MILLENNIAL SPECIALTY INSURANCE

LLC SUPPLEMENTAL APPLICATION

THIS APPLICATION MUST BE COMPLETED WHEN THE NAMED INSURED OR ADDITIONAL INSURED IS A LIMITED LIABILITY COMPANY

Clear Form

Applicant & LLC information:

Current policy number (if endorsing from an Individual to LLC):	
Full name of the LLC:	
List the owners/principals of the LLC and their responsibilities: 1. 2. 3.	 4. 5. 6.
Webpage URL detailing the business entity, location, owners and interested parties:	
Explain the specific purpose for the formation of the entity:	
Does, or has the entity engaged in any form of business or commerce? (Including property rental) **(If yes, specify the details)**	YES ☐ NO ☐
If the LLC owns residential property rentals, please specify the number of these property types owned:	
Has the entity been the subject of litigation of any kind? **(If yes, specify the details)**	YES ☐ NO ☐

Occupancy information:

Will any part of the dwelling or property be used for any form of business or commerce? (Including property rental) **(If yes, specify the details)**	YES ☐ NO ☐
What is the Occupancy Type for the property to be insured? (Primary, secondary, rental, short-term rental, business accommodation, etc.)	
List the current occupants or future occupants of the dwelling (skip this question if Occupancy Type is any form of Rental): 1. 2. 3.	 4. 5. 6.

Explain any affiliation between the LLC and the occupant(s):

Applicant's statement:

By signing below, I confirm that all the answers to the above questions and the information provided are correct and accurately reflect the LLC and Occupancy information described. I further understand that the placement of coverage is contingent on the accuracy of these representations.

Applicant's signature:	Date:
Producer's signature:	Date: