

Administered by:



**SUPPLEMENTAL APPLICATION C:  
Subsidiary Entity Supplement**

**CPA Cover**

A division of NSM Insurance Group  
400 Kelby Street, 11th Floor  
Fort Lee, NJ 07024  
P. 201-944-7000  
F. 201-944-0058  
www.CPAcover.com

**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 subsidiary entity for which coverage is desired.**

1. Full legal name and form of subsidiary entity (DBA, joint venture, LLP, etc.): \_\_\_\_\_
2. Address: \_\_\_\_\_
3. Date formed: \_\_\_\_/\_\_\_\_/\_\_\_\_ Date entity began practice: \_\_\_\_/\_\_\_\_/\_\_\_\_
4. Reason for the establishment of entity: \_\_\_\_\_
5. Revenue: Last Year \$\_\_\_\_\_ Projected Current Year \$\_\_\_\_\_ Projected Next Year \$\_\_\_\_\_
6. Are these revenues included in Question No. 13 of the Application?  Yes  No
7. List all Professional Services provided by this entity and percentage of total revenues for this entity:

Professional Services	Percentage of Total Annual Revenue
	%
	%
	%

8. Ownership of subsidiary entity:

Is this entity's ownership the same as that of the CPA Firm?  Yes  No

If no, provide complete ownership information below:

Owners	Percentage of Ownership
	%
	%
	%

9. Number of employees if not included in Question No. 10 of the Application regarding Applicant's Staff: \_\_\_\_\_
10. Percentage of services provided to CPA firm clients \_\_\_\_\_%  
Percentage of services provided to Non-CPA firm clients \_\_\_\_\_%

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)