

USE DARK INK, THIS WILL BE PHOTOGRAPHED

This application supplement is part of application(s) for insurance on: _____
(Proposed Insured/You, Your)

1. The Proposed Insured is a: (check and complete one.)
 - a. Sole proprietor (100% owner).
 - b. Partner. Give your ownership percentage: _____%
 - c. Shareholder of a corporation. Give your ownership percentage: _____%
 - d. Other. Explain: _____

2. Number of employees (exclude the proposed insured and other partners or shareholders):
 - a. _____ Part-time
 - b. _____ Full-time

3. If proposed insured is a partner or shareholder (or if 1-d above, is checked):
 - a. Number of other partners or shareholders? _____ How may work full-time for this business? _____
 - b. Are all other full-time employees of the business who are partners or shareholders already covered by or now applying for Business Overhead Expense Insurance? yes no
If no, give details: _____

 - c. What percentage of the total business expenses are You responsible for? _____% If this percentage is different from Your percentage of ownership, please explain here or in the Remarks:

4. Does Your business share office space and/or expenses with another person or firm? yes no
If yes, give details: _____

5. Do You or Your business own all or part of the building in which Your business is located? yes no
If yes: a. Is it owned by You personally (all or part) or by Your business? Give details: _____

b. Give percentage owned: _____ % by You; _____ % by Your business.

6. Are there any other members of Your profession, or a related profession, employed by You or Your business?
 yes no If yes, how many _____? Give details: _____

7. Do You have any other Business Overhead Expense Insurance in force or pending? yes no
If yes, give details: _____

(THIS FORM CONTINUES ON THE NEXT PAGE.)

