



**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		<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		<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		<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.