

NEW JERSEY



INSURANCE UNDERWRITING ASSOCIATION

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SUPPLEMENTARY CORPORATE QUESTIONNAIRE

This form must be completed and filed with any application (Acord 67NJ, Acord 68 NJ) or letter request wherein any corporation, holding company or other fictitious entity, hereinafter referred to as corporation, is shown as the named insured.

Full Title of Corporation: _____

Date of Incorporation: _____

State of Incorporation Filing: _____

Names of all Principals and their Titles, if applicable, in the Corporation:

Other properties, in this state, in which the corporation has any insurable interest such as owner, mortgage, loss payee or other:

Has any principal of the corporation ever been convicted, as a result of an insurable loss to any property in which he had an insurable interest, as an individual or as principal of any corporation?

Yes _____ No _____

If yes, provide the principal's name and details:

Is any principal of this corporation also a principal of any other corporation doing business in the State?

Yes _____ No _____

If yes, explain:

Corporate Seal
or Facsimile

Authorized Signature

Title

Date