



PRELIMINARY FEASIBILITY QUESTIONNAIRE

If more than one entity is being insured, please complete a separate questionnaire for each.

Please fax this completed form to 866-344-4834 or email to Contact@CaptiveNation.com.

Name of Entity:

Address:

City:

State:

Zip Code:

Phone:

Website:

Contact Name:

Email:

BUSINESS INFORMATION

Entity Type: Corporation S-Corp LLC Other:

Years in Business:

Estimated Value:

Nature of Business:

Description of Business' Primary Operations:

Potential Exposure Concerns:

FINANCIAL INFORMATION

Are Sub-Contractors used? Yes No

Total Number of Employees:

Gross Revenue: Prior Year

Current Year*

Payroll: Prior Year

Current Year*

Sub-Contracting: Prior Year

Current Year*

**Use projected or annualized figures.*

Once we receive the above information, we will contact you to discuss...

- Estimated amount of insurance coverage available
- Potential tax benefits
- Evaluate whether captive insurance is a valuable option for your business