

Additional Entity Supplement

 Agency Name: _____

1. Name of Additional Entity:				
2. Name of Entity Owners and % of ownership:		Owner:	% of Ownership:	
		Owner:	% of Ownership:	
		Owner:	% of Ownership:	
3. Describe the Additional Entity:				
Operations	<input type="checkbox"/> Property & Casualty Agency	<input type="checkbox"/> Life, Accident & Health Agency	<input type="checkbox"/> Both P&C and L,A&H	<input type="checkbox"/> Other:
If 'Other' please describe:				
4. Is the Additional Entity:	<input type="checkbox"/> A start up entity	Start Up Date:	<input type="checkbox"/> An acquired entity	Acquisition Date:
	<input type="checkbox"/> Active	<input type="checkbox"/> Inactive	If Inactive, date operations ceased:	
5. Has this entity incurred any losses in the last 5 years? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes please complete claim supplement.				
6. Any additional information / comments regarding this entity:				

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6. Any additional information / comments regarding this entity:				

 Signature: _____
 (must be signed by Owner, Partner or Senior Officer)

Date: ____/____/____

Name: _____

Title: _____