



Equity Partners Insurance Services  
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## CORPORATELY TITLED QUESTIONNAIRE

Corporation Name:

Tax ID number? \_\_\_\_\_

Principles/Contacts – include SS numbers and DOB if not on application as well as occupation for each.

Purpose of the Corporation:

Does the corporation participate in any commerce or other business activities? If so describe:

Please list all intended occupancies (primary, secondary, rental, model home) and occupancies (owners, caretakers, etc...):

Will the property be rented at any time? If yes, by whom, for what purpose, and for what length of time?

Will the property be vacant at any time? If yes, how will the property be monitored?

Is there a permanent resident or caretaker living at the property to be insured or at the insured location? If so, provide name and contact information:

Agent Name: \_\_\_\_\_