



Learn About the Business

This worksheet is designed to help you understand how the business is structured, to determine the business owner’s objectives, and to find out about coverage that may already be in place so you can recommend the appropriate coverage.

Business Name _____

Address _____

City/State/Zip _____

Key Contact _____

Phone _____

E-mail _____

Business Type _____
(Sole Proprietor, Partnership, S-corporation, C-corporation, LLC)

Business Partners

Name	Age	Title/Duties	Ownership Share	Annual Income

Key Employees

Name	Age	Title/Duties	Annual Income

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Identify and rank the business owner's objectives.

Business/Owner Objectives	Rank	# of lives
Protect the owner's income		
Protect the business income		
Protect key employees' income		
Protect the income of all employees		
Maximize tax deductions		
Minimize taxation of benefits		
Control costs		
Protect business loans (start-up or practice purchase, employment guarantees, etc.)		
Other		

Coverage and employee benefits currently in place.

Existing Coverage

Type	Funded by Employer or Employee?	Cost (Annual or Monthly)
Health Insurance		
Individual Disability Insurance		
Group Short Term Disability (STD)		
Group Long Term Disability (LTD)		
Qualified Retirement Plan		
Supplemental Executive Benefits		
Overhead Expense Coverage		
Disability Buy-Out		
Business Loan Protection		
Life		
Dental		
Vision		
Life Buy/Sell		
Other		

Disability income products underwritten and issued by Berkshire Life Insurance Company of America, Pittsfield, MA, a wholly owned stock subsidiary of The Guardian Life Insurance Company of America (Guardian), New York, NY, or provided by Guardian. Product availability, provisions and features may vary from state to state.



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