

PROVIDENCE BENEFITS

CONFIDENTIAL BUSINESS PROFILE



GENERAL BUSINESS INFORMATION

| | | | |
|----------------------------|-------|---------------------|-------|
| Business Name: | _____ | Phone: | _____ |
| Address: | _____ | | |
| City: | _____ | State / Zip: | _____ |
| HR/Payroll Contact: | _____ | Owner(s): | _____ |

INSURANCE PROGRAMS & CORE BENEFITS

| Core Benefit Program | Primary Carrier / Insurance Company | Broker / Agent / Contact |
|-----------------------------|-------------------------------------|--------------------------|
| Primary Health Company | | |
| Renewal Date / Notes | | |
| Dental Plan | | |
| Vision Plan | | |
| Short Term Disability (STD) | | |
| Long Term Disability (LTD) | | |
| Group Term Life | | |

VOLUNTARY & GAP INSURANCE PROGRAMS

| Voluntary Benefit | Current Carrier | Broker / Agent / Contact |
|-------------------|-----------------|--------------------------|
| Voluntary Life | | |
| Cancer Policy | | |
| Critical Illness | | |

| Voluntary Benefit | Current Carrier | Broker / Agent / Contact |
|--------------------------|-----------------|--------------------------|
| Accident Plan | | |
| Other Voluntary | | |
| GAP Insurance Company | | |
| IP / OP Benefit Details | IP Benefit: | OP Benefit: |
| Recent Rate Increases? | | |

OPERATIONS & BENEFIT EVALUATIONS

1. Are you pleased with your overall benefits? Do you think any need to be reviewed?

2. Of all the benefits you have here, what do you value the most?

3. Is employment generally stable or do you have a lot of turnover?

4. Service Levels & Communications:

Do you have a complete benefit communication to your employees?

Yes No

How do you add or subtract employees?

How often does your broker/agent contact you?

Are you pleased with the overall service from your companies and your broker?

Yes No

PROVIDENCE BENEFITS



BUSINESS INFORMATION & CONTINUATION PLANNING

OWNERSHIP STRUCTURE

| Owner Name(s) | Percentage Owned (%) |
|---------------|----------------------|
| 1. | |
| 2. | |
| 3. | |

BUSINESS CONTINUATION & BUY-SELL PLANNING

Are there any spouses or family members the other owners would want to buy out if something happened to an owner?

Would all owners like to insure they get fair market value for their shares if something were to happen to them?

Would all the partners want to ensure the business could continue operating smoothly if something happened to a partner or key employees?

Is there a written business continuation plan/buy sell agreement? Yes No

Is it funded? Yes No

How is it funded? _____

When was the last time it was reviewed? _____

KEY PERSON & COMPETITOR PROTECTION

Are there any employees the business needs to make sure do not become competitors?

1. _____
2. _____
3. _____

Is there a key owner, partner, or employee the business would suffer significant financial impact if they left the company, became disabled, or died?

- 1. _____
- 2. _____
- 3. _____

Would the business's borrowing power be decreased if anyone at the company died or became disabled? Yes No

Would any lenders become nervous if any key employees died or became disabled? Yes No

RETIREMENT, LIABILITIES & EXECUTIVE BENEFITS

Does the business currently offer the employees a retirement plan? Yes No

If so, with whom? _____

How often are the options reviewed by a professional with your employees? _____

Does the business currently have debt? Yes No

If so, is this liability currently protected with insurance? Yes No

How much? _____

Would the owner(s) be interested in setting some money aside for themselves, their family members, or key employees—but not everyone in the company?

Do you currently have existing insurance policies that you would like reviewed?

