

Best Bets 2018 Application

* 1. Company Name

* 2. Address

* 3. Phone

4. Website

* 5. Year Founded Locally

* 6. What does your company do? Please provide a brief description of your products/services.

* 7. Is your company independent, private, for-profit and headquartered locally?

Yes

No

* 8. Is your company a subsidiary of another company?

Yes

No

* 9. What is the name of the parent company?

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* 10. How many full time employees (total) do you have, as of November 1, 2018?

- 0 - 50
- 50 - 100
- 100 - 150
- 150 - 200
- 200 - 250
- 250 - 300
- 300 - 350
- 350 - 400
- 400 - 450
- 450 - 500
- More than 500

* 11. How many part time employees (total) do you have, as of November 1, 2018?

- 0 - 50
- 50 - 100
- 100 - 150
- 150 - 200
- 200 - 250
- 250 - 300
- 300 - 350
- 350 - 400
- 400 - 450
- 450 - 500
- More than 500

* 12. Does your company employ contract workers?

- Yes
- No

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* 13. Please list your company's accountant:

Firm Name

Accountant's Name

Phone Number

* 14. Please list your company's attorney:

Firm Name

Attorney's Name

Phone Number

* 15. Please list your company's banker:

Bank Name

Banker's Name

Phone Number

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Please answer the following in relation to 2018:

* 16. What was your company's biggest accomplishment during the past year?

* 17. Have you added employees in the past year?

- Yes
- No

* 18. How many employees have you added?

- 0 - 10
- 10 - 20
- 20 - 30
- 30 - 40
- 40 - 50
- More than 50

What was the purpose for adding more employees?

* 19. Provide your capital expenditures from January 1 - December 31, 2018:

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* 20. List any significant capital projects completed in the past year (if none, respond with N/A):

* 21. Have you added products or services in the past year?

Yes

No

* 22. What types of products or services?

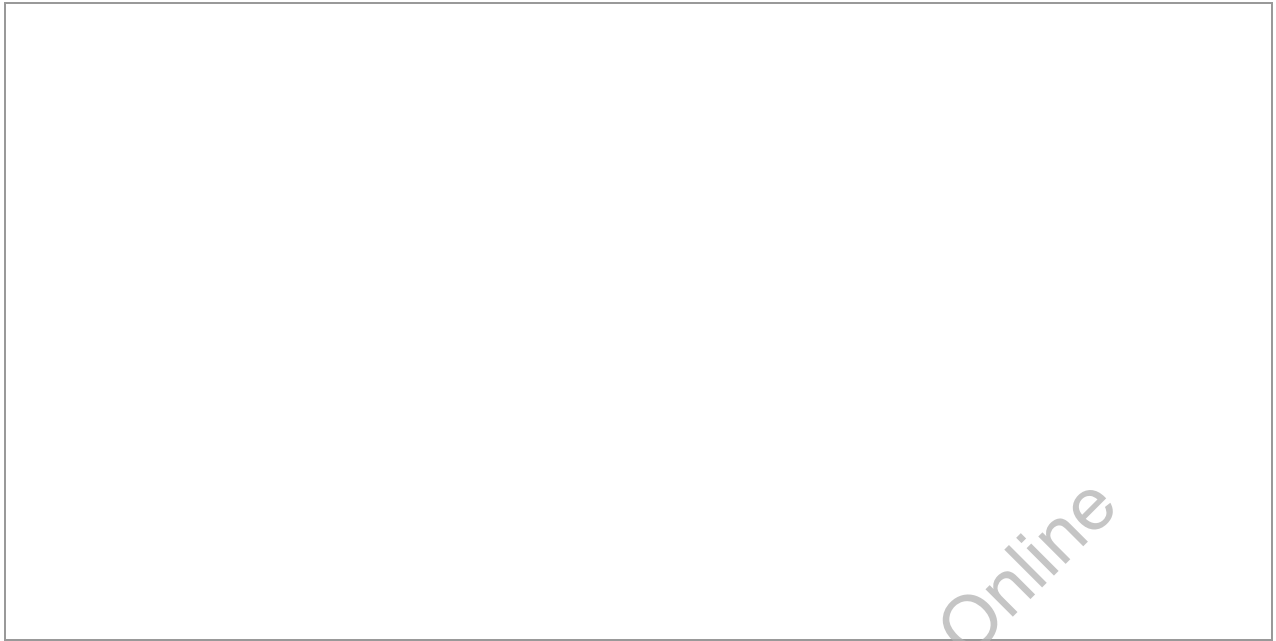
* 23. Have you acquired another business in the past year?

Yes

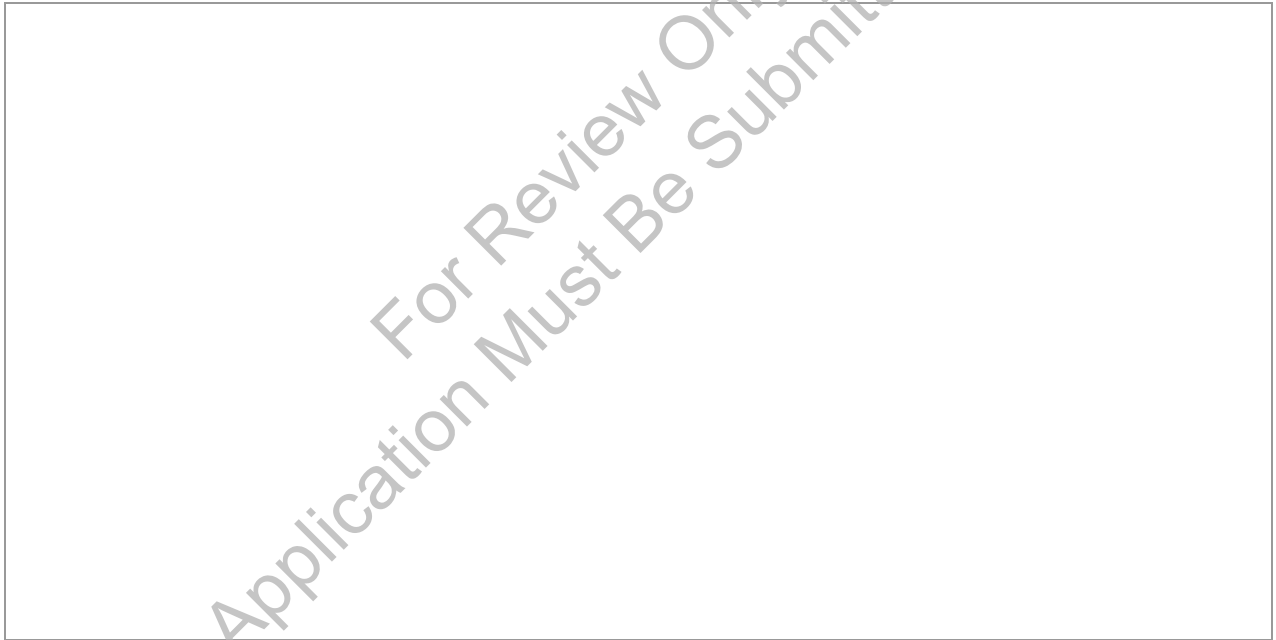
No

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* 24. Why did you complete an acquisition?



* 25. Explain any challenges you have finding adequately trained workers/team members.



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* 26. What was the best decision you made for your business in the past year?

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* 27. What steps do you take to retain employees?

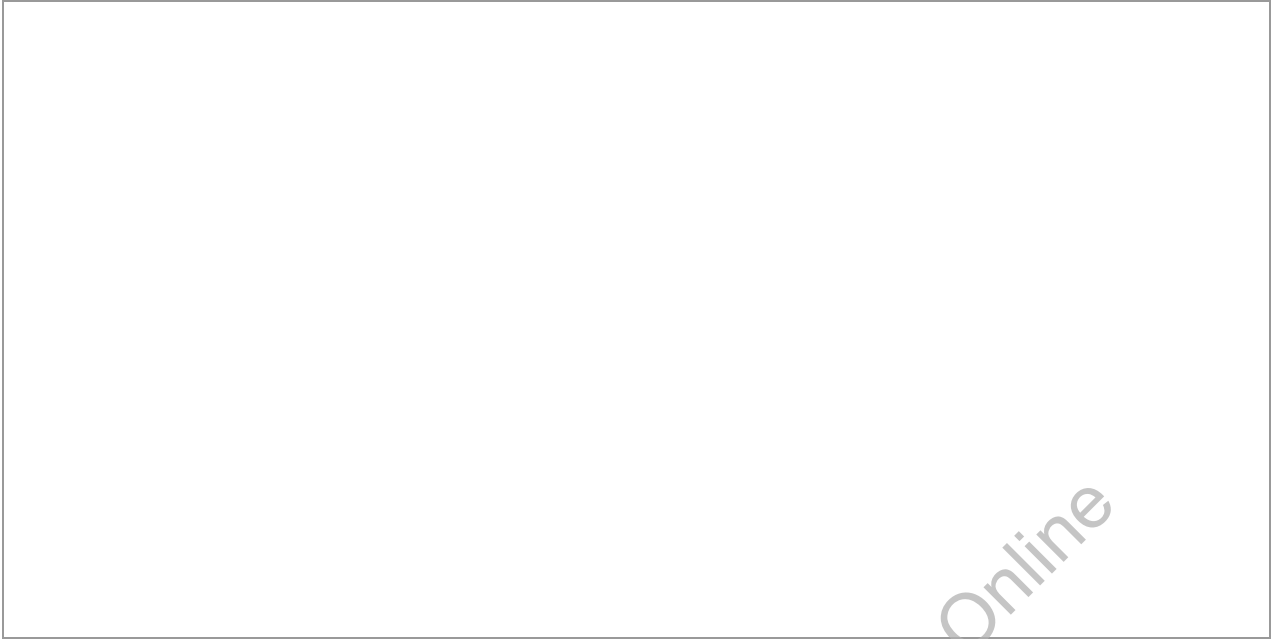
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* 28. Did you have more business (activity/pipeline of work) in the first half of this year versus the first half of 2017?

Yes

No

* 29. Please provide an example of what increases you experienced:



30. What percent of your business comes from beyond Kentucky?

- 0%
- 1 - 10%
- 10 - 20%
- 20 - 30%
- 30 - 40%
- 40 - 50%
- More than 50%

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* 31. Provide a few examples of your company's geographic reach.

* 32. Does your company do business internationally?

- Yes
- No

* 33. Please name up to five countries where you conduct businesses outside of the United States:

* 34. Please provide your revenue for the following years:

2016	<input type="text"/>
2017	<input type="text"/>
2018	<input type="text"/>

* 35. Estimate your company's three-year cumulative revenue percentage growth:

Year 3 (2018) - Year 1 (2016) / Year 1 (2016) x 100 = % growth

* 36. How much of a concern does your organization's leadership team (CEO, CFO, HRD) have about the cost of health care impacting employees and/or corporate cost?

- Critical concern
- Significant concern
- Some concern
- Little concern
- No concern

* 37. During the next year, how confident are you that your organization can improve the cost management of your health care plan?

- Very confident
- Somewhat confident
- Not very confident
- Not confident at all

* 38. Compared with last year, how much has the ability of employees to afford their health care benefits (their share of premium and/or out-of-pocket costs) become a factor in making plan design decisions in your organization?

- Much more than last year
- About the same as last year
- Much less than last year

* 39. Does your organization have in place or is considering the implementation of a high deductible health plan (HDHP) with a health savings account (HAS) and/or health reimbursement account (HRA)?

- In place now
- Likely next year
- No interest

* 40. Does your organization have in place or is considering the implementation of a self-funded health care plan?

- In place now
- Likely next year
- No interest

* 41. Does your organization have in place or is considering a wellness program or any type of program to improve employee health?

- In place now
- Likely next year
- No interest

* 42. Does your organization utilize any of the following HR resources to manage your employee benefit plan? (Select all that apply.)

- Web-based compliance resources
- Individual employee medical expense or estimation tools
- Personalized total compensation statements (i.e. hidden paycheck)
- Benchmark surveys regarding peer employer's health care plan offerings
- Health plan clinical data analytics

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* 43. In order to confirm your revenue number provided, please upload your tax returns from the previous three years (2015, 2016, 2017).

This is a secure upload, but if you would rather email them to us, please contact Janet Saccoccio - jsaccoccio@deandorton.com

No file chosen

* 44. Please complete the following information so we can contact you for any clarification and to let you know if you make this year's list! The contact information should be for the person completing the application.

Name

Email Address

Phone Number

* 45. By checking the box below I acknowledge that I am aware all reported application information is held in strict confidence by Dean Dorton. I understand my contact information will be shared with The Lane Report so I can receive a copy of the special publication, *Kentucky's Proof*. I am aware that a **RANGE** of revenue percentage growth, capital investment, or employment figures I provided *may* be published.

Agree

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