

BUSINESS INTAKE FORM

OPERATING COMPANY INFORMATION

Entity Legal Name:

Address:

City:

State:

Zip Code:

Office Number:

Website:

PRIMARY CONTACT

Full Legal Name:

First Name

Middle Initial

Last Name

Salutation:

Title:

Email:

Mobile Number:

BUSINESS ACTIVITIES: Please provide a detailed description of the company including business activities in which the Company is engaged.

Industry:

Number of Full Time Employees:

Number of Part Time Employees:

Business Activities:

Years in Business

Fiscal Year End

Type of Business

C Corp

S Corp

Partnership

Sole Proprietorship

LLC

Other:

Do you currently or have you ever paid premium to a captive insurance company, including 831(b)?

EXISTING P&C COVERAGE: (check all that apply)

- | | | | |
|----------------------|------------------------|--------------------|----------------------|
| Auto Liability | Crime | Cyber Liability | Directors & Officers |
| Employment Practices | Equipment Breakdown | Errors & Omissions | General Liability |
| Inland Marine | Medical Malpractice | Workers Comp | Umbrella |
| Product Recall | Professional Liability | Property | Transportation |
| Other: | | | |

ADVISOR INFORMATION: Please complete all information below for every advisor who will be involved.

	Advisor Name	Company	Address	Phone Number	Email
P&C Agent(s)					
Attorney					
CPA					
Investment Advisor					
Referring Advisor					