

Corporate Named Insured Questionnaire

Name of Applicant:	Location Address of Premises Requested for Coverage:
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This supplemental application must be filled out completely, signed by the applicant and accompany the appropriate ACORD application.

1. What is the name of the Corporation, LLC, or LLP?

2. Who are the Principals of the Corporation, LLC or LLP?

3. Why was the Corporation, LLC or LLP formed? (please be specific)

4. Does the Corporation, LLC or LLP engage in any form of commerce? Yes No
If yes, what is the nature of the business?

5. Occupancy type:

Primary Secondary Seasonal Rental Other _____

6. Who are the occupants?

7. Is the property vacant during the year? Yes No

If yes, why and for how long? _____

8. What is the FEIN number of the Corporation, LLC or LLP? _____

Additional Responses Can Be Put On a Separate Page

Applicant's Statement:

I have read the above application and any attachments. I declare that the information provided in them is true, complete and correct to the best of my knowledge and belief. This information is being offered to the company as an inducement to issue the policy for which I am applying.

ACCEPTANCE OF COVERAGE AND TERMS IS DEPENDENT ON COMPANY APPROVAL

Applicant's Signature:	Date:	Producer's Signature:
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Supplemental Questionnaire

To be completed for all Personal Lines submissions or renewals when the Named Insured or Additional Insured is a Trust, Limited Liability Company, Limited Liability Partnership, Limited Partnership, or Estate

Named Insured: _____

Additional Insured: _____

Policy Number: _____

Answer the following questions. Please write legibly

1. What is the full name of the trust, LLC, LLP, LP or estate? (hereafter, "entity"): _____

2. Please list all trustees, LLC managing member(s) and/or board; LLP managing member(s); manager(s); LP managing member(s) estate administrator(s) and executor(s): _____

3. For what purpose was the entity formed? _____

4. Does the entity currently engage directly or indirectly in any form of business or own any real estate used for business purposes whether or not identified on the application? Yes No

If yes, please explain? _____

5. Within the past five (5) years has the entity engaged directly or indirectly in any form of business or owned any real estate used for business purposes? Yes No

If yes, please explain? _____

6. Within the past five (5) years, has the entity been the subject of litigation of any kind? Yes No

If yes, please explain? _____

7. Does the entity have any employees? If so, please provide the number of employees and their job responsibilities. _____

8. Does the entity own any real estate, personal property or assets not listed on the application? Yes No

9. For all exposure(s) listed on the application, please explain:

a)The entity's use and occupancy of any real estate: _____

b)The entity's use of personal property and assets: _____

10. Does the entity own, maintain or use any automobile, recreational vehicle or watercraft? Yes No

If yes, please explain? _____

Applicant Signature: _____ Date: _____

Supplemental Corporate Named Insured Questionnaire

1. What is the Name of The Corporation, LLC or LLP? Who are the Principals?
2. Why was the corporation formed? (Please be specific).
3. Does this corporation, LLC or LLP engage in any form of commerce? If so, what is the nature of the business?
4. What is the occupancy type (i.e. Primary, Secondary, Seasonal, Rental, etc..)?
Who are the occupants?
5. Is the property rented at any time during the year? If so, how often and to whom?
6. Is the property vacant during the year? If so, for how long?
7. Is there a permanent resident or caretaker living on the premises?