

2017 New Client Information Worksheet



THIS FORM MUST BE COMPLETED IN ITS ENTIRETY AND RETURNED TO CIW@ERISKSTRATEGIES.COM.

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 2016: _____
Total Gross Payroll: _____ Projected Total Gross Revenue 2017: _____

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?

If yes, 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.

☐ General Liability

☐ Umbrella

☐ Professional Liability

☐ Employment Related Practices

☐ Directors & Officers

☐ Other

☐ 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

☐ Copies of Insured's Current Traditional Market Insurance Policies as noted in item number seven of this form.

☐ Last three years of audited financials (operating company)

☐ Previous 2 years tax returns (operating company)

☐ Last three years historical claims loss runs for traditional market insurance policies

Signature: _____

Date: _____

Printed Name: _____

Title: _____

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