

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: