



THE CPA ADVANTAGE™
Professional Liability Insurance Application
SEPARATE ENTITY SUPPLEMENT



- ❖ Please type or print clearly.
- ❖ Please **DO NOT** use pencil.
- ❖ Answer each question completely.
- ❖ Supplement must be signed by principal of the firm.

Applicant or Firm Name: _____

1. Number of entities under which your firm or its owners, partners or officers conduct business activities: _____

2. Provide the following for each entity: (attach a separate sheet for multiple entities.)

a. Name of entity and form of entity (*subsidiary, DBA, joint venture, LLP, etc.*):

b. Date established: ____/____/____

c. Percent of ownership held by your firm and all firm personnel: _____

d. Total professional staff: _____ Total support staff: _____

e. Provide a detailed description of the entity's services:

f. Gross Annual Revenue:

Last Fiscal Year Estimate	Estimate for Current Year
FYE ____/____/____	FYE ____/____/____
\$ _____	\$ _____

g. Are the staff and revenue numbers referenced above included in question 7a & 9a of the application? Yes No

h. Does the entity currently have professional liability coverage? Yes No
 If yes, please provide a copy of its current declaration page

Signature of Owner, Officer or Partner **Date Signed** ____/____/____