

Administered by:



**SUPPLEMENTAL APPLICATION N:  
Professional License 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:**

Please complete one supplement for each individual.

1, Name of individual: \_\_\_\_\_

2. Title: \_\_\_\_\_

3. License(s) held: \_\_\_\_\_

License	Active	Inactive	Disciplinary Action Taken During the Past 5 Years?	Separate Professional Liability Insurance	Policy Limit (if applicable)
Attorney	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Securities Broker/Dealer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Registered Investment Advisor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Real Estate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Life Insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Insurance (other than life)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other (specify): _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	

4. Describe the services provided and how they are separated from Professional Accounting Services:  
\_\_\_\_\_

5. Provide details for any disciplinary action:  
\_\_\_\_\_

6. For any Life Insurance Services complete the following:

a. Are services provided to the Firm's accounting clients?  Yes  No  
If yes, describe services:  
\_\_\_\_\_

b. Are services provided to non-accounting clients?  Yes  No

c. Provide the name and current AM Best rating for any insurance companies with which you have placed coverage:  
\_\_\_\_\_

d. What is the largest limit of liability for any insurance placement? \_\_\_\_\_

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)