HUDSON INSURANCE GROUP®

Named Insured / Additional Insured Supplemental Questionnaire

This form must be completed for all Personal Lines submissions when the Named Insured or Additional Insured is a Limited Liability Company (LLC), Trust or Estate.

Applicant information
Name(s):
Entity Name:
Entity Mailing Address:
Type of Entity (LLC, Trust or Estate):
List all Entity Members, Trustees or Executors:
Purpose of the formation of the entity:

Additional information	
1) Has the purpose of the entity changed since its formation?	❑ Yes ❑ No
2) Within the past five years, has the entity engages in any form of business or owned any real estate for business purposes whether or not identified on the application?	❑ Yes ❑ No
3) In the past five years, has the entity been the subject of any kind of litigation?	❑ Yes ❑ No
4) Does the entity have any employees?	❑ Yes ❑ No
5) Does the entity own any real estate, personal property or assets not listed on the application?	❑ Yes ❑ No
Provide additional information to any "Yes" response(s):	

List all exposures owned, in whole or in part, by this entity	Percent Owned	Usage / Occupancy