ENTITY QUESTIONNAIRE

Insured Name: _____

Entity Name: _____

Quote / Policy Number**:** _____

1. Is the entity 100% owned by the Named Insured? If not, who are the other parties and how are they related to the Named Insured?

2. Who uses or possesses the entity owned asset?

3. Who is responsible for the maintenance of the entity owned asset?

4. Does the entity own any other asset, derive any income, or engage in any other activity? If so, please provide more detail.

5. Does the entity have any employees? If yes, please provide the number of employees and their job description and responsibilities.