



SUPPLEMENTAL QUESTIONNAIRE

To be completed for all Personal Lines submissions when the Named Insured or Additional Insured is a Trust, Estate, or Limited Liability Company. Please answer all questions below to your fullest and complete knowledge.

SECTION 1: APPLICANT INFORMATION:

APPLICANT'S FULL NAME:		
LAST:	FIRST:	MIDDLE:
CO-APPLICANT'S FULL NAME:		
LAST:	FIRST:	MIDDLE:
TRUST, ESTATE, OR LLC (HEREAFTER CALLED "ENTITY") GENERAL INFORMATION:		
ENTITY FULL NAME:		
DATE ESTABLISHED OR INCORPORATED:	/ /	NUMBER OF MEMBERS (INCLUDING MANAGING):
PLEASE DESCRIBE THE MAIN PURPOSE OF THE ENTITY:		

SECTION 2: ENTITY MEMBER INFORMATION

PLEASE LIST ALL TRUSTEE(S), BENEFICIARY(IES) LLC MEMBERS, LLC MANAGING MEMBERS, ESTATE ADMINISTRATOR(S), AND/OR EXECUTOR(S):		
#:	Member Name:	Relation to Entity:
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		

SECTION 3: ADDITIONAL ENTITY INFORMATION

PLEASE FURNISH ANSWERS TO THE FOLLOWING QUESTIONS BELOW:		
HAS THE PURPOSE OF THE ENTITY CHANGED SINCE ITS FORMATION?	YES	NO
IN 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 IN THE APPLICATION?	YES	NO
IN THE PAST FIVE (5) YEARS HAS THE ENTITY BEEN THE SUBJECT OF ANY LITIGATION OF ANY KIND?	YES	NO
DOES THE ENTITY OWN ANY REAL ESTATE, PERSONAL PROPERTY, OR ASSETS NOT LISTED ON THE APPLICATION?	YES	NO
PLEASE EXPLAIN ALL "YES" ANSWERS FROM ABOVE:		