



The Leading Provider of Captive Insurance Services

BUSINESS INTAKE FORM

1. Operating Company Information

Full Legal Name:

Address:

City:

State: _____ Zip Code:

Phone Number:

Fax Number:

Website:

2. Primary Contact Information (Person authorized to sign on behalf of the Company)

Name:

Title:

Email:

Phone Number:

3. **Industry/Nature of Business:** Please provide a detailed description of the company and industry including business activities in which the Company is engaged.

4. Type of Business (check one):

Years in Business:

C Corporation

S Corporation

Partnership

Sole Proprietorship

LLC

Other:

5. Fiscal Year End:

(mm/dd)

6. List all Shareholders, Partners, Owners and Officers (Please provide separate sheet with information below if necessary)

Name	Position	Ownership/Interest (%)

7. Company Revenue:

Current Year	\$	Gross Income	\$	Net Income
Next Year	\$	Projected Gross Income	\$	Projected Net Income

8. What additional operating companies are you interested in insuring, if any? (Please provide separate sheet with information below if necessary)

Company Name	Gross Revenue	Nature of Business	Owner(s) and Interest (%)

9. Advisor Information

Attorney Name:

Company:

Address:

Phone Number:

Email:

CPA Name:

Company:

Address:

Phone Number:

Email:

Referring Advisor Name:

Phone Number:

Email: