

# 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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