

CONFIDENTIAL REQUEST FOR INFORMATION

The following confidential ownership statements may be used only in establishing premiums for any of your insurance coverages. It is extremely important that all questions be answered completely and promptly. Use reverse side or additional forms if necessary.

PURPOSE (Check One)

- | | | |
|--|---|---|
| <input type="checkbox"/> Combination of Separate Entities
(Enter current ownership information for each entity in separate columns below)
Effective Date: _____ | <input type="checkbox"/> Change of Ownership/Name
Date of Change: _____
Col. I = Ownership before change
Col. II = Ownership after change | <input type="checkbox"/> Merger or Consolidation
Date of Change: _____
Cols. I & II = Ownership before change
Col. III = Ownership after change |
|--|---|---|

INFORMATION	I	II	III
Name and Location of Entity			
Policy Number			
Rating Identification Number(s) (For company use only)			
Type of Entity (Corporation, Partnership, etc.)			
Ownership Corporations--List owners of 5% or more of voting stock and number of shares owned.* (Submit shareholder proposal if transaction involved exchange of stock.) Partnerships--List each general partner and his share in the profits. Other--If no voting stock, list members of board of directors or comparable governing body.			
*Total shares of voting stock issued.			

This is to certify that the information contained on this page is correct.

(NAME OF INSURED)

(DATE)

(SIGNATURE OF OWNER, PARTNER OR EXECUTIVE OFFICER)

(TITLE)

(CARRIER & BRANCH)