



Firm _____

Separate Entity Supplement**S-2.2**

Please complete for each separate entity under which your Firm conducts business.

1. Full legal name of separate entity: _____
2. Date Established: _____
3. Address of separate entity (complete only if different than the Firm's primary office address): _____
4. Are you seeking coverage for this/these entity(ies)? ☐ Yes ☐ No

If "Yes", please complete questions 5-10 below:

5. Revenue: Projected: Next Year \$_____ Projected: Current Year \$_____ Last Year \$_____
6. Are these revenues included in your application? (Question No. 20 of the Full Application) ☐ Yes ☐ No
7. List professional services or business activities conducted by this entity:

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

8. Provide complete ownership information for the entity:

Owners	Percentage of Ownership

9. a. Total number of Staff of the separate entity: _____
b. Is this Staff count included in your application? ☐ Yes ☐ No
10. 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.

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 _____