Low Priority	No Priority
Planning for Business Continuation	_____	_____	_____	_____
Attracting and Retaining Key Employees	_____	_____	_____	_____
Indemnifying Business for Loss of Key Employees	_____	_____	_____	_____
Enhancing Employee Benefit Program	_____	_____	_____	_____
Using Business Dollars to Satisfy Owner's Personal Financial Security Needs	_____	_____	_____	_____
Planning for an Owner's or Key Employee's Disability	_____	_____	_____	_____
Providing Funds for Business Loan Repayment	_____	_____	_____	_____
Other: _____	_____	_____	_____	_____

## Employee Census

Name	Sex	Smoker? (Y or N)	Date of Birth	Date of Hire	Annual Compen- sation	Home Zip Code	Key Employee ? (Y or N)
1.	M F	Y N	__/__/__	__/__/__	\$ _____	_____	Y N
2.	M F	Y N	__/__/__	__/__/__	\$ _____	_____	Y N
3.	M F	Y N	__/__/__	__/__/__	\$ _____	_____	Y N
4.	M F	Y N	__/__/__	__/__/__	\$ _____	_____	Y N
5.	M F	Y N	__/__/__	__/__/__	\$ _____	_____	Y N
6.	M F	Y N	__/__/__	__/__/__	\$ _____	_____	Y N
7.	M F	Y N	__/__/__	__/__/__	\$ _____	_____	Y N
8.	M F	Y N	__/__/__	__/__/__	\$ _____	_____	Y N
9.	M F	Y N	__/__/__	__/__/__	\$ _____	_____	Y N
10.	M F	Y N	__/__/__	__/__/__	\$ _____	_____	Y N
11.	M F	Y N	__/__/__	__/__/__	\$ _____	_____	Y N
12.	M F	Y N	__/__/__	__/__/__	\$ _____	_____	Y N
13.	M F	Y N	__/__/__	__/__/__	\$ _____	_____	Y N
14.	M F	Y N	__/__/__	__/__/__	\$ _____	_____	Y N
15.	M F	Y N	__/__/__	__/__/__	\$ _____	_____	Y N
16.	M F	Y N	__/__/__	__/__/__	\$ _____	_____	Y N
17.	M F	Y N	__/__/__	__/__/__	\$ _____	_____	Y N
18.	M F	Y N	__/__/__	__/__/__	\$ _____	_____	Y N
19.	M F	Y N	__/__/__	__/__/__	\$ _____	_____	Y N
20.	M F	Y N	__/__/__	__/__/__	\$ _____	_____	Y N

## Important Information

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This fact finder serves to help identify your financial needs and priorities and may be used in developing proposed solutions consistent with your needs and objectives. In completing this fact finder, you are entrusting our organization with certain personal and confidential financial data. We recognize that our relationship with you is based on trust and we hold ourselves to the highest standards in the safekeeping and use of your confidential information.

The information, general principles and conclusions presented in this report are subject to local, state and federal laws and regulations, court cases and any revisions of same. While every care has been taken in the preparation of this report, neither VSA, L.P. nor The National Underwriter Company is engaged in providing legal, accounting, financial or other professional services. This report should not be used as a substitute for the professional advice of an attorney, accountant, or other qualified professional.

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