NAVIGATORS INSURANCE COMPANY

ACCOUNTANTS PROFESSIONAL LIABILITY

SUPPLEMENT 3 – SEPARATE ENTITY SUPPLEMENT

Applicant:_____

Please complete for each separate entity for which coverage is desired:

1. Full legal name and form of entity (subsidiary, joint venture, LLP etc.)

_____

2. Address of separate entity (complete only if different than the firm's primary office address):

_____

_____

3. Date established: _____/_____/_____
Month / Day / Year

4. Percent of ownership held by the firm and all firm personnel: _____

5. Total professional staff: _____ Total support staff: _____

6. List professional services or business activities conducted by this entity:

_____

_____

7. Gross Annual Revenue:
Current Year $ _____
Last Year $ _____
Projected Next Year $ _____

Are the staff and revenue numbers referenced above included in questions 1 and 7 of the application? ☐ **YES** ☐ **NO**

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