



Red Shield Insurance Company®

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**FLOATING PROPERTY
LIMITED LIABILITY COMPANY
QUESTIONNAIRE**



Named Insured / Applicant Name:	Policy No. (if applicable):
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Name on deed/title: Same as applicant

Does the LLC own any other properties? If so, please list addresses and occupancies:

	ADDRESS	OCCUPANCY
1		
2		
3		
4		

ATTACH A SEPARATE SHEET IF ADDITIONAL SPACE IS NEEDED

Does the LLC engage in any business? If yes, please describe. If no, why was it formed?

Any foot traffic related to the LLC on the premises? Yes No
If yes, please describe:

Please list all principles of the LLC and their relationship to it:

PRINCIPLE	RELATIONSHIP

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