



Firm _____

Separate Entity Supplement **S-2.2**

Please complete for each separate entity for which coverage is requested. Note that the completion of this supplement does not mean coverage will be in effect for the separate entity. This supplement is for informational purposes only and any offer of coverage will be subject to underwriting review.

1. Full legal name of separate entity: _____

2. Address of separate entity (complete only if different than the Firm's primary office address): _____

3. Revenue: Last Year \$ _____ Projected: Current Year \$ _____ Projected: Next Year \$ _____

4. Are these revenues included in your application? (Question No. 21 of the Full Application, Question No. 3 of the Renewal Information Update or Question No. 3 of the Renewal Profile) Yes No

5. List professional services or business activities conducted by this entity:

Services Provided by Separate Entity	Percentage of Separate Entity's Total Annual Revenue

6. Provide complete ownership information for the entity:

Owners	Percentage of Ownership

7. a. Total number of Staff of the separate entity: _____

b. Is this Staff count included in your application? (Question No. 17 of the Full Application, Question No. 1 of the Renewal Information Update or Question No. 1 of the Renewal Profile) Yes No

8. Percentage of services provided to Non-CPA firm clients _____ %

I recognize that information submitted on this supplement becomes a part of my application for coverage and is therefore subject to all of the representations and conditions of that application.

Signature _____ Date _____