

Exploring your financial priorities

As a business owner, many people depend on you and the success of your company. So, it's important to protect what you've built against a disabling illness or injury. By answering these questions, you can work towards getting a plan in place to do just that.



Business needs

Business protection

If you or another owner became too sick or hurt to work, would your business be able to pay expenses?

Yes No Rank 1-4

Would your business be as successful as it is today if a key employee could no longer work due to a death, disability or resignation?

Yes No Rank 1-4

Exit planning

Have you established a contingency plan for transferring your business to a specific person(s) if an owner dies or becomes disabled?

Yes No Rank 1-4

Debt protection

Do you have business-related loan payments that need to be made even if you can't work due to a disability?

Yes No Rank 1-4

Personal needs

Income protection

If you were too sick or hurt to work, could you meet personal financial obligations without draining business profits?

Yes No Rank 1-4

Retirement income

Would you still be able to save for retirement if you could no longer work due to a disability?

Yes No Rank 1-4

Employee benefit needs

Do you currently offer your highly compensated and/or key employees special benefits to retain and reward them?

Yes No Rank 1-4

Have you recently reviewed your benefits offering to ensure it's competitive and meets the needs of your employees?

Yes No Rank 1-4

About your business

Business basics

Business name: _____

Owner(s) name: _____

City, state of company headquarters: _____

Nature of your business: _____

Years of business operation: _____

Issue state: _____

Type of business entity:

- C corporation S corporation
 Sole proprietorship* Partnership

Number of business owners: 1 2 3 4+

Total number of employees:

- 1-9 51-200 501+
 10-50 201-500

Number of key employees (those critical to the success of the business): _____

Annual growth rate: _____%

Business tax rate (enter owner's tax rate if business is taxed as a flow-through organization): _____%

Do you have a buy-sell agreement? Yes No
(if yes, provide a copy of the agreement)

Names and contact information for the following:

Attorney: _____

Accountant: _____

Attach:

- Three full years of income statements and balance sheets,* or
 Three full years of company tax returns (included with RFP)

* Sole proprietorships: In addition to providing three years of Schedule Cs, also submit an informal balance sheet of business assets and liabilities.

Owner/key employee census

Name/title	Annual income	% of ownership (if applicable)	Date of birth	Tobacco use
				<input type="radio"/> Yes <input type="radio"/> No
				<input type="radio"/> Yes <input type="radio"/> No
				<input type="radio"/> Yes <input type="radio"/> No
				<input type="radio"/> Yes <input type="radio"/> No

If more than four names, please attach a spreadsheet or send electronically. Please submit necessary paperwork to your local office for your representative to generate a customized analysis of your business' needs.



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