

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

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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? _____

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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: _____



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