



ALINK Captive Insurance Services
 Phone: 720-213-0583
 Fax: 1-844-317-5364
 Email: Rich@Alinkcis.com
 Website: www.ALINKcis.com

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 declaration pages.

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:

Referring Advisor Rich Ericson

Alink Captive Insurance Services

