



# New Business Discovery Form

Let's determine your current situation to support your goals. Please read through and answer all 10 statements.

1. My business would survive if I were not physically present to run and oversee the daily activities.  
Yes  No  Unsure  Does Not Apply
2. My business is the primary income source for maintaining my family's lifestyle.  
Yes  No  Unsure  Does Not Apply
3. My current standard of living would continue if I was unable to work due to accident or illness.  
Yes  No  Unsure  Does Not Apply
4. Our family's standard of living would continue if my spouse/partner was unable to work due to accident or illness.  
Yes  No  Unsure  Does Not Apply
5. I would like to understand how critical illness insurance would apply in my situation.  
Yes  No  Unsure  Does Not Apply
6. I have sufficient life insurance to maintain my family's lifestyle.  
Yes  No  Unsure  Does Not Apply
7. All business loans and personal guarantees will be paid off in the event of my death.  
Yes  No  Unsure  Does Not Apply
8. I have a formal buy/sell shareholders agreement that clearly outlines the conditions under which each shareholder may sell his/her interests should he/she become disabled, retired, die or simply choose to sell.  
Yes  No  Unsure  Does Not Apply
9. I would like to understand how an employee benefit plan would contribute to my new business.  
Yes  No  Unsure  Does Not Apply
10. My will is current and consistent with my business plans.  
Yes  No  Unsure  Does Not Apply

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