



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): <input style="width: 90%;" type="text"/>
Entity Name: <input style="width: 90%;" type="text"/>
Entity Mailing Address: <input style="width: 90%;" type="text"/>
Type of Entity (LLC, Trust or Estate): <input style="width: 90%;" type="text"/>
List all Entity Members, Trustees or Executors: <input style="width: 90%; height: 20px;" type="text"/>
Purpose of the formation of the entity: <input style="width: 90%;" type="text"/>

Additional information	
1) Has the purpose of the entity changed since its formation?	<input type="checkbox"/> YES <input type="checkbox"/> 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?	<input type="checkbox"/> YES <input type="checkbox"/> NO
3) In the past five years, has the entity been the subject of any kind of litigation?	<input type="checkbox"/> YES <input type="checkbox"/> NO
4) Does the entity have any employees?	<input type="checkbox"/> YES <input type="checkbox"/> NO
5) Does the entity own any real estate, personal property or assets not listed on the application?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Provide additional information to any "Yes" response(s): <input style="width: 90%; height: 50px;" type="text"/>	

List all exposures owned, in whole or in part, by this entity	Percent Owned	Usage / Occupancy
<input style="width: 90%; height: 20px;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
<input style="width: 90%; height: 20px;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
<input style="width: 90%; height: 20px;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
<input style="width: 90%; height: 20px;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>