

Multiple Location Questionnaire

Underwritten by The Hanover Insurance Company

NOTICE: THIS QUESTIONNAIRE IS FOR A CLAIMS-MADE AND REPORTED POLICY. SUBJECT TO ITS TERMS, THIS POLICY WILL APPLY ONLY TO CLAIMS FIRST MADE AGAINST THE INSURED AND REPORTED TO THE INSURER DURING THE POLICY PERIOD OR ANY EXTENDED REPORTING PERIOD THAT MAY APPLY. PLEASE READ THE POLICY CAREFULLY TO DETERMINE RIGHTS, DUTIES, COVERAGE AND COVERAGE RESTRICTIONS.

I. INSTRUCTIONS

Whenever used in this Questionnaire, the term **Firm** shall mean the **Named Insured** proposed for insurance, and **You** or **Your(s)** shall mean the persons and entities proposed for insurance unless otherwise stated.

1. Multiple Offices: **Not Applicable**

Complete the table if **Firm** has more than one office location:

	Location A (Primary Office)	Location B	Location C
Office Address			
Date Office Established			
Number of Professional Staff			

Are additional sheets attached? Yes No

2. Shared Office Space: **Not Applicable**

Does the **Firm** share office space with any other business? Yes No

If, Yes complete questions below:

- Provide business name with whom office is shared: _____
- Does the **Firm** share administrative or professional staff? Yes No
- Does the **Firm** receive referrals from the other business? Yes No
- Does the **Firm** refer clients to other business? Yes No

For all Yes answers to the above questions, provide details on how the **Firm** avoids misunderstandings regarding which business is providing services to the client:

The undersigned, acting on behalf of all Applicants, declares that the statements above are true and complete, that thorough efforts were made to obtain requested information from all persons to be insured, no facts have been suppressed or misstated, and I/we understand that this supplement becomes part of the application.

Date **Signature / Title**

(mm/dd/yyyy) (Chief Executive Officer, President, Financial Officer, Managing Partner or Owner)

(mm/dd/yyyy) (Print Name and Title)

A POLICY CANNOT BE ISSUED UNLESS THE "QUESTIONNAIRE" IS PROPERLY SIGNED AND DATED.
Please submit this "Questionnaire" including appropriate documentation to your agent.