



**Specialized**  
BENEFIT SERVICES  
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## Fax Completed Quote Form To (804) 934-9790

By Completing And Submitting This Application You  
Are Giving Us Permission To Contact You By Phone.

Date	(      )	(      )	
	Phone	Fax	
Company Name	Email		
Mailing Address	Years in Business Under Current Ownership	Years Experience	
Physical Address <i>(if different from Mailing Address)</i>	Federal I.D. Number	Policy Effective Date	
Contact Name	Description of Business Operations		

YES	NO	N/A	I'D LIKE TO DISCUSS	ASSESSMENT AREAS
				I have a financial plan in place that is updated annually.
				I am confident that my (and my spouse's) retirement funds will be adequate, even if we live very long lives.
				My income is protected in the event I'm sick or hurt and cannot return to work.
				Income to my spouse and/or family is assured in the event of my death.
				I am maximizing my savings within my employer's tax-favored retirement plan.
				I currently have a satisfactory systematic, savings plan.
				I am satisfied with my current investment strategy and the tax efficiency of my investments.
				I have an updated will in place that details the disposition of my assets in case of my death.
				I have a living will and power of attorney in place.
				I have made provisions for helping my children/grandchildren achieve their educational goals.
				My parents are enjoying a comfortable retirement and will not require my financial support for the foreseeable future.
				I have a plan in place to distribute assets upon my death in order to minimize estate tax exposure and maximize wealth to my heirs.
				I know who will continue to operate my business in the event I die, become disabled or retire.
				I have a buy sell arrangement in place that is currently funded.
				My income is protected in the event I'm sick or hurt and cannot work.
				My estate has sufficient liquid assets to protect the value of my business at my death.
				Income to my family is assured in the event of my death.
				I know the financial impact on my business if a key employee terminates employment or dies.
				My business has the resources to pay overhead expenses if I'm sick or hurt and unable to work.
				I have a plan in place to repay my business loans in the event of my death.
				I have reviewed my employee benefit program within the last two years.
				I maximize my annual tax-favored plan contributions.
				My employees and I are fully covered for health care costs.
				I am satisfied with our company sponsored retirement plan.
				My business uses selective employee benefits to attract and retain key employees (i.e. deferred compensation, split dollar)

Other topics concerning my business I'd like to discuss: \_\_\_\_\_