

NEW JERSEY



INSURANCE UNDERWRITING ASSOCIATION

744 BROAD STREET, NEWARK, NEW JERSEY 07102-3881 • Telephone (201) 622-3838

SUPPLEMENTARY CORPORATE QUESTIONNAIRE

This form must be completed and filed with any application (Form NJ-1, Form NJ-1CP, Form NJ-13 or Form NJ 13CP) 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, mortgagee, 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