

## **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.**

# Quaker Special Risk

A division of the Quaker Agency, Inc.



# FAX

<b>NAME:</b>	
<b>COMPANY:</b>	
<b>ADDRESS:</b>	
<b>STATE, ZIP:</b>	
<b>DATE:</b>	
<b>NO. OF PAGES:</b>	
<b>FAX TO:</b>	

PLEASE FAX OR EMAIL THIS APPLICATION.

Name	FAX	EMAIL
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ADDITIONAL COMMENTS:


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