

# REQUEST FOR OWNERSHIP INFORMATION

The following confidential ownership statements may be used only in establishing premiums for any of your insurance coverages. It is extremely important that all questions be answered completely and promptly. Use reverse side or additional forms is necessary.

- ☐ Combination of Separate Entities (Enter current ownership information in separate columns below) Effective Date \_\_\_\_\_
- ☐ Change of Ownership/Name Date of Change \_\_\_\_\_ Col. I = Ownership before change Col. II = Ownership after change
- ☐ Merger or Consolidation Date of Change \_\_\_\_\_ Cols. I & II = Ownership before change Col. III = ownership after change

| INFORMATION                                                                                                                                                                                                                                                                                                                                                                                  | I | II | III |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|----|-----|
| Name and Location of Entity                                                                                                                                                                                                                                                                                                                                                                  |   |    |     |
| Policy Number                                                                                                                                                                                                                                                                                                                                                                                |   |    |     |
| Type of Entity<br>(Corporation, Partnership, etc.)                                                                                                                                                                                                                                                                                                                                           |   |    |     |
| <b>Ownership</b><br><b>Corporations</b> – List owners of 5% or more of voting stock and number of shares owned.*<br>(Submit shareholder proposal if transaction involved exchange of stock.)<br><br><b>Partnerships</b> – List each general partner and his share in the profits.<br><br><b>Other</b> – If no voting stock, list members of board of directors or comparable governing body. |   |    |     |
| * Total shares of voting stock issued                                                                                                                                                                                                                                                                                                                                                        |   |    |     |

This is to certify that the information contained on this page is correct.

\_\_\_\_\_  
(Name of Insured)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature of Owner, Partner or Executive Officer)

\_\_\_\_\_  
(Title)

\_\_\_\_\_  
(Carrier & Branch)

NCRF-41  
(Rev. 12)