

2016 New Client Information Worksheet



Return completed form to: CIW@eriskstrategies.com

IN PARTNERSHIP WITH
 Montage Investments

Business Contact Information

Insured's Company Business Name: _____

Contact Name & Title: _____

Phone: _____ Cell: _____ E-mail: _____

Registered Address: _____

City: _____ State: _____ ZIP Code: _____

Web Address: _____

Number of Insureds to be considered for this captive: _____

(If more than one Insured to be considered, please list above and complete an additional Client Information Worksheet for each)

Business Information

Month, Day, Year & State Insured Business Commenced: _____

Sole Proprietorship: _____ Partnership: _____ Corporation: _____ LLC: _____ Other: _____

Number of Full-Time Employees: _____ Total Gross Revenue 2015: _____

Total Gross Payroll: _____ Projected Total Gross Revenue 2016: _____

Business Operations Information

Narrative of Business Operations: _____

Areas of Concern for Your Business: _____

1. Does any customer, supplier, contract or employee comprise 10% or more of your business (total revenue?) yes or no.

Name of Company / Employee	Loss of critical (customer, supplier, contract or employee)	Percentage of business (revenue?)

The information provided on this form is considered confidential and will not be shared with outside parties without prior permission.

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2. Please list any applicable regulatory agencies that you must report to or comply with; for example, OSHA, SEC, EPA.

3. Have you ever been fined or penalized by a regulatory agency? Yes or No. If yes, explain

4. Do you have collection issues with any of your customers? Yes or No. If yes, list below

Name of Customer/Company	Year	Amount of Unpaid /Bad Debt

5. Have you ever experienced any type of product recall that relates to your business? If yes, explain circumstance, financial impact and time loss.

6. Does your business have a Safety Program, is there a safety director?

7. Check the traditional market insurance policies your business currently carries. Please provide copies of your current traditional market policies. (Show listing of Potential Market Policies with Check Boxes Next to each policy type)

- | | |
|---|---|
| <input type="checkbox"/> General Liability | <input type="checkbox"/> Umbrella |
| <input type="checkbox"/> Professional Liability | <input type="checkbox"/> Employment Related Practices |
| <input type="checkbox"/> Directors & Officers | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Product Recall | |

8. Product Data; explain yes answers to the questions below;

- a. Do you import products or component parts? _____
- b. Do you purchase materials or components from others? _____
- c. Do others assemble your products? _____
- d. Have you ever had recalled products? _____

Additional Information Required

1. Copies of Insured's Current Market Policies; **General Liability, Professional Liability, Employment-Related Practices, Directors & Officers.** (Not required: Worker's Compensation, Automobile, or Property.)
2. Last three years of audited financials (operating company)
3. Previous 2 years tax returns (operating company)
4. Last three years historical claims losses paid by Insurance

Signature: _____ Date: _____

Printed Name: _____ Title: _____

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