

NEW HAMPSHIRE INSURANCE COMPANY
Administrative Offices: 175 Water Street 18th Floor, New York, NY 10038



CPA Protector Plan
Separate Entity Supplemental Application

Florida

Please complete a separate supplement for each Separate Entity.

1. Name of entity _____ Date established _____
 Individual Partnership P.A. P.C. L.L.C. L.L.P. Other

2. Location of entity _____

3. Reason for establishment of entity _____

4. Does the entity currently have professional liability insurance? Yes ___ No ___
 If yes, please provide a current declarations page.

5. Is this entity's ownership the same as the CPA Firm? Yes ___ No ___

If no, provided list of owners and percent of ownership

Owners	Percentage of Ownership

6. Provide a detailed description of the entity's services: _____

7. Provide percentage of services provide to CPA firm clients ___%
 Is a disclosure form provided to disclose potential conflict? Yes ___ No ___

8. Are any revenues included in the revenues reported on the application? Yes ___ No ___
 If yes, Please provide Gross Annual Revenues for this entity

	Fiscal Year End	Revenues
Second prior fiscal year	_____	\$ _____
Prior fiscal year	_____	\$ _____
Estimated current fiscal year	_____	\$ _____

9. Are any personnel listed on the Staff Supplement also working for this entity? Yes ___ No ___
 If yes please provide the following:

Name of Firm Member	Position Held	Services Performed	Client Name/Industry	Revenues

NOTICE TO FLORIDA APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY IN THE THIRD DEGREE.

The applicant understands the information submitted herein becomes a part of the applicant's application and is subject to the same representations and conditions.

Signature of Authorized Representative of the Firm

Date

Print Name

Title (must be signed by managing partner or managing executive of the Firm)

Attest _____

Producer / Agent: B&B Protector Plans, Inc. (dba Professional Services Plans)

License Number: L006066

Address: P.O. Box 15266
Tampa, FL 33684-5266