



CARRIER:

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# Supplemental Questionnaire

TO BE COMPLETED FOR ALL PERSONAL LINES SUBMISSIONS WHEN THE NAMED INSURED OR ADDITIONAL INSURED IS A TRUST, LIMITED LIABILITY COMPANY, LIMITED LIABILITY/FAMILY PARTNERSHIP, \*CORPORATION OR FOR AN INDIVIDUAL WHEN REQUESTING ADDITIONAL INSURED STATUS.

\* Please note we cannot write any Personal Umbrella in the name of a Corporation.

Named Insured as it appears on the primary policy: \_\_\_\_\_

Additional Insured Name and Mailing address as it appears on the primary policy: \_\_\_\_\_

1. What is the full name of the Trust, LLC, LLP, LP, Corporation or Estate (hereafter "entity") and the date established?  
\_\_\_\_\_
2. For what purpose was the entity formed? \_\_\_\_\_
3. Has the purpose of the entity changed since its formation?  Yes  No  
If "Yes," please explain: \_\_\_\_\_
4. 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 executors(s); Corporation officers, directors and/or stockholders? \_\_\_\_\_
5. Within the past five (5) years, has the entity engaged in any form of business or owned any real estate for business purposes whether or not identified on the application?  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?  Yes  No  
If "Yes," 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  
If "Yes," please identify those exposures. \_\_\_\_\_

Please complete the attached schedule to include all exposures owned, in whole or in part, by the entity.

### PROPERTY LOCATIONS:

Please list all properties in which the entity has ownership. \*\*\*Please note one location must be occupied as a primary residence by a member of the entity. Please note below which location is the primary residence location.

Location Description	Address:	City:	Zip:	Underlying Limit:

**AUTOMOBILES:**

Please list all automobiles in which the entity has an ownership interest:

Year, Make, Model	VIN#	Underlying Limit:

**RECREATIONAL VEHICLES:**

Please list all recreational vehicles in which the entity has an ownership interest:

Year, Make, Model	VIN#:	Underlying Limit:

**WATERCRAFT:**

Please list all watercraft in which the entity has an ownership interest:

Year, Make, Model	Serial #	HP	Watercraft Type	Underlying Limit:

Applicant's signature: \_\_\_\_\_

Date: \_\_\_\_\_