

Specialty Home & Dwelling

Corporation/LLC/Trust/Estate Application



Corporation/LLC/Trust/Estate Application

Applicant to complete this application when the Named Insured or Additional Insured is a Corporation, Limited Liability Company, Trust, or Estate.

Applicant information:

Current Evanston policy number: _____

Full name of the corporation, LLC, LLP, trust, or estate (hereafter, "entity"): _____

Type of entity: ☐ Corporation ☐ Limited Liability Company (LLC) ☐ Limited Liability Partnership (LLP) ☐ Trust
 ☐ Estate ☐ Other (please specify) _____

Location address (street, city, state & zip): _____

Entity information:

1. Please provide names and responsibilities of all parties affiliated with the entity (please list below):

1a. Employees:

1b. Principals:

1c. Managing members/board:

1d. Administrators:

1e. Executors:

1f. Trustees:

1g. Beneficiaries:

1h. Grantors:

1i. Other:

2. Explain the specific purpose of the formation of the entity:

Corporation/LLC/Trust/Estate Application

3. Currently, or in the last 5 years, has the entity engaged directly or indirectly in any form of business or commerce? Yes [] No []
(If yes, please specify)

4. Currently, or in the last 5 years, has the entity been the subject of litigation of any kind? Yes [] No []
(If yes, please specify)

5. If this is a Builders Risk, please explain any relationship between the entity and the General Contractor:

Occupancy information:

1. Will any part of the dwelling or property be used directly or indirectly for any form of business or commerce? Yes [] No []
(If yes, please specify)

2. Please provide information on who occupies or will occupy the dwelling (please list below):

2a. Name(s): _____

2b. Title(s): _____

2c. Explain any affiliation between the entity and the occupant(s):

Applicant's statement:

By evidence of my signature, I swear that all of the answers to the above questions and the information provided are correct and accurate representations. I further understand that the placement of coverage is contingent on the accuracy of these representations. I understand that the Company and its representatives have the right to inspect the inside and outside of the premises to verify the information provided and I give my consent to such inspection.

Applicant's signature: _____ Date: _____

Producer's signature: _____ Date: _____