

Administered by:



**SUPPLEMENTAL APPLICATION A:  
Multiple Offices/Shared Office  
Space Supplement**

**CPA Cover**

A division of NSM Insurance Group  
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**INSTRUCTIONS FOR COMPLETING APPLICATION:**

1. Please answer all the questions. This information is required to make an underwriting and pricing evaluation. Your answers hereunder are considered legally material to that evaluation.
2. If a question is not applicable, state "N/A". If more space is required to answer a question, please attach exhibit with the question number.
3. Application must be signed and dated by authorized person.

**APPLICANT:**

1. With what type of business(es) does the Applicant share office space? \_\_\_\_\_
2. Does the Applicant share the same letterhead with another firm?  Yes  No
3. Does the Applicant share staff with another firm?  Yes  No
4. Are there any client sharing arrangements?  Yes  No
  - a) Does the Applicant receive referrals from the other firm?  Yes  No
  - b) Does the Applicant refer clients to the other firm?  Yes  No
5. Does the other firm have professional liability coverage?  Yes  No
6. Please explain all "yes" answers above, include how the Applicant retains its independence from the other business(es).

If additional space is needed, please provide details on a separate attachment.

I understand the information submitted herein becomes a part of my Professional Liability Insurance Application and is subject to the same warranty and conditions.

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act.

\_\_\_\_\_  
Signature of Owner, Officer or Partner

\_\_\_\_\_  
Print or Type Name and Title

\_\_\_\_\_  
Date (month-day-year)