NAVIGATORS INSURANCE COMPANY

ACCOUNTANTS PROFESSIONAL LIABILITY

SUPPLEMENT 1 – PROFESSIONAL STAFF SUPPLEMENT

Applicant:_____

	NAME	DESIGNATION	IF PART-TIME, ANNUAL HOURS WORK FOR APPLICANT FIRM	DATE OF HIRE (MM/DD/YY)	YEARS IN PRACTICE	PROFESSIONAL DESIGNATIONS AND LICENSES
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

I understand that the information submitted in this supplement becomes a part of my Accountants Professional Liability application and is subject to the same representations and conditions.

_____ _____

Print Name Title

_____ _____

Signature Date

INCOMPLETE, UNSIGNED OR UNDATED APPLICATIONS WILL BE RETURNED FOR COMPLETION