



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.

**FRAUD WARNINGS – Residents of California**



For your protection California law requires the following to appear on this form. Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

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