



Limited Liability Corporation (LLC) Questionnaire

This form is required when an LLC is present on a policy. Please complete the form and have the insured sign and return within 10 days of the policy inception date. If the form is signed electronically, please provide a DocuSign receipt, certificate of signature, etc.

Failure to complete the form will result in cancellation of the policy.

1. How many risks are attached to this LLC?
2. How many rental properties are owned in total by the named insureds, this LLC, and any other LLC they own?
3. Is the LLC used for asset protection purposes only?
4. Is the risk owner or tenant occupied?
5. How many names are registered to the LLC?
6. Is there any business exposure besides the rental exposure for the LLC?

Insured Signature: _____

Date: _____