



MANAGEMENT SUCCESSION PLAN

(Please use separate attachments to answer questions, if necessary. Thank you.)

COMPANY INFORMATION:

(All Fields Are Required)

Succession Plan Dated: _____

Company Name: _____

Company Address: _____

Street Address

City

State

Zip Code

Names of Owners & Titles:

Structure of the Company: Sole Proprietor LLC Partnership Subchapter C Corporation Other

MANAGEMENT SUCCESSION:

Who is covered by the plan? _____

Who will take over as successor? _____

When do you plan on implementing this succession? _____

Management Succession Plan (continued)

Does the owner(s) have Key Life in place with the company? Yes No

If so, provide policy coverage.

Does the operator require special licensing? Yes No

If so, are the successor(s) properly licensed to continue operating? Yes No

Provide the following list of positions, and the individuals expected to fill the positions:
Job title, name, skills required, and training required. *(Please use page 3 of this document to complete.)*

Is there a legal document that dictates the terms of the succession plan? Yes No

If yes, provide the terms: _____

Signature: _____ Date: _____

Signature: _____ Date: _____

Management Succession Plan (continued)

Please provide the following list of positions, and the individuals expected to fill the positions:
Job title, name, skills required, and training required: