

Captive Insurance Company Program Information Request Form

Section I

PLEASE PROVIDE A SUMMARY OF THE FOLLOWING:

- A. Organizational chart with description of services provided by each entity, including:
1. Type of entity
 2. Industry or line of business
 3. Prospective revenue and profit figures for current year
 4. Office/Property location(s)
 5. Number of employees
 6. Payroll
 7. Any independent contractors?

Section II

PLEASE PROVIDE ANSWERS TO THE FOLLOWING:

- A. Do you have an interest in, or a need to:
1. Reduce insurance cost? Or;
 2. Find a way to profit from the good claims/loss experience of your insurance program?
- B. Please complete the following:

Line of Coverage	Premium	Losses (ratio or \$)	Limits
Workers Comp			Statutory
General Liability			
Auto Liability			
Property Insurance			
Health Insurance			NA
Other: _____			

- C. Describe any risks not covered by insurance that have resulted in financial loss or affect business operations:
- _____
- _____
- _____
- D. Discuss any business related concerns that keep you awake at night:
- _____
- _____
- _____
- E. Do you believe that you paid too much in taxes last year?