



# Separate Entity Supplemental Application

Please complete a separate supplement **for each** Separate Entity.

1. Name of entity: \_\_\_\_\_ Date established: \_\_\_\_\_

- Sole Proprietorship       Partnership       PA       PC  
 LLC       LLP       Other: \_\_\_\_\_

2. Physical Address: \_\_\_\_\_

3. Reason for establishment of entity: \_\_\_\_\_

4. Does the entity currently have professional liability insurance?  Yes  No  
If yes, please provide a current declarations page.

5. Are you requesting coverage for the entity under this policy?  Yes  No

**Complete the rest of the form only if coverage is requested for the separate entity on the accountants professional liability policy.**

6. Is this entity's ownership the same as the CPA Firm?  Yes  No  
If no, provided list of owners and percent of ownership:

Owners	Percentage of Ownership

Add on a separate sheet if additional space is needed

7. Provide a detailed description of the entity's services: \_\_\_\_\_

8. Provide percentage of services provided to CPA firm clients \_\_\_\_\_%

9. Is a disclosure form provided to disclose potential conflict?  Yes  No

10. Please provide Gross Annual Revenues for this entity

Current Fiscal Year (Est.)	Last Fiscal Year	Prior Fiscal Year

Are these revenues included in the total firm revenues reported on the application?  Yes  No

11. Are all personnel for this entity included in the staff count on the application?  Yes  No  
If no, please indicate additional staff associated with this entity:

Staff Type	Full Time	Part Time *
CPAs		
Degreed Accountants		
Other Professionals with Billed Time		
Administrative/Support Staff		
Non-employee Consulting Professionals or Independent Contractors providing Professional Services on your behalf **		
Other (describe):		

\*Part time is less than 1000 hours per year

\*\* Please indicate percentage of annual revenues associated with non-employee Consulting Professionals or Independent Contractors providing professional services on your behalf \_\_\_\_%

What type of professional services are provided by the above staff if different from professional accounting services associated with the primary accounting firm?

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12. Please list the entity's two largest clients in the past fiscal year:

Client Name	Industry of Client	Professional Services Provided	Annual Revenues

13. Have any lawsuits or claims been made against the entity named above in the past five years?

Yes  No

**If yes please complete a Claims/Incident Supplement for each claim.**

The applicant understands the information submitted herein becomes a part of the applicant's application and is subject to the same representations and conditions.

\_\_\_\_\_  
Signature of Authorized Representative of the Firm

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title (must be signed by managing partner or managing executive of the Firm)

Attest \_\_\_\_\_

Producer / Agent \_\_\_\_\_

License Number \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_