

Separate Entity 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.

Please complete for each separate entity under which the Firm conducts business:

1. Full Legal Name of Separate Entity: _____
2. Is coverage requested for this Separate Entity under this professional liability policy? Yes No
3. Does this Separate Entity currently have professional liability coverage? Yes No
4. Date Separate Entity established: _____
5. Percent of ownership of Separate Entity held by the **Firm** and all **Firm** personnel: _____
6. Total professional staff: _____
7. Total support Staff: _____
8. Provide a detailed description of the Separate Entity's services: _____

9. Provide the Firm's fiscal 12 month gross revenue figures:

Last Fiscal Year	Current Fiscal Year (estimated)	Next Fiscal Year (projected)
\$ _____	\$ _____	\$ _____

10. Are these revenues included on the application? Yes No

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.