



Multiple or Shared Office Supplemental Application

MULTIPLE OFFICE LOCATIONS

1. List all branch office locations, including international operations, that are a part of the Firm:
If no other office locations, mark N/A and move to next section.

N/A

| Location (City, State, or Country if other than U.S.) | % of overall firm revenue | No. of Professionals | Partner in charge of branch | Number of Years location has been in existence |
|---|---------------------------|----------------------|-----------------------------|--|
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Add on a separate sheet if additional space is needed

2. Do the branch offices use the same internal administrative procedures as the principal office?

Yes No

If "No", please describe the office systems and procedures in the branch office.

3. What factors are taken into consideration when opening or closing branch offices?

SHARED OFFICE SPACE

1. List all shared office locations. If no shared office space, mark N/A.

N/A

| Office Location | Name of Shared Entity | Type of Services provided by shared office entity |
|-----------------|-----------------------|---|
| | | |
| | | |
| | | |

Add on a separate sheet if additional space is needed

Please answer the following for shared office locations:

- a. Do you have a written agreement in place for shared services?

Yes No

- b. Do you have a shared fee arrangement? Yes No
- c. Do you share staff? Yes No
- d. Do you share files? Yes No
- e. Are clients referred to the shared office entity? Yes No
- f. Are clients referred to your firm from the shared office entity? Yes No

2. Does the Firm require proof that other entities that share offices have professional liability insurance? Yes No

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 _____

License Number _____

Address _____
