CPA Cover
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# SUPPLEMENTAL APPLICATION P: List of Professional Staff Supplement

**APPLICANT'S INSTRUCTIONS:**

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.

| Name | Status | Date joined the firm | Full Time (FT) or Part Time (PT) | Years in Practice | Professional Designations and Licenses |
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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) |
|---|---|---|