

**CORPORATE APPLICANTS QUESTIONNAIRE**

(TO BE COMPLETED AND FILED WITH ANY APPLICATION FOR COVERAGE ON PROPERTY OWNED BY A CORPORATION, PARTNERSHIP, TRUST, HOLDING COMPANY OR OTHER FICTITIOUS ENTITY, HEREINAFTER REFERRED TO AS CORPORATION.)

Use reverse side if additional space is needed for answers File Number: \_\_\_\_\_

Full title of corporation: \_\_\_\_\_

Location of Property: \_\_\_\_\_

\_\_\_\_\_ County: \_\_\_\_\_

Date \_\_\_\_\_ and place \_\_\_\_\_ of corporation

List names, addresses and titles of current Officers: \_\_\_\_\_

\_\_\_\_\_

List other properties in which the corporation has a financial interest: \_\_\_\_\_

\_\_\_\_\_

Do any of the Corporate Officers or Applicants have an interest in the lending institution providing the Mortgage or Loss Payee Loan? \_\_\_\_\_

Have the Officers been indicted or convicted of arson or any other crime involving an insurable loss on any property? \_\_\_\_\_

Are there any unpaid (real or personal) taxes owed a municipality; if so, state amount owed and the year(s)? \_\_\_\_\_

Past Fire, Extended Coverage or V&MM losses on any property in which the corporation has or had an insurable interest (explain fully)? \_\_\_\_\_

**CORPORATE SEAL**

Authorized Signature: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_