



Atlantic County Improvement Authority
1333 Atlantic Avenue Suite 700 Atlantic City, New Jersey 08401
Phone: 609-343-2390 Fax: (609)343-2188

MANAGEMENT SUCCESSION PLAN

(Use Separate Attachments to Answer Questions if Necessary)

COMPANY INFORMATION:

(All Fields Are Required)

Succession Plan Dated: _____

Company Name: _____

Company Address: _____

Street Address

City

State

Zip Code

Names of Owners & Titles:

Four horizontal lines for listing owners and titles.

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

MANAGEMENT SUCCESSION:

Who is covered by the plan? _____

Two horizontal lines for listing those covered by the plan.

Who will take over as successor? _____

Two horizontal lines for listing the successor.

When do you plan on implementing this succession? _____

Two horizontal lines for listing the implementation date.



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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: _____

Signatures: _____

By: _____

Date: _____



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