

**Lexington Insurance Company
Corporate Named Insured Supplemental Questionnaire
(Including LLC's, LLP's, Trusts, Estates)**

1. **What is the Name of the Corporation, LLC, LLP, Trust or Estate?**
2. **What is the Tax ID of the Corporation, LLC, LLP? (If Applicable)**
3. **Please provide the Principal names (Corp/LLC/LLP) and occupation below. If there are multiple principals, please confirm their relationship:**

	Principal #1	Principal #2	Principal #3
Full Name			
DOB			
Address			
City, State, Zip			
Relationship to each other			
If this is a Builders Risk any relationship to the General Contractor or Company			

Trusts			
Trustee(s)	Name	Address	City, State
Beneficiary(s)			
Estate	Name	Address	City, State
Executor(s) of Estate			
Principals of Estate			

4. **Why was the Corporation, LLC, LLP, Trust or Estate formed? (Please be specific).**
5. **Does this Corporation, LLC, LLP, Trust or Estate engage in any form of commerce/business? If yes, what is the nature of the business?**
6. **Is any business activity ever conducted at the insured location?**

7. Please confirm the occupancy type for the property to be insured:

Occupancy (select one)	Primary	Secondary	Sec/Rental; Rental Short Term Rental	Vacant
Name of each occupant of home if other than rental				
Relationship of each occupant to the insured				
If rented, how often- rental length/ frequency?				
If Vacant how long has risk been Vacant				
Is there a permanent resident or caretaker living on the Premise? If yes provide name				

8. Are there any other properties associated with to this Corporation, LLC, LLP, Trust or Estate? If yes, please list below:

Other locations owned by LLC/Estate/ Trust	Address (City & State)