

Business Intake Form
Standard Coverage

Please note this is an editable PDF, it is not meant to be printed.

Risk Management Consultant: _____

OPERATING COMPANY INFORMATION: Please provide the following information on behalf of your primary insured entity.

Full Legal Entity Name: _____

Trade Name/DBA (if applicable): _____

Address: _____ City: _____ State: _____ Zip Code: _____

Office Phone Number: _____ Website: _____

PRIMARY CONTACT: Please provide contact information for the individual who will be the primary contact for the company.

Full Legal Name: _____ Salutation: _____
First Name Middle Initial Last Name

Title: _____ Email: _____ Mobile Number: _____

COMPANY BACKGROUND:

Number of Years in business: _____ Number of Full Time Employees: _____ Number of Part Time Employees: _____

Business Activities and History: Please provide a detailed description of the primary insured company including history and activities in which the company is engaged.

CAPTIVE EXPERIENCE

Have you or the company ever evaluated or participated in captive insurance? _____ If so, please describe (type of captive (831b, group, employee benefits, etc.), risks insured, status, overall perceptions, etc.).

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

Commercial Policy Renewal Date: _____

<input type="checkbox"/> Auto Liability	<input type="checkbox"/> Crime	<input type="checkbox"/> Cyber Liability	<input type="checkbox"/> Directors & Officers
<input type="checkbox"/> Employment Practices	<input type="checkbox"/> Equipment Breakdown	<input type="checkbox"/> Errors & Omissions	<input type="checkbox"/> General Liability
<input type="checkbox"/> Inland Marine	<input type="checkbox"/> Medical Malpractice	<input type="checkbox"/> Workers Comp	<input type="checkbox"/> Umbrella
<input type="checkbox"/> Product Recall	<input type="checkbox"/> Professional Liability	<input type="checkbox"/> Property	<input type="checkbox"/> Transportation

Other: _____

Business Health Insurance: Fully Insured Self-Insured Uninsured

Are you considering Premium Financing? _____

NAMED INSURED(S), OWNERSHIP AND REVENUE: Please complete all information below for each entity being evaluated for inclusion on the captive policy.

*Net income should be prior to shareholder/owner salaries, dividends and distributions.

Full Legal Entity Name (As listed on Corporate Tax Return)	Trade Name/DBA (If applicable)	Entity Address (As indicated on Tax Return)	Type of Entity	State/ Jurisdiction Formed	Industry	Description of Business Activities	Fiscal Year End (MM/DD)	Corporate Tax Filing Date (MM/DD)	Current Year Projected Gross Revenue	Current Year Projected Net Income*	Next Year Projected Gross Revenue	Next Year Projected Net Income*	Full Legal Name of Owner(s), and Title(s) (As listed on Tax Return) Owners	Ownership %	Owner Address (As indicated on Tax Return)
Ex. ABC Company, LLC	N/A	856 Notreal Dr Anywhere, CA 000001	C-Corp	MD	Manufacturing	Company manufactures custom machinery for construction companies.	12/31	04/15	\$5,000,000	\$1,000,000	\$5,000,000	\$1,000,000	Jane Doe, President	51%	456 Madeup Street Anytown, CA 00000
													John Doe Holdings, LLC	49%	123 Main Street Nowhere, MD 12345

OWNERSHIP CONT.

Please describe the relationships between each direct and indirect owner of each entity, as listed on previous page (family members, business partners, etc.).

ADVISOR INFORMATION: Please provide the contact information for each listed advisor, as applicable.

	Name	Company	Address	Phone Number	Email
Property & Casualty Agent					
Attorney					
CPA					
Investment/ Financial Advisor					
Referring Advisor					