Multiple Named Insureds

In addition to the First Named Insured, please list and explain all entities to be Named on the policy.

First Named Insured: _____

Effective Date: _____

Name	**Type of Entity**: Indiv, Corp,	**Description of All Operations**	**Ownership**: Who owns this entity? Show %'s if more than one owner. Show Partner names.	**List any separately insured lines of coverage (examples: Aviation, Farm, E&O, etc.)**