## **CONNECTICUT FAIR PLAN**

77 HARTLAND ST. Suite 308, EAST HARTFORD, CONNECTICUT 06108-3260 Telephone (860) 528-9546 FAX (860) 282-0070

## CORPORATE QUESTIONNAIRE ALL QUESTIONS MUST BE ANSWERED OR CHECKED WHERE APPROPRIATE.

1.	Name of Applicant
	(show complete name as it is to appear on the policy)
2.	Location of Property
3.	If applicant is a Corporation, state date and place of incorporation
4.	If applicant is a Real Estate Trust, state Registry Book and page in which trust instrument is filed
5.	List Names and Addresses of: (if additional space is needed use reverse side)  (a) All current officers of the Corporation or Company  (b) Partners including Limited Partners  (c) Trustees and Beneficiaries of a Trust  Name Tax ID Address Position Extent of Interest
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6.	List all other properties owned by the applicant or in which applicant has a financial interest: <u>Location</u> <u>State</u>
7	Describe details below as the so individuals identified in quanties No. 5 involved in a local of unknown
7.	Provide details below on those individuals identified in question No. 5 involved in a loss of unknown, suspicious, or incendiary origin. (If additional space is needed, use reverse side.)  Name  Location  Amounts  Causes
8.	Has any person listed in question No. 5 been indicted or convicted for fraud, bribery, arson or any other crime for the purpose of defrauding an insurance company?  No Yes (Provide Full Particulars)
9.	Does any person listed in question No. 5 also have an interest in a lending institution providing a Mortgage or Loss Payee loan on this property? No Yes (Identify Below) Lending Institution
10	Is any person with a financial interest in the property to be insured, related to; or in any way associated with the previous owner(s) of this property? No Yes Name Extension of Previous Interest
Α	NY WILFUL CONCEALMENT OR MISREPRESENTATION OF A MATERIAL FACT OR CIRCUMSTANCE HEREON MAY VOID THE POLICY. Signed under the pains and penalties of perjury.
Da	iteSignature of Applicant
	rm #6 10/23