

SWISS RE CORPORATE SOLUTIONS AMERICA INSURANCE CORPORATION

Additional Entity Supplement

Agency Name: _____

Instructions: (1) Include only one entity per section, with maximum of two entities per supplement (2) Attach additional supplements if needed (3) Sign and date each supplement

1. Name of Requested Additional Entity:

2. a. Agency Owned: Ownership ____%

b. Agency Personnel Owned: Ownership: ____%

Position in Agency: Owner(s)/Officer(s) Producer

Other: _____

c. Entity ownership since:

Start-up

Start-up Date: ____/____/____ (Mo./Day/Yr.)

Acquisition

Acquisition Date: ____/____/____ (Mo./Day/Yr.)

3. Entity is: Active

Inactive

Date operations ceased: ____/____/____ (Mo./Day/Yr.)

4. Operations of Additional Entity:

P&C Insurance Agency Life/Health Insurance Agency Real Estate

Other (Describe) _____

NOTE: Any prior claims against this entity in the last 5 years must be reported on the application.

1. Name of Requested Additional Entity:

2. a. Agency Owned: Ownership ____%

b. Agency Personnel Owned: Ownership: ____%

Position in Agency: Owner(s)/Officer(s) Producer

Other: _____

c. Entity ownership since:

Start-up

Start-up Date: ____/____/____ (Mo./Day/Yr.)

Acquisition

Acquisition Date: ____/____/____ (Mo./Day/Yr.)

3. Entity is: Active

Inactive

Date operations ceased: ____/____/____ (Mo./Day/Yr.)

4. Operations of Additional Entity:

P&C Insurance Agency Life/Health Insurance Agency Real Estate

Other (Describe) _____

NOTE: Any prior claims against this entity in the last 5 years must be reported on the application.

Signature: _____

Date: ____/____/____

Name: _____

(Please Print)

Title: _____