



Evanston Insurance Company

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:

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: