

Lexington Insurance Company Corporation, LLC or LLP Named Insured Questionnaire

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

- 2. Why was the Corporation, LLC or LLP formed? (Please be specific, e.g.,
formed as real estate company (purchase/sales/rental/development); formed
to provide liability protection for the principal(s); etc.)**

- 3. What are the name(s) and occupation(s) of the principal(s) of the Corporation,
LLC or LLP (if self employed, please explain)? If there are multiple principals,
what is their relationship to each other?**

- 4. Does the Corporation, LLC or LLP ever engage in any form of business activity,
such as real estate purchase/sales/rental/development; manufacturing; retail
or wholesale sales; etc? If yes, please indicate the exact nature of the
business activity.**

- 5. Is any business activity ever conducted at the property to be insured or at the
insured location?**

- 6. Does the Corporation, LLC or LLP own any properties other than the property
to be insured?**

If yes, please indicate how many and their location(s) (city & state).

**Lexington Insurance Company
Corporation, LLC or LLP Named Insured Questionnaire**

7. **What is the occupancy type for the property to be insured, e.g., primary, secondary, seasonal, rental, etc.?**

If other than rental, list the name(s) of the occupant(s) and their relation (if any, e.g., family, business, etc.) to the principal(s) of the Corporation, LLC or LLP., and how often the dwelling to be insured is occupied, e.g., 6 months, 12 months, etc.

8. **If the property to be insured is a rental (secondary rental; seasonal rental, etc.), how often is it rented during the year?**

Please indicate the relation (if any, e.g., family, business, etc.) of the occupants to the principal(s) of the Corporation, LLC or LLP.

9. **If the property to be insured is not a rental, is it ever rented at any time during the year?**

If yes, how often is it rented during the year; to whom is it rented; and what is their relation (if any, e.g., family, business, etc.) to the principal(s) of the Corporation, LLC or LLP?

10. **Is the property to be insured ever vacant during the year? If yes, for how long?**

11. **Is there a permanent resident or caretaker living at the property to be insured or at the insured location? If yes, how many?**

Please provide name(s).