



Firm \_\_\_\_\_

**Multiple Offices/Shared Office Space Supplement** **S-1**

**Multiple Offices**

Complete if the Firm has more than one office.

	Location #1	Location #2	Location #3
City/State/Zip Code			
Date Office Established			
Name of Partner in Charge			
Percent of Firm's Professional Staff			
Percent of Firm's Total Revenue			

**Shared Office Space**

Do you share office space with any other business?  Yes  No

If "Yes",

1. Provide business name: \_\_\_\_\_
2. What is the nature of the business(es) with whom the Firm shares office space? \_\_\_\_\_
3. Do you share any of the following:
  - a. Business letterhead?  Yes  No
  - b. Administrative or professional staff?  Yes  No
  - c. Office entrance?  Yes  No
  - d. Signage?  Yes  No
  - e. Telephone line/number?  Yes  No
4. Does the Firm have any clients in common with the other business?  Yes  No
5. Does the Firm receive referrals from the other business?  Yes  No
6. Does the Firm refer clients to the other business?  Yes  No

Please explain all "Yes" answers above and include how the Firm retains its independence from the other business(es) from the perspective of the general public. \_\_\_\_\_

7. Does the other business have professional liability coverage?  Yes  No

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.

Signature \_\_\_\_\_ Date \_\_\_\_\_