

Business Events Checklist

Change is a constant part of every business. In order to determine how we may best serve you, please complete the form below and return it to us at your earliest convenience.



Common Life Events

- | | | |
|---|---|--|
| <input type="checkbox"/> Business failure/success | <input type="checkbox"/> Investment gain/loss | <input type="checkbox"/> Natural disaster |
| <input type="checkbox"/> Death of a family member | <input type="checkbox"/> Legal liability | <input type="checkbox"/> Receipt of an inheritance |
| <input type="checkbox"/> Economic crisis | <input type="checkbox"/> Legislative changes | <input type="checkbox"/> Retirement |
| <input type="checkbox"/> Gain/loss business partner | <input type="checkbox"/> Loss of key employee | <input type="checkbox"/> Start/purchase a business |
| <input type="checkbox"/> Health concerns | <input type="checkbox"/> Marriage or divorce | <input type="checkbox"/> Other: _____ |

Areas of Interest or Concern

- | | | |
|--|--|---|
| <input type="checkbox"/> Business continuation | <input type="checkbox"/> Employee benefits | <input type="checkbox"/> Key employee issues |
| <input type="checkbox"/> Business expand/contract | <input type="checkbox"/> Estate planning | <input type="checkbox"/> Property & Casualty planning |
| <input type="checkbox"/> Business form | <input type="checkbox"/> Executive benefits | <input type="checkbox"/> Retirement planning |
| <input type="checkbox"/> Business overhead expense | <input type="checkbox"/> Health & LTC planning | <input type="checkbox"/> Survivor benefit planning |
| <input type="checkbox"/> Disability planning | <input type="checkbox"/> Income tax planning | <input type="checkbox"/> Other: _____ |

Additional Comments and Notes

Contacting You

Name: _____ Address: _____

Telephone: _____

Best time to call: _____

Please contact me as soon as possible Email: _____