

## 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
<b>P&amp;C Agent(s)</b>					
<b>Attorney</b>					
<b>CPA</b>					
<b>Investment Advisor</b>					
<b>Referring Advisor</b>					