

Administered by:



**SUPPLEMENTAL APPLICATION B:
Separate Entity Supplement**

CPA Cover

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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:

Please complete for each separate entity for which coverage is desired.

1. Number of entities under which your firm or its owners, partners or officers conduct business activities:
2. a) Full legal name and form of entity (subsidiary, DBA, joint venture, LLP, etc.):
b) Date established:
c) Percent of ownership held by your firm and all firm personnel:
d) Total professional staff: _____ Total support staff: _____
e) Provide a detailed description of the entity's services:
f) Gross Annual Revenue:

Last Fiscal Year Estimate	Estimate for Current Year
FYE / /	FYE / /
\$ _____	\$ _____

staff and revenue
referenced
included in
10 & 13 of the

- g) Are the numbers above question application? Yes No
- h) Does the entity currently have professional liability coverage? Yes No
If yes, please provide a copy of its current declaration page

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)