



BYRNE INSURANCE GROUP

Business Strategy Review

Please take a moment to provide us with this key business information that will help us to make sure all the pieces of your strategy are working together and in the most efficient manner to meet your goals. The more information we know about your organization the better value we can provide.

Business Information

Name of Business: _____

Type of Business: _____

Number of Employees (total): _____ Full Time: _____ Part Time: _____

Current year anticipated annual revenue: _____

What makes your business successful? _____

What challenges do you have when you contemplate growing your business? _____

Please take a moment to let us know about your current coverage and needs: _____

Employee Benefits

Current Carrier: _____ Renewal Date: _____ Current Agent: _____

What percentage does the employer pay? _____

Do you currently offer Employee Benefits? Check boxes that apply.

- Health
- Dental
- Disability
- Tax Planning
- Life
- Vision
- Legal Shield
- Worksite Products e.g. AFLAC or Colonial

How would you rate the competitiveness of your Benefits Package and Carriers?

(1 - Poor, 5 - Excellent) 1 2 3 4 5

Have you looked at alternative options such as Association Plans or Level-Funded? Yes No

How educated are your employees on the benefits being offered and the cost associated with them?

(1 - Not at all educated, 5 - Well educated) 1 2 3 4 5

How would you rate your Open Enrollment Process?

(1 - Poor, 5 - Excellent) 1 2 3 4 5

If you could add one more benefit what would it be? _____

Business Insurance

Current Carrier: _____ Renewal Date: _____ Current Agent: _____

How long have you been with your current business insurance carrier (Liability/Workers Compensation)? _____

Is there anything you would change to your current insurance program? _____

Do you feel as if you have adequate coverage in the event of a loss? Yes No

When is the last time you had someone review your insurance program? _____

What is most important to you when it comes to your business insurance program? _____

Retirement Plan

Do offer a retirement plan? Yes No With whom? _____

Are you offering a match? Yes No At what level? _____

Do your employees value this benefit (1 - Not at all valued, 5 - Well valued)? 1 2 3 4 5

Is the owner able to contribute the amount he/she desires? Yes No

Key Employee Benefits

Do you currently have a buy-sell agreement? Yes No

What would happen if something was to happen to the owner? _____

Do you feel the owner is adequately protected (life, disability, etc.)? _____

Partners in Business

Who is your Accountant or CPA? _____

How would you rate your Accountant: Proactive Reactive

Payroll Company

Who handles your current payroll? _____

Do you feel they do a good job (1 - Poor job, 5 - Excellent job)? 1 2 3 4 5

Please download this form, save completed version to your computer and email to John Anderson at janderson@byrneinsurancegroup.com. Questions? Call John at 502.426.4200, extension 2201.

Thank you for your time and information, this will help us to further assist you in creating a comprehensive business solution for you and we're here to support you in any transitions you may see fit down the road.