Organizational Succession Planning

****Vital Information Inventory

\*Information below is a from a culmination of resources and staff institutional knowledge. Sources include: Michigan Main Street, NC Main Street & Rural Planning Staff, The Third Sector Company, Council of NonProfits

# Section One – Baseline Organization Information

At a minimum, this section should be completed to the best of the Board/Executive Director’s ability to ensure the baseline level of information is collected.

|  |  |  |  |
| --- | --- | --- | --- |
| **Organizational/Planninng Information** | | | |
|  | Onsite Location: Where? | Offsite Location: Where? | Online URL: Where? |
| DDA TIF Plan |  |  |  |
| Bylaws |  |  |  |
| Information regarding the DDA Law (Public Act 57 of 2018), Open Meetings Act and Freedom of Information Act |  |  |  |
| Organization Calendar with Board meeting dates, committee meeting dates, and major event dates |  |  |  |
| Mission Statement |  |  |  |
| Board Meeting Agendas and Minutes |  |  |  |
| Committee Meeting Agendas and Minutes |  |  |  |
| Downtown Website and Social Media including login and password information |  |  |  |
| Employee Records/Personnel Info |  |  |  |
| Benefits Information |  |  |  |
| Board member contact information and term expiration dates |  |  |  |
| Volunteer contact information |  |  |  |
| Transformation Strategy Implementation Matrix |  |  |  |
| List of current projects in each of the four points |  |  |  |
| Committee Work Plans |  |  |  |
| Organization budget information and purchasing policies |  |  |  |
| All insurance information |  |  |  |
| Michigan Main Street Contact and program information |  |  |  |
| Documents and Resources provided by Michigan Main Street from past services, trainings, and/or accredidation visits |  |  |  |
| Monthly reinvestment statistic reporting information for your organization including password for login |  |  |  |
| Annual IMPACT Reports from Michigan Main Street |  |  |  |
| Downtown District Map and Downtown Building and Business Inventory |  |  |  |
| Branding and Communications Plan Information |  |  |  |
| Communmity partner contact list (Municipality, Chamber, Small Business Development Center, Community Organizations, County, Schools, etc.) |  |  |  |
| Local media contact list (radio marketing, newspaper, printing services, publications, organizations Main Street advertises with, etc.) |  |  |  |
| Fundraising Information |  |  |  |
| Reports: Communitiy Master Plan, Zoning Ordinance, Downtown Planning Studies, Market Studies, National Register Info, etc. |  |  |  |
| Password and login information for MEDC/Michigan Main Street Box Folder |  |  |  |
| Password and login for National Main Street Center Membership |  |  |  |
| Weekly, Monthly and Quarterly list of reports and tasks Executive Director should be prioritizing |  |  |  |
| **Fundraising/Sponsorship Information** | | | |

Current Top Five Charitable Contributions to the Organization & Contact Information:

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
5. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Necessary follow-up required with these contributors: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current pending funding requests for follow-up: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Recently initiated funding requests for follow-up: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Additional vital fundraising information: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Contracts Information** |

Current top contracts of the organization and the total contract amount:

Contract 1: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Status: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contract 2:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Status: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contract 3:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Status: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of contracting supervisor (could be the executive director, could be someone else within organization/city): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Current Pending Contracts for Follow-Up:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Additional vital information about contracts: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Section Two – Detailed Organization Information

This section should be completed through either identifying a point of contact for each sub-section or through completing the information in each sub-section.

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| --- | --- | --- | --- |
| **Financial Information** | | | |
| Main Point of Contact: (if this row is completed, do no fill out the following information) | |  | |
| Government Employer/Business or Employer Identification Number (EIN) | |  | |
|  | Onsite Location: Where? | Offsite Location: Where? | Online URL: Where? |
| Current & previous tax returns |  |  |  |
| Current and previous DDA TIF reports to Michigan Department of Treasury |  |  |  |
| Current & previous audited financial statements |  |  |  |
| Accounting System including login and passwords |  |  |  |
| Blank checks |  |  |  |
| Credit cards and credit card travel and purchasing policies |  |  |  |
| Computer passwords |  |  |  |
| Donor records |  |  |  |
| Client records |  |  |  |
| Vendor records |  |  |  |

|  |  |
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| **Auditor** | |
| Main Point of Contact: (if this row is completed, do no fill out the following information) |  |

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone number/Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Additional vital information about auditor or audit: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Most recent management letter reviewed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| **Banking Information** | |
| Main Point of Contact: (if this row is completed, do no fill out the following information) |  |

Name of Bank: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Account & Account Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Account & Account Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Branch representative(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone/Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Bank: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Account & Account Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Account & Account Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Branch representative(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone/Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Who are the authorized check signers for these accounts?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
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| **Investments Information** | |
| Main Point of Contact: (if this row is completed, do no fill out the following information) |  |

Financial Planner/Broker Company \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Representatives Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number/Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Who is authorized to make transfers? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
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| **Document Security** | |
| Main Point of Contact: (if this row is completed, do no fill out the following information) |  |

Is there an office safe? Who has the combination/keys?

Name & Contact information: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| **Legal Counsel** | |
| Main Point of Contact: (if this row is completed, do no fill out the following information) |  |

*Attorney*

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone/Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Most recent consultation with legal counsel: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reason for consutlation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Pending litigation, if any: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Additional vital information about legal counsel: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| **Human Resources Information** | |
| Main Point of Contact: (if this row is completed, do no fill out the following information) |  |

Additional vital information about human resources and where they information is stored (\*see box above inventory list): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**\*Benefits (see box above in inventory list): List type of benefits such as retirement, vacation policies, etc.**

|  |  |
| --- | --- |
| **Payroll Information** | |
| Main Point of Contact: (if this row is completed, do no fill out the following information) |  |

Company Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Account Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Payroll Rep: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone/Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Additional vital informaiton about payroll: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Facilities Information** | |
| Main Point of Contact: (if this row is completed, do no fill out the following information) |  |

|  |  |  |  |
| --- | --- | --- | --- |
|  | Onsite Location: Where? | Offsite Location: Where? | Online URL: Where? |
| Office lease for renters |  |  |  |
| Building deed for owners |  |  |  |
| Keys/Codes to building (extra keys) |  |  |  |

|  |  |
| --- | --- |
| **Building Management** | |
| Main Point of Contact: (if this row is completed, do no fill out the following information) |  |

Company Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone/Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| **Office Security System** | |
| Main Point of Contact: (if this row is completed, do no fill out the following information) |  |

Company Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Account Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Representative Phone/Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other vital information regarding facilities: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Building Security Passcode: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Insurance** | | | | |
| Main Point of Contact: (if this row is completed, do no fill out the following information) | | |  | |
| *General Liability/Commercial Umbrella* | | *Disabiltiy Insurance (short-term)* | | |
| * Company/Underwriter: |  | * Company/Underwriter | |  |
| * Policy Number |  | * Policy Number | |  |
| * Representative Ph/Email |  | * Representative Ph/Email | |  |
| * Broker Ph./Email |  | * Broker Ph./Email | |  |
| *Directors & Officers Liability* | | Disability Insurance (long-term) | | |
| * Company/Underwriter: |  | * Company/Underwriter | |  |
| * Policy Number |  | * Policy Number | |  |
| * Representative Ph/Email |  | * Representative Ph/Email | |  |
| * Broker Ph./Email |  | * Broker Ph./Email | |  |
| *Health Insurance* | | *Life Insurance* | | |
| * Company/Underwriter: |  | * Company/Underwriter | |  |
| * Policy Number |  | * Policy Number | |  |
| * Representative Ph/Email |  | * Representative Ph/Email | |  |
| * Broker Ph./Email |  | * Broker Ph./Email | |  |
| *Unemployment Insurance* | | *Dental Insurance* | | |
| * Company/Underwriter |  | * Company/Underwriter | |  |
| * Policy Number |  | * Policy Number | |  |
| * Representative Ph/Email |  | * Representative Ph/Email | |  |
| * Broker Ph./Email |  | * Broker Ph./Email | |  |
| *Workers’ Compensation* | | *Retirement Plan* | | |
| * Company/Underwriter |  | * Company/Underwriter | |  |
| * Policy Number |  | * Policy Number | |  |
| * Representative Ph/Email |  | * Representative Ph/Email | |  |
| * Broker Ph./Email |  | * Broker Ph./Email | |  |
| *Other Insurance i.e. Special Event* | | *Other Insurance:* | | |
| * Company/Underwriter |  | * Company/Underwriter | |  |
| * Policy Number |  | * Policy Number | |  |
| * Representative Ph/Email |  | * Representative Ph/Email | |  |
| * Broker Ph./Email |  | * Broker Ph./Email | |  |