



Accountants PROtectSM
Separate Entity Supplemental Application

BY COMPLETING THIS APPLICATION, THE APPLICANT IS APPLYING FOR COVERAGE WITH EITHER **COLONY INSURANCE COMPANY**, **COLONY SPECIALTY INSURANCE COMPANY** OR **PELEUS INSURANCE COMPANY**, AN AUTHORIZED SURPLUS LINES INSURER OR **ARGONAUT INSURANCE COMPANY**, A LICENSED INSURER.

INSTRUCTIONS –

- Answer all questions. The information provided herein is considered material to our underwriting and pricing decision for the policy or additional coverage under consideration at the time this supplemental application is submitted.
- For any information that exceeds the space provided, continue responses on your letterhead.
- This form must be completed, dated and signed by an authorized officer of the Applicant to include this completed form as part of the Application.

1. Name of Applicant:
2. a. Name of Entity:
 b. Date Established:
 c. Physical Address:
3. Reason for Establishment of Entity:
4. Does the entity currently have professional liability insurance? Yes No
 If "Yes", please provide a current declarations page.
5. Are you requesting coverage for the entity under this policy? Yes No

Complete the rest of the form only if coverage is requested for the separate entity on the Accountant's Professional Liability Policy.

6. Is this entity's ownership the same as the CPA Firm? Yes No
 If "No", provide list of owners and percent of ownership.

Owners	Percentage of Ownership
	%
	%
	%
	%
	%

7. Provide a detailed description of the entity's services.
8. Provide percentage of services provided to CPA firm clients?
9. Is a disclosure form provided to disclose potential conflict? Yes No

10. Please provide Gross Annual Revenues for this entity.

Current Fiscal Year (Est.)	Last Fiscal Year	Prior Fiscal Year

11. Total Staff (include branch offices):

	Full Time	Part Time
CPA employees providing accounting services whose time is billable to clients		
Non-CPA employees providing accounting services whose time is billable to clients		
Other employees including clerical and non-accounting employees		

12. Please list the entity's two largest clients in the past fiscal year:

Client Name	Industry of Client	Professional Services Provided	Annual Revenues

13. Have any lawsuits or claims been made against the entity named above in the past five (5) Yes No years?

THIS SUPPLEMENTAL APPLICATION IS INCORPORATED BY REFERENCE INTO THE PRIMARY APPLICATION

APPLICANT'S SIGNATURE	DATE