

Administered by:



**SUPPLEMENTAL APPLICATION L:  
Outside Activities 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: \_\_\_\_\_

Complete for each entity in which a firm member or spouse holds an equity interest and/or serves as a director or officer. Copy supplement as needed.

Firm Member Name	(1)	(2)
Entity Name		
Industry		
Position Held		
If Director or Officer, does entity maintain D&O Insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Percent of Equity Interest*		
Current Firm Client?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
List Firm Services		
Are these services performed by a firm member other than the individual listed above?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

\*For equity interests, include spousal information.

Firm Member Name	(3)	(4)
Entity Name		
Industry		
Position Held		
If Director or Officer, does entity maintain D&O Insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Percent of Equity Interest*		
Current Firm Client?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
List Firm Services		
Are these services performed by a firm member other than the individual listed above?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

\*For equity interests, include spousal information.

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)