

**Red Shield Insurance Company®**

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**FLOATING PROPERTY  
LIMITED LIABILITY COMPANY  
QUESTIONNAIRE****Named Insured / Applicant Name:****Policy No. (if applicable):****Name on deed/title:**☐ Same as applicant**Does the LLC own any other properties? If so, please list addresses and occupancies:**

	ADDRESS	OCCUPANCY
1		
2		
3		
4		

**ATTACH A SEPARATE SHEET IF ADDITIONAL SPACE IS NEEDED****Does the LLC engage in any business? If yes, please describe. If no, why was it formed?****Any foot traffic related to the LLC on the premises?**☐ Yes☐ No**If yes, please describe:****Please list all principles of the LLC and their relationship to it:**

PRINCIPLE	RELATIONSHIP

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