

LLC SUPPLEMENTAL APPLICATION

THIS APPLICATION MUST BE COMPLETED WHEN THE NAMED INSURED OR ADDITIONAL INSURED IS A LIMITED LIABILITY COMPANY

Applicant & LLC information:

Current policy number (if endorsing from an Individual to LLC):

Full name of the LLC:

List the owners/principals of the LLC and their responsibilities:

- | | |
|----|----|
| 1. | 4. |
| 2. | 5. |
| 3. | 6. |

Webpage URL detailing the business entity, location, owners and interested parties:

Explain the specific purpose for the formation of the entity:

Does, or has the entity engaged in any form of business or commerce? (Including property rental)
 (If yes, specify the details)

YES NO

If the LLC owns residential property rentals, please specify the number of these property types owned:

Has the entity been the subject of litigation of any kind?
 (If yes, specify the details)

YES NO

Occupancy information:

Will any part of the dwelling or property be used for any form of business or commerce? (Including property rental)
 (If yes, specify the details)

YES NO

What is the Occupancy Type for the property to be insured? (Primary, secondary, rental, short-term rental, business accommodation, etc.)

List the current occupants or future occupants of the dwelling (skip this question if Occupancy Type is any form of Rental):

- | | |
|----|----|
| 1. | 4. |
| 2. | 5. |
| 3. | 6. |

Explain any affiliation between the LLC and the occupant(s):

Applicant's statement:

By signing below, I confirm that all the answers to the above questions and the information provided are correct and accurately reflect the LLC and Occupancy information described. I further understand that the placement of coverage is contingent on the accuracy of these representations.

Applicant's signature:

Date:

Producer's signature:

Date: