

BUSINESS INTAKE FORM

OPERATING COMPANY INFORMATION

| Entity Legal Name: | | | | | | |
|-----------------------------|----------------------------------|-------------------------|------------------------|---------------------------------|---------------|------------------|
| Address: | | | | | | |
| City: | S | State: Zi | p Code: | Office Number: | Websit | e: |
| PRIMARY CONT | ACT | | | | | |
| Full Legal Name: First Name | | Middle | : Initial | Salutation: Last Name | | |
| Title: | | Email: | | Mobile Number: | | |
| BUSINESS ACTIV | /ITIES: Please prov | ride a detailed descrip | tion of the company in | ncluding business activities in | which the Com | pany is engaged. |
| Industry: | | Number of Ful | ll Time Employees: | Number of Part Time Employees: | | |
| Business Activities: | | | | | | |
| Years in Business | ears in Business Fiscal Year End | | | | | |
| Type of Business | C Corp | S Corp | Partnership | Sole Proprietorship | LLC | Other: |
| Do you currently o | r have you ever paid | d premium to a captiv | e insurance company | including 831(b)? | | |

48 S. Service Rd. | Suite 400 | Melville, NY 11747 | T. 1.833.US.CAPTIVE (1.833.872.2784) | F. 888.929.6565 | www.US-Captive.com



OWNERSHIP AND REVENUE: Please complete all information below for every company to include in underwriting.

* Net Income should be prior to shareholder/owner salary, dividends and distributions

| Operating Company | Name and Title of Shareholder, Partner, Owner | Ownership % | Email Address | Mobile Number | Current Year Projected Gross Revenue | Current Year Projected Net Income* | Next Year Projected Gross Revenue | Next Year Projected Net Income* |
|----------------------|---|-------------|---------------|------------------|--|--|---|---------------------------------------|
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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 Umbrella Medical Malpractice Workers Comp **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 | | | | | |
| СРА | | | | | |
| Investment Advisor | | | | X | 1/7 |
| Referring Advisor | | | | | 12 |