



**Insurance Agents and Brokers
Errors and Omissions Insurance**

Utica National Insurance Group ▪ New Hartford, New York 13413

Multiple Named Insured/Location Worksheet

Agency/Named Insured: _____

Policy Number: _____

Named Insured	Location (City/State/Zip)	Number of Staff*		Date Established**	Is Entity Active/Inactive (If inactive, supply date.)		Name of Owner	% of Ownership
		Full-time	Part-time		Active	Inactive Date:		
					<input type="checkbox"/> Active <input type="checkbox"/> Inactive Date: _____			

Named Insured	Location (City/State/Zip)	Number of Staff*		Date Established**	Is Entity Active/Inactive (If inactive, supply date.)		Name of Owner	% of Ownership
		Full-time	Part-time		Active	Inactive Date:		
					<input type="checkbox"/> Active <input type="checkbox"/> Inactive Date: _____			

Named Insured	Location (City/State/Zip)	Number of Staff*		Date Established**	Is Entity Active/Inactive (If inactive, supply date.)		Name of Owner	% of Ownership
		Full-time	Part-time		Active	Inactive Date:		
					<input type="checkbox"/> Active <input type="checkbox"/> Inactive Date: _____			

* Owners/staff working more than 20 hours per week are considered full-time. Owners/staff working 20 or fewer hours per week are considered part-time.

** Include the date purchased if current ownership is not original.