



ALINK
Captive Insurance Services

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.

Yes
 No
 It Depends

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 **Business Intake form** 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

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Business Intake Form

General Information

Full Legal Company Name: _____

Complete Company Street Address: _____

City, State Zip: County: _____

Phone: _____

Fax: _____

Website: _____

Business Owner Contact Information (Person authorized to sign on behalf of Company)

Owner Name: _____

Position/Title: _____

Birthdate: _____

Complete Home Address: _____

Cell Phone: _____

Email: _____

Industry/Nature of Business (Please provide a detailed description of the company and industry including all business activities in which the company is engaged):

Type of Business (check one):

C-Corporation S-Corporation Sole Proprietorship Partnership LLC Other: _____

Years In Business: _____ **Fiscal Year End (mm/dd):** _____

Number of Full-Time Employees: _____ **Number of Part-Time Employees:** _____

List all shareholders, Partners, Owners, and Officers: (please provide separate sheet with information requested below, if necessary.)

| Full Name | Position | Ownership % |
|-----------|----------|-------------|
| | | |
| | | |
| | | |

Company Revenue

| | | |
|---------------------------|----------------------------|--------------------------|
| Current Year: | Gross Revenue:\$ | Net Income: \$ |
| Next Year: | Projected Gross Revenue:\$ | Projected Net Income: \$ |
| Approximate Net Worth: \$ | | |

- **Attach a copy of your current property & casualty insurance pages**
- **Accounts receivable / aging report**

What additional operating companies are you interested in insuring, if any?

(please provide separate sheet with information requested below, if necessary.)

| Company Name | Gross Annual Revenue \$ | Nature of Business | Owners | Ownership Interest % |
|--------------|-------------------------|--------------------|--------|----------------------|
| | | | | |
| | | | | |
| | | | | |

Attorney Information

| | |
|----------------------------|-----------------|
| Attorney Name: | |
| Attorney Firm Name: | |
| Attorney Complete Address: | |
| Attorney Phone: | Attorney Email: |

CPA Information

| | |
|-----------------------|------------|
| CPA Name: | |
| CPA Firm Name: | |
| CPA Complete Address: | |
| CPA Phone: | CPA Email: |

P&C Information

| | |
|--------------------------|---------------|
| P&C Agent Name: | |
| Agency Name: | |
| Agency Complete Address: | |
| Agency Phone: | Agency Email: |