

Best Bets 2019 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?

* 10. How many full time employees (total) do you have, as of November 1, 2019?

- 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, 2019?

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

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* 12. Does your company employ contract workers?

Yes

No

* 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 2019:

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

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

- Yes
- No

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Please answer the following in relation to 2019:

* 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, 2019:

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

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* 21. Have you expanded your facility in the past year?



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

Yes

No

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Please answer the following in relation to 2019:

* 23. What types of products or services?

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

- Yes
- No

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Please answer the following in relation to 2019:

* 25. Why did you complete an acquisition?

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

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

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

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* 29. Did you have more business (activity/pipeline of work) in the first half of this year versus the first half of 2019?

Yes

No

Please answer the following in relation to 2019:

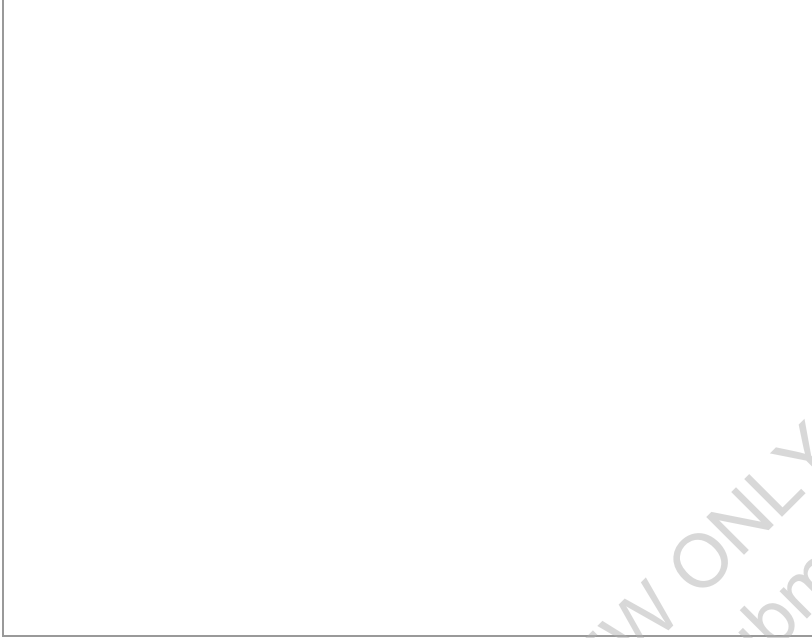
* 30. Please provide an example of what increases you experienced:

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

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

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



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* 33. Does your company do business internationally?

Yes

No

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

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

2017

2018

2019

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

Year 3 (2019) - Year 1 (2017) / Year 1 (2017) x 100 = % growth

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* 37. 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

* 38. 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

* 39. 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

* 40. How prepared is your organization to deal with the legislative and regulatory requirements of sponsoring a health care benefit plan?

- Fully prepared
- Somewhat prepared
- Not prepared

* 41. During the next year, how confident are you that your organization can improve the involvement of by your employees in their own health care decision making?

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

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

- In place now
- Likely next year
- No interest

* 43. 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

* 44. 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

* 45. 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

46. In order to confirm your revenue number provided, please upload your tax returns from the previous three years (2017, 2018, 2019). If you do not have 2019's tax return completed yet, 2017 and 2018 will suffice.

This is a secure upload, but if you would rather email them to us through a secure link, please contact Julia Ray - jray@deandorton.com

Choose File

No file chosen

* 47. 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

* 48. 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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