

**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)