

Captive Feasibility: Company Profile

Company Name:			
Address:			
		(Street)	
	(City, State, Zip)		
Industry:			
Brief Description of			
Business:			
Percentage of ESOP		Year ESOP	
Ownership:		Established:	
Annual		Employee	
Revenue:		Count:	
	Are you a member of the NCEO?	Yes	No
Have you explored o	captives or self funding in the past?	Yes	No
What is your bigges	t concern about joining a captive?		

What frustrations do you have with your current insurance program?



Captive Feasibility: Property & Casualty

Total Annual Payroll:	Do you have exp	erience with large deductibles?
Current Carrier:	Yes	No
Current Renewal	If yes, at what	level?
Date:	\$50k	\$100k
Current Premiums	\$250k	Other
Workers' Compensation:	Do you have risk manage	e a dedicated safety director or er?
Auto:	Yes	No
General Liability:	# of Compa	ny Autos:
Current Umbrella/		
Excess Limit:		

To perform a 5-year ROI and projected captive pricing proforma, please provide the following data: (*If preferred, you may utilize the attached Excel template to provide the data requested below.*)

	Policy Year	Premium	Deductible	Total Losses Incurred
	2015			
Workers' Comp.	2016			
	2017			
	2018			
	2019			
Auto	2015			
	2016			
	2017			
	2018			
	2019			
General Liability	2015			
	2016			
	2017			
	2018			
	2019			



Captive Feasibility: Group Health Insurance

Plan Year:	Current Funding:		
	Fully Insured		
Renewal Date:	Self Insured		
	Level Funded		
Eligible Employees:	Captive		
Enrolled Employees:	Wellness/Clinical Risk Programs Offered:		
	Biometric Screening		
Current Carrier:	Diabetes Programming		
Estimated Comment	Employee Assistance Program		
Estimated Current	Gym Membership		
Annual Premium or	Health Coaching		
Self-Funded Budget:	On-site Clinic		
If Self Insured:	On-site Workout Facility		
Third-Party	Smoking Cessation		
Administrator:	Weight Loss Programming		
Administrator.	Other:		
Reinsurance			
Carrier:	Incentives Offered for Wellness Participation:		
Individual Stop	Cash Bonus		
Loss Level:	Gift Card		
Aggregate Stop	РТО		
Loss Level:	Reduced Premium		
DI	Smoking Cessation		
Pharmacy Benefit Manager:	Other:		