

ADDENDUM 1

ONLY TO BE COMPLETED WHERE MORE THAN ONE INDIVIDUAL OR ENTITY TO BE COVERED.

List of entities to be covered	Location	Indicate nature of services	Indicate the actual Total Gross Fees derived from the project for the last fiscal year as per the last annual financial statement and anticipated for each fiscal year thereafter							Amount of Professional Liability Coverage
			200__	200__	200__	200__	200__	200__	TOTAL	
		Total Gross Fees								

Are any of the entities listed above financially associated with any other practice or company involved in this project?

Yes ____ No ____

If "Yes", please explain: _____