DENIKINGS INSURANCE AND INVESTMENT BROKER

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Financial Planning Check list for Business Owners

|  |  |  |  |
| --- | --- | --- | --- |
| SR NO | PRODUCT DISCRIPTION | YES | NO |
| 1 | Are your business is incorporate or sole proprietors | Inc | Sole Proprietor |
| 2 | Do you have any plan in place to protect your business and income during unexpected events i.e. Death, Critical illness or disability ? |  |  |
| 3 | Do you have any plan to protect your business over head expenses in case of disability or critical illness ? |  |  |
| 4 | Are you a business partner with any friends or relatives? if yes have you prepared buy sell agreement? if yes , have you made an arrangement for funding your buy sell agreement? |  |  |
| 4 | Are you or any one in your company working as a key person of your business? do you have any backup plan to run your business in his absence? |  |  |
| 5 | Do you have any plan for business succession to transfer your assets to your love one ? |  |  |
| 6 | Do you have any loan outstanding on your business? if yes, how can you protect your business from creditors? |  |  |
| 7 | Do you have any plan in place of savings for happy retirement? |  |  |
| 8 | Have you plan for your Estate wealth transfer? |  |  |
| 9 | Have you Thought for Capital gain Tax planning for your business assets |  |  |
| 10 | Have you made any arrangement for health and dental expenses for your family and for your employee? |  |  |
| 11 | Are you planning to offer compensation to your company's executive |  |  |

Name and address of business owner:

phone no Cell no E-mail

Special Note:-Call , fax or E-mail your answer to book your appointment with no obligation to assess your situation. Full services are available with team of lawyers and accountant.