

Corporate Residency Questionnaire

Policy Number(s): _____

Effective Dates: _____

TPCIGA Claim No.: _____

1. Primary Named Insured on policy: _____

2. Address of Primary Named Insured on the date of loss: _____

3. Tax identification number of Primary Named Insured: _____

4. State in which key officer resides (President/CEO): _____

5. Site (address) of most corporate activity of Primary Named Insured: _____

6. State in which corporate records of Primary Named Insured are stored: _____

7. State in which claims arose or occurred: _____

8. Are claims being asserted against an additional named insured or other entity for which you are seeking coverage? Yes ____ No ____

If yes, please answer the following questions regarding that entity:

a. Name of entity: _____

b. State of incorporation: _____

c. Corporate address: _____

d. Tax identification number: _____

e. Location (address) of corporate decision-making: _____

f. State of most corporate activity: _____

g. State in which corporate records are stored: _____

- h. Do the Primary Named Insured and the other entity against whom claims are asserted share the same officers and directors? Yes ____ No ____
- i. Are separate financial statements prepared for the Primary Named Insured and the other entity against which claims are asserted? Yes ____ No ____