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## CORPORATE OWNED PROPERTY QUESTIONNAIRE

Named Insured \_\_\_\_\_

Policy # \_\_\_\_\_ Effective Date: \_\_\_\_\_

1. What is the name of the LLC, Corporation? \_\_\_\_\_  
a. Tax ID/EIN \_\_\_\_\_

2. Why was the LLC/Corp formed? (Tax Purposes/Liability Protection, etc.)  
\_\_\_\_\_  
\_\_\_\_\_

3. How many properties does the LLC/Corp own? What is the occupancy of each location?  
Residential/Commercial?  
\_\_\_\_\_  
\_\_\_\_\_

- a. Is there current/active Insurance on these properties? \_\_Y \_\_N  
(COI's may be requested)

4. What are the names and occupations of the principals of the corporation? If multiple –  
what is the relationship? \_\_\_\_\_  
\_\_\_\_\_

5. Does the LLC/Corp engage in any form of business activity? I.e., real estate  
purchase/sales/rental properties/development/retail/wholesale activities? If yes – please  
elaborate \_\_\_\_\_  
\_\_\_\_\_

6. Is any business ever conducted at the property to be insured? \_\_\_\_\_

7. Is the property ever going to be vacant throughout the policy period?  
If so - for how long/why? \_\_\_\_\_  
\_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ Dated: \_\_\_\_\_

Applicant's Name (please print): \_\_\_\_\_