## CORPORATE QUESTIONAIRE

<b>IMPORTANT:</b> All questions MUST be answered! Use back of form if necessary.		Application No Date Received	
Name of Applicant			
Location of Property     If applicant is a Corporati	(show complete name) on, state date and place of		
5. List Names, Addresses, I (a) All current officers, directly (b) Partners including Limits (c) Trustees and Beneficiari (d) Owners and Officers of Name	etors and shareholders of the ed Partners ies of a Trust	e Corporation or Holding Co	Extent of Interest
6. Provide details below on tincendiary origin.  Name	those individuals identified in	n question No. 5 involved in  Amounts	a loss of unknown, suspicious or <u>Causes</u>
List all other properties ov      Has any person listed in	Location		ial interest.  State  Derry, arson or any other crime for
the purpose of defrauding a	n insurance company? ( )	NO ( ) YES (Provide	full particulars):ution providing a Mortgage or Loss
Payee loan on this property			ation providing a wortgage of Loss
previous owner(s) of this pro			or in any way associated with the
ANY WILLFUL CONCEALLI			ACT OR CIRCUMSTANCE MAY
Date:		Signature of Applicant:	

Form No. 1B (2-14)