



Additional Entity Supplement

Brokerage/Agency Name:

Instructions: (1) Include only one entity per section, with maximum of two entities per supplement (2) Attach additional supplements if needed (3) Sign and date each supplement

1. Name of Requested Additional Entity:

2. a. Brokerage/Agency Owned: Ownership ____%

b. Brokerage/Agency Personnel Owned: Ownership: ____%

Position in Brokerage/Agency: Owner(s)/Officer(s) Producer Other: _____

c. Entity ownership since: Start-up Start-up Date: ____/____/____ (Mo./Day/Yr.)
 Acquisition Acquisition Date: ____/____/____ (Mo./Day/Yr.)

3. Entity is: Active
 Inactive Date operations ceased: ____/____/____ (Mo./Day/Yr.)

4. Operations of Additional Entity:

P&C Insurance Brokerage/Agency Life/Health Insurance Brokerage/Agency Real Estate
 Other (Describe) _____

NOTE: Any prior claims against this entity in the last 5 years must be reported on the application.

1. Name of Requested Additional Entity:

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4. Operations of Additional Entity:

P&C Insurance Brokerage/Agency Life/Health Insurance Brokerage/Agency Real Estate
 Other (Describe) _____

NOTE: Any prior claims against this entity in the last 5 years must be reported on the application.

Signature: _____ Date: ____/____/____

Name: _____ Title: _____
(Please Print)