

# Client Information Worksheet (CIW)



**ERS to Complete This Section**

Policy Period \_\_\_\_\_ to \_\_\_\_\_

New Insured  Renewal

**THIS FORM MUST BE COMPLETED IN ITS ENTIRETY, SIGNED, DATED AND RETURNED TO CIW@ERSCAPTIVE.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: \_\_\_\_\_ Last Year's Total Gross Revenue: \_\_\_\_\_

Total Gross Payroll: \_\_\_\_\_ This Year's Projected Total Gross Revenue: \_\_\_\_\_

**Business Operations Information**

— Narrative of Business Operations: *Note any change in business operations from prior year* \_\_\_\_\_

— Areas of Concern for Your Business: \_\_\_\_\_

1. Could you have collection issues with any of your customers? Yes  No  Please list any past collection issues below.

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

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

**Client Information Worksheet**

2. Please list all applicable regulatory governmental agencies that have jurisdiction over your business activities and could bring agency actions against your business. \_\_\_\_\_
3. Have you ever been fined or penalized by a regulatory agency? Yes  No   
If yes, explain. \_\_\_\_\_
4. List any referral source, customer, supplier, contract or employee (including yourself), whose loss would result in a diminution of business income, net profit or an increase in cost of goods sold or overhead expenses.

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

5. Does your business have a safety program? \_\_\_\_\_ If yes, is there a safety director? \_\_\_\_\_
6. Pertaining to Cyber Risk - Does your business:
  - a. Have Cyber security in place? \_\_\_\_\_ Provide a copy of the written Cyber security policies and procedures.
  - b. Have a written Cyber Disaster Recovery Program? \_\_\_\_\_ If so, please provide a copy of the program.
  - c. Host a database? \_\_\_\_\_ How easy is it to restore? \_\_\_\_\_
  - d. Collect personal information i.e. health, SSN? \_\_\_\_\_ If so, approximately how many SSN's are stored? \_\_\_\_\_
  - e. Collect financial information? \_\_\_\_\_
  - f. Accept credit card payments? \_\_\_\_\_ Provide approx. number of financial transactions. \_\_\_\_\_
7. Regarding the services your business provides, could your business be subject to the following:
  - a. The replacement or repair of a defect, deficiency or inadequacy as a result of services provided? \_\_\_\_\_
  - b. The reimbursement of a fee, commission or compensation as a result of a failure to render professional services? \_\_\_\_\_
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? \_\_\_\_\_

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

## Client Information Worksheet

---

9. Have you ever experienced any type of product recall that relates to your business? If yes, explain circumstance, financial impact and time loss. \_\_\_\_\_
10. Could your business be subject to a possible Pollution Condition? \_\_\_\_\_  
(i.e. discharge, dispersal, release, seepage, migration, or escape of smoke, vapors, soot, fumes, acids, alkalis, toxic chemicals, liquids or gases, hazardous materials, waste materials, including medical, infectious and pathological wastes, electromagnetic fields, or other irritants, contaminants or pollutants into or upon land)
11. Is your business subject to a potential breakdown/malfunction of key business equipment, including power failure? \_\_\_\_\_
12. Check the traditional market insurance policies your business currently carries. Please provide copies of your current traditional market policies.
- |   |   |
|---|---|
| <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"/> Cyber                        |
| <input type="checkbox"/> Product Recall         | <input type="checkbox"/> Other _____                  |

### Additional Information Required

---

- Copies of Insured's Current Traditional Market Insurance Policies as noted in item number twelve of this form.
- Last three years audited financials (operating company)
- Last two years tax return (operating company)
- Last three years historical claims loss runs for traditional market insurance policies

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_



**Luis Filipe**

Director of Captive Operations  
lfilipe@erscaptive.com

**Yvonne Lollar**

Underwriting Manager  
ylollar@erscaptive.com

tel: 602-904-7687

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