Firm

Professional License Supplement S-9

Please complete one supplement for each individual.

1. Name of individual:      

2. License(s) held:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| License | Active | Inactive | Disciplinary Action Taken During the Past  5 Years? | Is ThereSeparate Professional Liability Insurance? | Policy Limit(if applicable) |
| Attorney |  |  | Yes  No | Yes  No |  |
| Securities License(s)  (specify type or series number) |  |  | Yes  No | Yes  No |  |
| Registered Investment Advisor |  |  | Yes  No | Yes  No |  |
| Real Estate |  |  | Yes  No | Yes  No |  |
| Life Insurance |  |  | Yes  No | Yes  No |  |
| Insurance (other than life) |  |  | Yes  No | Yes  No |  |
| Other (specify): |  |  | Yes  No | Yes  No |  |

3. Describe the services provided:

4. Provide details for any disciplinary action noted above:

5. For any Life Insurance Services:

a. Are services provided to the Firm’s accounting clients?  Yes  No

If “Yes”, describe services:

b. Percentage of services provided to Non-CPA clients?      %

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

1. What is the face value of the largest policy you have placed?

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