

PIVOTAL CAPTIVE CONSULTING, LLC

**Providing Captive Insurance Company consulting
for professionals and their clients**



Formation Questionnaire

THE CAPTIVE FORMATION PROCESS

Captive Formation Design Life Cycle

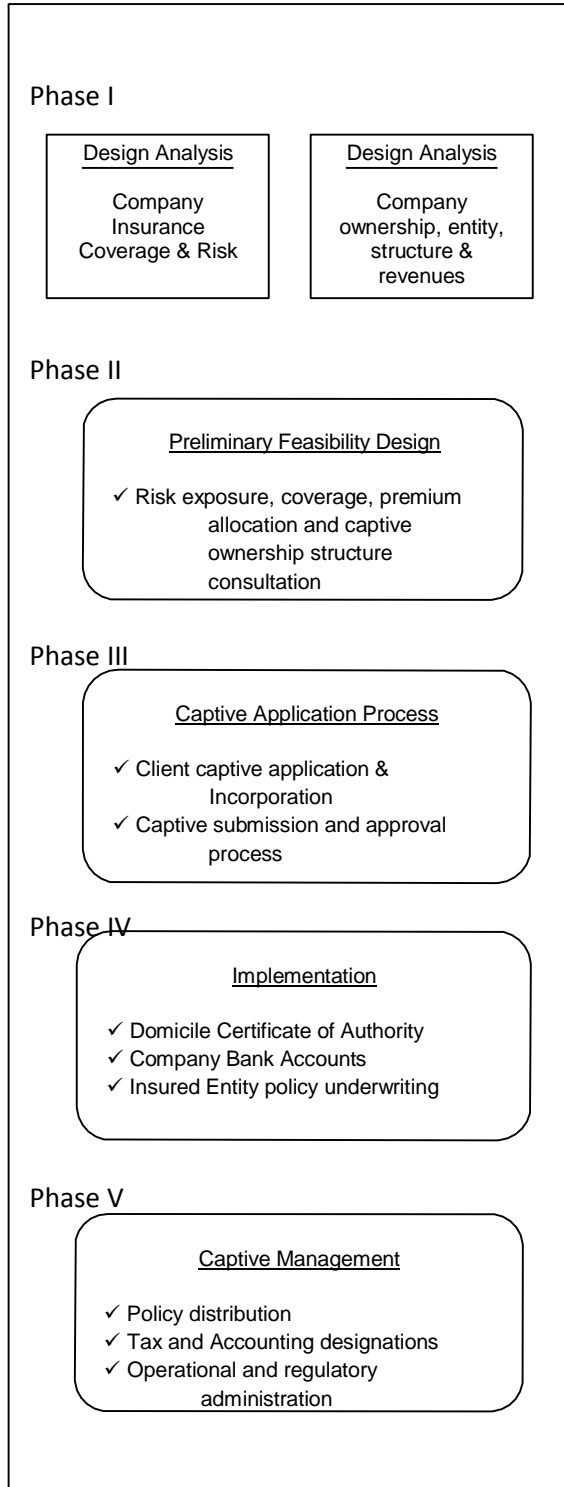
The formation of a captive varies by the complexity of the organization.

Accurate assessment and analysis is the key to cost effective and efficient analysis of the captive benefits.

A preliminary feasibility review will be conducted to assess captive viability in advance of a complete feasibility study. Once proper client discovery is completed, and the viability of captive formation is agreed upon, a complete feasibility study will be performed inclusive of an actuarial analysis, and financial and operational evaluations of the proposed captive.

Comprehensive analysis will include a review of the proposed risk to be underwritten, a review of the premium ranges and costs, and determination of the capitalization and reserves required.

Assuming captive viability and benefit, the application for insurance company formation will be submitted to the insurance commissioner.



CAPTIVE INSURANCE COMPANY ANALYSIS AND DESIGN IMPLEMENTATION

The following pages provide detailed instructions pertaining to documentation required to prepare you Captive design, application and achieve domicile approval.

1. Business Profile Roster:

- Include all partnerships, LLCs and corporations
- Include entities that hold title to real estate
- Include management companies
- Include ownership designations and percentages
- Include employee count per entity
- Include last year's gross revenue or current asset value per entity

2. Copies of Insurance Policies for each such Entity:

- Policy checklist
- Include quotes for insurance you did not purchase, if available

3. Brief Summary of any Litigation or Lawsuits not covered by Insurance

4. Tax Returns and Personal Financial Statements:

- Include last 2 years corporate tax returns for all entities
- Include last 2 years personal tax returns on all directors and officers
- Include personal financial statements on all directors and officers

NOTICE OF PRIVACY POLICY

Our Commitment to Your Privacy: We will not share nonpublic information about you (“Information”) with third parties, outside of the professionals we work with, including our attorneys, accountants, and financial advisors, etc., and the professionals you work with, attorneys, accountants, and financial advisors, etc. (collectively, your “Professional Advisors”), to the extent necessary for them to assist with your representation.

Why we Collect and How We Use Information. We limit the collection and use of information to the minimum we require to deliver superior service to your Professional Advisors, and you. Such service includes debriefing, analysis, planning, implementation, management, etc., and administering our business.

How We Gather Information. We get most Information directly from you or your Professional Advisors, from your responses to our requests for information, from your tax returns, and from various other sources as part of our due diligence investigations. You may also periodically send us information for purposes of certain transactions or for management purposes. This information may be collected in person or electronically. We may verify this information or get additional information from consumer reporting agencies or public sources. This Information may relate to your finances, employment, avocations or other personal characteristics, as well as transactions and interactions with or through your Professional Advisors, us or others.

How We Protect Information. Our employees are required to protect the confidentiality of information and to comply with our established policies. They may access Information only when there is an appropriate reason to do so, such as for your planning, implementation, or management needs. We also maintain physical, electronic and procedural safeguards to protect Information which comply with all applicable laws. Employees who violate our Privacy Policy are subject to disciplinary process.

Disclosure of Information. We may disclose any Information to or as directed by your Professional Advisors or when we believe it necessary for the conduct of our business, or where disclosure is required by law. For example, Information may be disclosed for audit purposes, to our attorneys or other professionals, or to law enforcement and regulatory agencies, for example, to help us prevent fraud. In addition, we may disclose Information to third party service providers (i) to enable them to provide business services for us or your Professional Advisors, such as performing computer related or data maintenance or processing services for us or your broker or investment advisor, (ii) to facilitate planning and transactions on your behalf, (iii) to assist us in creating new structures and transactions, etc. for your use or the use of your Professional Advisors, or (iv) for credit review and reporting purposes. Except those specific, limited circumstances, without your consent, **we will not make any disclosures** of Information to other companies who may want to sell their products or services to you. For example, we do not sell customer lists and we will not sell your name to a catalogue or telemarketer.

This request is authorized by my signature as a director and officer of the company.

Print Name

Date

Signature

INSURANCE

Please provide us with photocopies of **all** your current insurance policies for each business entity or trust that you own or control, including 4 year currently valued loss runs. This includes the following types of policies) for a complete insurance exposure check list, please see the following pages).

BUSINESS INSURANCE POLICIES

- | | |
|--|---|
| <input type="checkbox"/> COMMERCIAL PROPERTY | <input type="checkbox"/> OCEAN/INLAND MARINE |
| <input type="checkbox"/> GENERAL LIABILITY | <input type="checkbox"/> COMMERCIAL UMBRELLA |
| <input type="checkbox"/> COMMERCIAL AUTO | <input type="checkbox"/> BONDS |
| <input type="checkbox"/> CRIME | <input type="checkbox"/> PROFESSIONAL LIABILITY |
| <input type="checkbox"/> WORKERS COMPENSATION | <input type="checkbox"/> DIRECTORS AND OFFICERS |
| <input type="checkbox"/> STATUTORY DISABILITY | <input type="checkbox"/> MOTOR TRUCK CARGO |
| <input type="checkbox"/> GROUP HEALTH INSURANCE | <input type="checkbox"/> BUSINESS OWNERS POLICY |
| <input type="checkbox"/> KEY PERSON LIFE INSURANCE | <input type="checkbox"/> BUY/SELL AGREEMENTS |
| <input type="checkbox"/> PENSION PLAN DOCUMENTS | <input type="checkbox"/> LOSS RUNS (4 YEARS) |

Describe any risks against which you are self-insured:

PROPOSED CAPTIVE PROFILE

FIRST CHOICE NAME OF CAPTIVE INSURANCE COMPANY:

--

ALTERNATIVE INSURANCE COMPANY NAMES:

a)
b)
c)

SHAREHOLDERS: (If owned by individuals)

Name:	%
Name:	%
Name:	%
Name:	%

TRUST OWNERSHIP: (If owned by Trust)

Name of Trust:
Name of Trust:

NAMES OF BOARD OF DIRECTORS: (Minimum of two (2) Directors)

Name:
Name:
Name:
Name:

NAMES OF OFFICERS: (Minimum of two (2) Officers)

President:
Vice President:
Secretary:
CFO:

PROPOSED CAPTIVE DIRECTOR AND OFFICER GENERAL INFORMATION

Note: Please complete questionnaire for each director and officer

Full Name:
Date & Place of Birth:
Social Security Number:
Occupation:
Previous Name or Aliases:
Business Phone Number:
Cell Number:
Business Fax Number:
Primary Business Name & Address:
Business City/State/Zip:
Email Address:
Length In Business: Years Months
Residential Phone Number:
Home Street Address:
Hone City/State/Zip:
Years at Current Residence:

PROPOSED CAPTIVE DIRECTOR AND OFFICER GENERAL INFORMATION

Note: Please complete questionnaire for each director and officer

Full Name:
Date & Place of Birth:
Social Security Number:
Occupation:
Previous Name or Aliases:
Business Phone Number:
Cell Number:
Business Fax Number:
Primary Business Name & Address:
Business City/State/Zip:
Email Address:
Length In Business: Years Months
Residential Phone Number:
Home Street Address:
Hone City/State/Zip:
Years at Current Residence:

CLIENT CORPORATE ADVISORS

ACCOUNTANT:

Name:
Address:
City/State/Zip:
Phone Number & Fax:
Email Address:

BUSINESS ATTORNEY:

Name:
Address:
City/State/Zip:
Phone Number & Fax:
Email Address:

ESTATE ATTORNEY:

Name:
Address:
City/State/Zip:
Phone Number & Fax:
Email Address:

PROPERTY & CASUALTY INSURANCE AGENT:

Name:
Address:
City/State/Zip:
Phone Number & Fax:
Email Address:

CLIENT CORPORATE ADVISORS

INVESTMENT ADVISOR:

Name:
Address:
City/State/Zip:
Phone Number & Fax:
Email Address:

LIFE INSURANCE BROKER:

Name:
Address:
City/State/Zip:
Phone Number & Fax:
Email Address:

BANKER:

Name:
Address:
City/State/Zip:
Phone Number & Fax:
Email Address:

CONSENT TO DISCLOSURE OF TAX RETURN INFORMATION

Federal law requires this consent form be provided to you. Unless authorized by law, we cannot disclose, without your consent, your tax return information to third parties for purposes other than the preparation and filing of your tax return. If you consent to the disclosure of your tax return information, Federal law may not protect your tax return information from further use or distribution.

You are not required to complete this form. If we obtain your signature on this form by conditioning our services on your consent, your consent will not be valid. If you agree to the disclosure of your tax information, your consent is valid for the amount of time that you specify. If you do not specify the duration of your consent, your consent is valid for one year.

Please complete:

- Purpose for forwarding information:

Formation of a Captive Insurance Company

- Name and Address to whom the information is being disclosed to:

- Robert E. Bertucelli & Roger T. Ciacco
Pivotal Captive Consulting, LLC
125 Jericho Turnpike, Suite 200
Jericho, New York 11753
Ph: 516-478-4167
Fax: 516-338-8862
Email: rbertucelli@pivotalcaptive.com
rciacco@pivotalcaptive.com

- Consent Duration

One Year

I, _____ authorize _____ to disclose to Pivotal Captive Consulting, LLC. and associated firms the following: Personal & Corporate tax returns including current P & L, Balance Sheet and Personal Financial Statements.

Signature

Date

If you believe your tax return information has been disclosed or used improperly in a manner unauthorized by law without your permission, you may contact the Treasury Inspector General for Tax Administration (TIGTA) by telephone at 1-800-366-4434, or by email to complaints@tigta.treas.gov