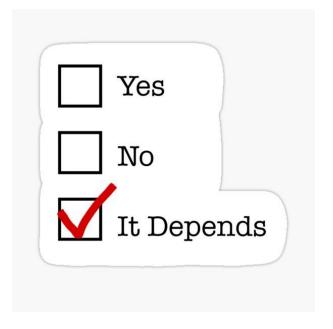


It Depends?

"It Depends" - Used in speech to say that the answer to a question will be different in different situations.

I get lots of questions? The proper questions, please ask more questions!

However, the answers to any question is dependent on understanding the framework, the details of the person or company asking the question. The answer to questions may be a broad answer or the answer may be a very specific answer based upon years of similar questions. The answer ultimately is based on the uniqueness of the company being insured and the person asking the question.



For example:

Can I replace existing coverage in my Captive? Yes, No, Maybe? It Depends! What coverage are we discussing? How much exposure do you have? What is most efficient?

Yes, some exposures are very easy to replace, and should be replaced. As an example: Directors & Officers coverage. Why pay premiums to a third party for the same coverage when you can pay that premium to your own Captive insurance company?

Some exposures can be replaced, but only IF your exposure and even the size of the operating company is great enough.

Depending on the surplus and capital reserves of your Captive may also determine if, or if not, an exposure can be replaced.

Some exposures can be replaced with the use of a fronting carrier.

No, some exposures are not appropriate to replace, so raise your deductible on that exposure, lowering the premium, and insure the deductible in your Captive insurance company.

Asking the right questions, and more importantly providing direct, personalized answers is made simple with data. Data in = data out. Data helps all parties, business owners, underwriters, and administrators best communicate. A <u>Business Intake form</u> takes two minutes to complete, yet provides a snapshot full of confidential data which helps answer every question. We also request a copy of existing insurance policies.

So tell me about your company.
Are you a \$1,000,000,
\$100,000,000, or a \$500,000,000
company? How many employees
do you have? What keeps you up
at night? These are not random
questions, these questions are
very specific to understanding
you, your company and the Risk
Management program currently in
place, as well as potential gaps, or
differences in conditions of
existing policies which may be
insured.



"I had a miraculous dream in which our list of questions all had answers."

"It depends" can be frustrating and may sound like avoidance. "It depends" is another way of saying please tell me details (intake form) and I'll answer the question directly, specifically, and honestly and create

Your Link to Security!

Rich Ericson, President

ALINK Captive Insurance Services

• Direct: 720-213-0583 • Email: Rich@ALINKcis.com

www.ALINKcis.com



Business Intake Form

ALINK Captive Insurance Services

Phone: 720-213-0583

Fax: 1-844-317-5364

Email: Rich@Alinkcis.com

Website: www.ALINKcis.com

General Information					
Full Legal Company Name:					
Complete Company Street Address:					
City, State Zip: County:					
Phone:	Fax:				
Website:					
Business Owner Contact Informati	on (Person authorized to	o sign on behalf of C	ompany)		
Owner Name:	Position/Title:		Birthdate:		
Complete Home Address:					
Cell Phone:	Email:				
Industry/Nature of Business (Pleas which the company is engaged):	e provide a detailed des	cription of the compa	any and ind	ustry including all bus	iness activities in
Type of Business (check one):					
☐ C-Corporation ☐ S-Corporation	□ Sole Proprietorsh	ip □ Partnership		☐ Other:	
Years In Business:	Fiscal Year End	d (mm/dd):		_	
Number of Full-Time Employees:_	Number of F	Part-Time Employee	es:	_	
List all shareholders, Partners, Ow	ners, and Officers: (plea	se provide separate sheet w	vith information	requested below, if necessar	y.)
Full Name			Position		Ownership %

Company Revenue					
Current Year:	G	Gross Revenue:\$		Net Income: \$	
Next Year:	Projected G	Projected Gross Revenue:\$		Projected Net Income: \$	
Approximate Net Wo	orth: \$				
- Atta	ach a copy of y	our current prope	rty & casualty	insurance pages	
	- A	ccounts receivabl	e / aging repoi		
vvnat additional oper (ple	ating companies a ease provide separa	are you interested in instate sheet with information	requested below, i	f necessary.)	
Company		Gross Annual Revenue \$	Nature of Business	Owners	Ownerst Interest
Attorney Information					
Attorney Name:					
Attorney Firm Name	e:				
Attorney Complete A					
Attorney Phone:		Attorn	ey Email:		
CPA Information					
CPA Name:					
CPA Firm Name:					
CPA Complete Add	ress:				
CPA Phone:		CPA	Email:		
P&C Information					
P&C Agent Name:					
Agency Name:					
Agency Complete A	ddress:				

Agency Email:

Agency Phone: