



# Current Coverages and Business Data

*Prepared for:*

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*Provided by:*

## Business Information

Name of Business			
Business Address			
Telephone	Fax	E-Mail	
Contact Person (title)	No. of Owners	No. of Employees	
Fiscal Year	Date	Incorporated	Tax Bracket
Nature of Business			

## Type of Business

Sole proprietorship	C corporation	S corporation	Professional corporation
Partnership	Limited partnership	Professional partnership	
Family limited partnership	Limited liability company	Nonprofit organization	

## Current Group Benefits

	Yes	No	Carrier	Cost	How are amounts determined?	Satisfied with results?	Anni-versary
Hospital/surgical			_____	_____	_____	_____	_____
Major medical			_____	_____	_____	_____	_____
Group life			_____	_____	_____	_____	_____
Pension, profit sharing, 401(k)			_____	_____	_____	_____	_____
Disability income			_____	_____	_____	_____	_____
Long-term disability			_____	_____	_____	_____	_____
Dental			_____	_____	_____	_____	_____

## Other Benefit Plans

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**Does the business have any of these benefits/plans:**

	Yes	No	If no, has it been considered? interested? More info?	Still interested?
Salary continuation plan			_____	
Section 162 bonus			_____	
Cafeteria plan			_____	
Deferred compensation			_____	
Group carve out			_____	
Key employee life insurance			_____	
Buy-sell agreement (insured?)			_____	
Payroll deduction products			_____	

If yes, provide a copy of bill, booklets, agreements, details. Complete next section as appropriate.

## Business-Owned Life Insurance

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**Does the business own life insurance on any employees or owners?**

Employee	Title or Duties	Amount	Type	Purpose
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

## Employee Census

Name	Sex/ Smoker?	Date of Birth/ Date of Hire	Annual Compensation	Job Classification	Home Zip Code	No. of Depen- dents
1.	M F Y N	__/__/__ __/__/__				
2.	M F Y N	__/__/__ __/__/__				
3.	M F Y N	__/__/__ __/__/__				
4.	M F Y N	__/__/__ __/__/__				
5.	M F Y N	__/__/__ __/__/__				
6.	M F Y N	__/__/__ __/__/__				
7.	M F Y N	__/__/__ __/__/__				
8.	M F Y N	__/__/__ __/__/__				
9.	M F Y N	__/__/__ __/__/__				
10.	M F 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, VSA, L.P. is not 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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