

# Lexington Insurance Company

## Supplemental Corporate Named Insured Questionnaire

1. What is the Name of The Corporation, LLC or LLP? Who are the Principals?
2. Why was the corporation formed? (Please be specific).
3. Does this corporation, LLC or LLP engage in any form of commerce? If so, what is the nature of the business?
4. What is the occupancy type (i.s. Primary, Secondary, Seasonal, Rental, etc.)? Who are the occupants?
5. Is the property rented at any time during the year? If so, how often and to whom?
6. Is the property vacant during the year? If so, for how long?
7. Is there a permanent resident or caretaker living on the premises? If not, is there a property manager that oversees the property and/or conducts maintenance?
8. Are there any other properties/business' owned by this corporation and if so, how many and what is their purpose? No