Fireman's Fund® Insurance Company

ACCOUNTANTS PROFESSIONAL LIABILITY INSURANCE COVERAGE APPLICATION FORM "CLAIMS MADE" POLICY

STAFFING SUPPLEMENTAL APPLICATION

Please complete for <u>each</u> insured to be covered under this policy.

Name	Status [1]	Date joined the Firm	Full Time Or Part Time	Years in Practice	Professional Designations and Licenses

[1] Status Code: **O** = owners, officers, directors, partners, principals, or shareholders
E = all other professional employees

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