

**Insured Name:** \_\_\_\_\_

### **Supplemental Corporate Named Insured Questionnaire**

1. a. What is the name of the Corporation, LLC, or LLP?  
b. Who are the Principals
2. Why was the corporation formed? (Please be specific)
3. a. Does this corporation, LLC, or LLP engage in any form of commerce?  
b. If so, what is the nature of the business?
4. a. What is the occupancy type (i.e. Primary, Secondary, Seasonal, Rental, etc..)  
b. Who are the occupants?
5. a. Is the property rented at any time during the year?  
b. If so, how often and to whom?
6. a. Is the property vacant during the year?  
b. If so, for how long?
7. Is there a permanent resident or caretaker living on the premises?

### **Short Term Rental Questionnaire**

1. What is the minimum nights rented?
2. What is the rate per night?
3. a. Is there a management company contracted for this rental?  
b. If so, do they carry General Liability?  
c. Limit?  
d. Have they asked for a waiver or to be added as an additional insured?
4. If no management company, how are renters screened?
5. Is the rental inspected after each occupant?
6. Is this property in a rental pool?
7. a. Are there any employees (Maids, Groundskeeper, Caretaker)?  
b. If so, are they resident employees?
8. How many weeks per year is property rented?

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