☐ **National Casualty Company**
☐ **Scottsdale Insurance Company**
☐ **Scottsdale Indemnity Company**
☐ **Scottsdale Surplus Lines Insurance Company**

Trust, Limited Liability Company, Partnership and Estate Supplemental Application

(To be used in conjunction with Company applications PUMBAPP and PUMBAPP-R or an ACORD Personal Umbrella Application)

Named Insured/Applicant: _____ Policy Number: _____

Full name of the trust, Limited Liability Company (LLC), Partnership or estate (hereafter, "entity"): _____

Mailing Address of entity: _____

1. Date entity was established: _____
2. For what purpose was the entity formed? _____
3. Has the purpose of the entity changed since its formation? ..... ☐ Yes ☐ No
   If "Yes," explain: _____
4. List all trustee(s), LLC owner(s) or member(s), partner(s), estate administrator(s) and/or executor(s) and their occupation(s) (if self-employed, explain): _____
5. Within the past five years, has the entity engaged in any form of business activity or owned any real estate for business purposes whether or not identified on the application? ..... ☐ Yes ☐ No
   If "Yes," explain: _____
6. Within the past five years, has the entity been the subject of litigation of any kind? ..... ☐ Yes ☐ No
   If "Yes," explain: _____
7. Does the entity have any employees? ..... ☐ Yes ☐ No
   If "Yes," provide the number of employees and their job responsibilities: _____
8. Does the entity own any real estate, personal property or assets not listed on the application? ..... ☐ Yes ☐ No
   If "Yes," identify those exposures: _____

Complete the attached schedule to include all exposures owned, in whole or in part, by the entity.

REAL ESTATE

List all properties in which the entity has ownership (residences, buildings, farms, vacant land, etc.)
(Attach separate sheet, if necessary.)

No.	Location	Description	Year Built	Underlying Limits of Liability	
				Bodily Injury	Property Damage
1					
2					
3					
4					

AUTOMOBILES, RECREATIONAL VEHICLES, VEHICLES, MOTOR HOMES, MINIBIKES, ETC.				
List all vehicles in which the entity has an ownership interest. (Attach separate sheet, if necessary.)				
No.	Year	Vehicle Type, Make And Model	Underlying Limits of Liability	
			Bodily Injury	Property Damage
1				
2				
3				
4				

WATERCRAFT							
List all watercraft in which entity has an ownership interest. (Attach separate sheet, if necessary.)							
No.	Year	Type, Manufacturer and Model	Length	Horse-Power	Maxi-mum Speed	Underlying Limits of Liability	
						Bodily Injury	Property Damage
1			FT				
2			FT				
3			FT				

This supplement does not bind YOU nor US to complete the insurance, but it is agreed that the information herein shall be the basis of the contract should a policy be issued.

Refer to Application form for State Fraud Warnings

APPLICANT'S STATEMENT:

I have read the above application and I declare that to the best of my knowledge and belief all of the foregoing statements are true, and that these statements are offered as an inducement to us to issue the policy for which I am applying. (Kansas: This does not constitute a warranty.)

APPLICANT'S SIGNATURE: _____ DATE: _____

CO-APPLICANT'S SIGNATURE: _____ DATE: _____

PRODUCER'S SIGNATURE: _____ DATE: _____

LICENSED AGENT NAME: _____ AGENT LICENSE #: _____
(Applicable to Florida & Iowa Agents Only)

IMPORTANT NOTICE

As part of our underwriting procedure, a routine inquiry may be made to obtain applicable information concerning character, general reputation, personal characteristics and mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.