

Trusts LLC Questionnaire

Policy Number: _____

Named Insured: _____

Name of Trust/Additional Named Insured/LLC: _____

- What is the intent of the Trust/Additional Named Insured/LLC?

- Is the organization/entity 100% owned by the named insured?

- Is the organization/entity owned asset(s) exclusively used or possessed by the named insured and/or household members?

- Is the named insured and/or household members responsible for the maintenance of the organization/entity owned asset(s)?

- Who are the members of the Trust/Additional Named Insured/LLC?

3. Does the Trust/Additional Named Insured/LLC operate for a profit?

4. How much revenue does the Trust/Additional Named Insured/LLC generate each year?

5. Are there any employees of the Trust/Additional Named Insured/LLC? If so, how many and how are they paid?

- What other properties does the Trust/Additional Named Insured/LLC own?

- Are there any other insurance policies listing the Trust/Additional Named Insured/LLC?
