

Accountants Professional Liability Insurance Application

Firm _____

Outside Activities Supplement

S-7

Complete supplement for each entity in which a firm member or related individuals holds (or has held within the past five (5) years) an equity interest and/or serves as a director or officer and for whom the Firm provided (provides) professional services. Copy supplement as needed.

Firm Member Name	Entity Name	Industry	Position Held	If Director/ Officer is there D&O Insurance?	Percent Equity Interest*	Firm Services	Does the individual listed perform these services?
				<input type="checkbox"/> Yes <input type="checkbox"/> No	%		<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No	%		<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No	%		<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No	%		<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No	%		<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No	%		<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No	%		<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No	%		<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No	%		<input type="checkbox"/> Yes <input type="checkbox"/> No

* For equity interests, include related individuals (spouse, children, siblings, parents, and /or grandparents) information.

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.

Completion of this supplement does not guarantee that coverage will be automatically granted. Any coverage will be subject to underwriting review.

WARNING – Residents of Maryland

Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Signature _____ Date _____