

Captive Intake Form

Please complete the following questions to the best of your knowledge to begin the captive review process.

Broker Name: _____ Broker Company: _____

GENERAL INFORMATION

1. Company Name: _____

2. Company Address: _____

3. Ownership Structure: Private Public Non-Profit Private Equity Other: _____

4. Broker Controlled Account: Yes No Other: _____

5. Description of Operation:

INSURANCE INFORMATION

6. Renewal Date: _____

7. Please check all coverages that will be considered in the Captive:

| Coverages | Carrier | Premium | Limits | Deductible/SIR |
|----------------------|---------|---------|--------|----------------|
| Workers Compensation | | | | |
| General Liability | | | | |
| Auto Liability | | | | |
| Property | | | | |
| Medical Stop Loss | | | | |
| Other: _____ | | | | |
| Other: _____ | | | | |

8. Description of Insurance Program (issues/concern/etc.):

GENERAL INFORMATION

9. Is there a current captive in place or being evaluated: Yes No Other: _____

10. Type of Captive being considered: Single Parent Group Captive Unknown Other: _____

11. Purpose of Captive Inquiry (client requested/competition/etc.):