

Lexington Insurance Company Supplemental Corporate Named Insured Questionnaire

1. **What is the Name of The Corporation, LLC or LLP? Is there a TAX ID #? If yes, please provide.**

2. **Please provide the Principal names and occupation (if self employed, please explain). If there are multiple principals what is their relationship?**

3. **Does this corporation, LLC or LLP engage in any form of business activity? If yes, what is the nature of the business activity?**

4. **Does this corporation, LLC or LLP own any other properties? If yes, please list.**

5. **What is the occupancy type (i.e. Primary, Secondary, Seasonal, Rental, etc.)? Who are the occupants?**

6. **Is the property rented at any time during the year? If yes, how often and to whom?**

7. **Is the property vacant during the year? If yes, for how long?**

8. **Is there a permanent resident or caretaker living on the premises? If yes, please provide name.**