



Named Insured / Additional Insured Supplemental Questionnaire

This form must be completed for all Personal Lines submissions when the Named Insured or Additional Insured is a Limited Liability Company (LLC), Trust or Estate.

Applicant information
Name(s):
Entity Name:
Entity Mailing Address:
Type of Entity (LLC, Trust or Estate):
List all Entity Members, Trustees or Executors:
Purpose of the formation of the entity:

Additional information		
1) Has the purpose of the entity changed since its formation?	YES	NO
2) Within the past five years, has the entity engages in any form of business or owned any real estate for business purposes whether or not identified on the application?	YES	NO
3) In the past five years, has the entity been the subject of any kind of litigation?	YES	NO
4) Does the entity have any employees?	YES	NO
5) Does the entity own any real estate, personal property or assets not listed on the application?	YES	NO
Provide additional information to any "Yes" response(s):		

List all exposures owned, in whole or in part, by this entity	Percent Owned	Usage / Occupancy