



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: _____