



2. Has there been any claim, suit, or are you aware of any circumstances that could result in a claim arising out of your activities with any of these entities? If yes, please provide details: \_\_\_\_\_

Yes  No

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

**I understand information submitted herein becomes a part of the application and is subject to the same conditions as stated on the Application.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title

**THIS SUPPLEMENT MUST BE SIGNED BY AN OWNER, PARTNER OR PRINCIPAL OF THE FIRM.**

*The Applicant understands and agrees that she or he is obligated to report any changes in the information provided in the supplement that occur after the date of the application and before policy inception.*