



# Corporation/LLC/Trust/Estate Application

Applicant to complete this application when the Named Insured or Additional Insured is a Corporation, Limited Liability Company, Trust, or Estate.

## I. APPLICANT INFORMATION

Current Evanston policy number: \_\_\_\_\_

Full name of the corporation, LLC, LLP, trust, or estate (hereafter, "entity"): \_\_\_\_\_

Entity address: \_\_\_\_\_

Type of entity:  Corporation  Limited Liability Company (LLC)  Limited Liability Partnership (LLP)  
 Trust  Estate  Other (please specify) \_\_\_\_\_

Location address (street, city, state & zip): \_\_\_\_\_

## II. ENTITY INFORMATION

1. Please provide names, responsibilities, and date of birth for all parties affiliated with the entity (please list below):

a. Employees: \_\_\_\_\_ DOB: \_\_\_\_\_

b. Principals: \_\_\_\_\_ DOB: \_\_\_\_\_

c. Managing members/board: \_\_\_\_\_ DOB: \_\_\_\_\_

d. Administrators: \_\_\_\_\_ DOB: \_\_\_\_\_

e. Executors: \_\_\_\_\_ DOB: \_\_\_\_\_

f. Trustees: \_\_\_\_\_ DOB: \_\_\_\_\_

g. Beneficiaries: \_\_\_\_\_ DOB: \_\_\_\_\_

h. Grantors: \_\_\_\_\_ DOB: \_\_\_\_\_

i. Other: \_\_\_\_\_ DOB: \_\_\_\_\_



- 2. Explain the specific purpose of the formation of the entity:
  
  
  
  
  
  
  
  
  
  
- 3. Currently, or in the last 5 years, has the entity engaged directly or indirectly in any form of business or commerce?.....Yes [ ] No [ ]  
**(If yes, please specify)**
  
  
  
  
  
  
  
  
  
  
- 4. Currently, or in the last 5 years, has the entity been the subject of litigation of any kind?.....Yes [ ] No [ ]  
**(If yes, please specify)**
  
  
  
  
  
  
  
  
  
  
- 5. If this is a Builders Risk, please explain any relationship between the entity and the General Contractor:

### III. OCCUPANCY INFORMATION

- 1. Will any part of the dwelling or property be used directly or indirectly for any form of business or commerce?.....Yes [ ] No [ ]  
**(If yes, please specify)**
  
  
  
  
  
  
  
  
  
  
- 2. Please provide information on who occupies or will occupy the dwelling (please list below):
  - a. Name(s): \_\_\_\_\_
  - b. Title(s): \_\_\_\_\_
  - c. Explain any affiliation between the entity and the occupant(s):

### IV. APPLICANT'S STATEMENT

By evidence of my signature, I swear that all of the answers to the above questions and the information provided are correct and accurate representations. I further understand that the placement of coverage is contingent on the accuracy of these representations. I understand that the Company and its representatives have the right to inspect the inside and outside of the premises to verify the information provided and I give my consent to such inspection.

Applicant's signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Producer's signature: \_\_\_\_\_ Date: \_\_\_\_\_

