

**CaptiveExperts.com (Complete then email this form to:
"tom@captiveexperts.com")**

Client Fact Finder – Preliminary Assessment, © 2011 All Rights Reserved

Contact Party Names: _____

Emails: _____ Phone #s: _____

Business Name(s) (Proposed Insureds): _____

Business Annual Revenues: _____ # of Employees: _____

Estimated Pre-Tax Income: _____ Headquarter State: _____

Business Industry & Description: _____

Business websites: _____

Types of commercial insurance you have (if known, carrier, policy limits and deductibles):

Main risks and gaps in insurance you worry about most:

Other objectives you have for your captive and risk management program:

Estimated Annual Premium Amount You Can Commit to Fund Captive: _____

Share any other information you think relevant including your ideas about proposed owners, officers and directors of the captive and whether you have asset protection or estate plan integration objectives:

Insurance Adviser Name and Contact Info: _____

CPA Name and Contact Info: _____

Lawyer name and contact info: _____

Financial Adviser name and contact info: _____

(Complete and email this form to "tom@captiveexperts.com")