

National Risk Solutions

Thank you for choosing National Risk Solutions. We look forward to providing you with a quick, competitive quote.

Please complete the following application in its entirety and include any pertinent underwriting information. Also, please be sure to include a fax # or e-mail below where we may return your quote promptly.

Once complete please:

1. E-Mail application to NRSapps@NRSinsurance.com
OR
2. Fax application to (877)-743-4252

If you have any questions, please do not hesitate to contact us at (866)-417-4855.

We appreciate your business.

Sincerely,

The National Risk Solutions Team

Agency Name
City, State, Zip
Contact
Email Address
Phone Number
Fax Number
Additional Information

National Risk Solutions • PO Box 21407 • St. Petersburg, FL 33742

Lexington Insurance Company Supplemental Corporate Named Insured Questionnaire

- 1. What is the Name of The Corporation, LLC or LLP? Is there a TAX ID #? If yes, please provide.**

- 2. Please provide the Principal names and occupation (if self employed, please explain). If there are multiple principals what is their relationship?**

- 3. Does this corporation, LLC or LLP engage in any form of business activity? If yes, what is the nature of the business activity?**

- 4. Does this corporation, LLC or LLP own any other properties? If yes, please list.**

- 5. What is the occupancy type (i.e. Primary, Secondary, Seasonal, Rental, etc.)? Who are the occupants?**

- 6. Is the property rented at any time during the year? If yes, how often and to whom?**

- 7. Is the property vacant during the year? If yes, for how long?**

- 8. Is there a permanent resident or caretaker living on the premises? If yes, please provide name.**