

Corporation, Trust, LLC or LLP Named Insured Supplemental Questionnaire

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| 1. | What is the name of the Corporation, Trust, LLC, or LLP? |
| 2. | Why was the Corporation, Trust, LLC, or LLP formed? (Please be specific, i.e., formed as real estate company (purchase/sales/rental/development) formed to provide liability protection for the principles, etc) |
| 3. | What are the name(s) and occupation(s) of the principal(s) of the Corporation, Trust, LLC or LLP (if Self-Employed, please explain)? If there are multiple principals what is their relationship to each other? |
| 4. | Within the past (5) years, has the entity been subject of litigation of any kind? If yes please explain. |
| 5. | Does the entity have any employees? If so, please provide the number of employees and their responsibilities? |
| 6. | Does the Corporation, Trust, LLC, or LLP ever engage in any form of business activity, such as real estate purchase/sales/rental/development; manufactory; retail or wholesale sales; etc? If yes, please indicate the exact nature of the business activity |
| 7. | Is any business activity ever conducted at the property to be insured or at the insured location. |
| 8. | Does the Corporation, Trust, LLC, or LLP own any properties other than the property to be insured? If yes, please indicate how many and their location(s) (city & State). |
| 9. | What is the occupancy type for the property to be insured, e.g., primary, secondary, seasonal, rental, etc.? |

If other than rental, list the name(s) of the occupant(s) and their relation (if any, e.g., family, business, etc.) to the principal(s) of the Corporation, Trust, LLC, or LLP., and how often the dwelling to be insured is occupied, e.g., 6 months, 12 months, etc.

| 10. | If the property to be insured is a rental or short-term rental (secondary rental; |
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| | seasonal rental, etc.), how often is it rented during the year? |
| | Please indicate the relation (if any, e.g., family business, etc.) of the occupants to the principal(s) of the Corporation, Trust, LLC, or LLP? |
| 11. | Is the property to be insured ever vacant during the year? If yes, how long for? |
| 12. | Is there a permanent resident or caretaker living at the property to be insured or at the insured location? If yes, how many? |
| | Please provide name(s) and occupation(s) |
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