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ACCOUNTANTS PROFESSIONAL LIABILITY INSURANCE APPLICATION

NOTE: THE INSURANCE COVERAGE FOR WHICH YOU ARE APPLYING IS WRITTEN ON A CLAIMS MADE BASIS AND ACCORDINGLY ONLY CLAIMS WHICH ARE FIRST MADE AGAINST YOU AND REPORTED TO THE COMPANY DURING THE POLICY PERIOD ARE COVERED, SUBJECT TO POLICY PROVISIONS.

1. Full legal Name of Applicant Firm*: _____
 Principal Address: _____
 *(include all firm names, trading names, dba's, etc.) _____

NEW APPLICATION POLICY PERIOD RETROACTIVE
 RENEWAL FROM: ____/____/____ TO: ____/____/____ DATE: ____/____/____

2. Year firm established: _____ 3. Does your Firm practice from any other office location(s)? Yes No
 If "Yes", please provide addresses of other locations on a *Separate Sheet*.

4. Firm is a(n): Sole Proprietor Partnership Professional Corporation or Association Limited Liability Company
 Limited Liability Partnership Other _____

5. Has your name ever changed or have you merged with or acquired another Firm? Yes No
 If "Yes", please provide complete details including full legal names, dates of operation, etc. on a *Separate Sheet*.

6. Limits of Liability \$100,000 \$250,000 \$500,000 \$1,000,000 \$2,000,000 \$3,000,000 \$4,000,000
 (Per Claim/ Aggregate) \$5,000,000 \$10,000,000 Other _____

7. Deductible Amount Requested. (PER CLAIM)
 \$1,000 \$2,500 \$5,000 \$10,000 \$15,000 \$20,000 \$25,000 Other : \$ _____

8. Do you share office space, expenses or staff with any other accountant(s) or with any other professionals? Yes No
 If "Yes", please describe arrangement and identify by name the space/expense sharer(s) on a *Separate Sheet*.

9. Is this a full-time Accounting or Bookkeeping practice? Yes No

10. Does any member of your Firm provide professional services as a practicing lawyer, real estate agent or broker, investment advisor, or securities agent or broker? Yes No
 If "Yes", please provide complete details including whether covered by a separate professional liability policy on a *Separate Sheet*.

11. Total number of Professional Staff engaged in Accounting or Bookkeeping is: _____
 Please list all personnel by Category (from all offices). Attach a *Separate Sheet* if necessary.

Name	Education or Work Experience	Owner, Partner, Officer, Employee, Per Diem	Years in Practice	Professional Membership or Association	Hours of CPE

12. a. Indicate the gross billable income for the applicable fiscal year.

Last Fiscal Year	Current Fiscal Year	Next 12 Months Projected
Ending: ____/____/____	Ending: ____/____/____	Ending: ____/____/____
\$ _____	\$ _____	\$ _____

b. Total # of clients for the past year. _____ If newly established, please estimate # of clients for next year. _____

13. Do you have any single client(s) representing 25% or more of your gross billable income?..... Yes No
 If "Yes", please provide client(s) profile, services performed by you, % of your revenue, etc. on a *Separate Sheet*.

14. Indicate the approximate % of your last year's billings and whether Engagement Letters are used. Total percentage must add up to 100%.

Area of Practice	% of Income	Engagement Letters Used?	
A. AUDITS			
Municipal	%	Yes	No
Publicly-Held Companies *	%	Yes	No
Other	%	Yes	No
B. GENERAL			
Bookkeeping/Write-ups	%	Yes	No
Reviews	%	Yes	No
Compilations	%	Yes	No
Personal Financial Planning	%	Yes	No
C. TAX SERVICES			
Individual/Estate Returns	%	Yes	No
Corporate Returns	%	Yes	No
Limited Partnership Returns	%	Yes	No
D. BUSINESS ACQUISITIONS			
Divestitures	%	Yes	No
Evaluations & Projections	%	Yes	No
E. MANAGEMENT ADVISORY SERVICES			
(please describe)	%	Yes	No

Area of Practice	% of Income	Engagement Letters Used?	
F. EDP/COMPUTER SERVICES			
Hardware/Software Sales	%	Yes	No
Data Processing Service	%	Yes	No
Hardware/Software Consulting	%	Yes	No
G. FIDUCIARY SERVICES			
Administrator, Executor or ERISA Trustee	%	Yes	No
Bankruptcy Trustee or Receiver	%	Yes	No
H. SECURITIES ACTIVITIES *			
Limited Partnership & Tax Shelter Syndication *	%	Yes	No
Debenture Financing/Bonds *	%	Yes	No
Securities including Federal & State Securities *	%	Yes	No
I. OTHER (please describe on next line)			
	%	Yes	No
TOTAL	100 %		

* Please complete the Securities Supplement

15. What percentage of your billings are derived from the following client types?

Individuals	%	Healthcare/HMO's	%	Construction Concerns	%
Privately-Held Companies	%	Real Estate Concerns	%	Financial Institutions	%
Publicly-Held Companies	%	Non-Profit Organizations	%	Other (Describe)	%

16. Have you provided professional services (including but not limited to audits) to a publicly traded client in connection with the registration, sale or offering of securities for clients or in connection with the offer and sale of private placement bonds? If "Yes", please complete the *Securities Supplement*..... Yes No

17. Excluding activities as a trustee or receiver, has any client been the subject of bankruptcy, insolvency or receivership proceedings within the past three (3) years?..... Yes No
 If "Yes", please provide date of client's bankruptcy, insolvency or receivership, services performed by you, date of first engagement and whether an engagement letter was used (if not, please explain) on a *Separate Sheet*.

18. Within the past five (5) years, have you:

- a. received commissions, fees, reciprocity or revenue for referrals, sale or promotion of investments or tax shelters?..... Yes No
- b. organized, arranged, procured or evaluated investments, real estate or tax shelters or prepared projections for use in these areas?..... Yes No
- c. participated in the management of any investment partnership, limited partnership, tax shelter or other investment venture?..... Yes No
- d. received loans from any client? Yes No
- e. made recommendations as to the sale or purchase of any investments, including specific stocks, bonds or other securities for which you received compensation? Yes No

If "Yes" to any part of this question, please provide complete details on a *Separate Sheet*.

19. Within the past five (5) years, have you invested, received, disbursed or in any way acted in a decision-making capacity with respect to a client's funds? Yes No
*If "Yes", please indicate name of client, amount of funds, services performed by you, check signing authority (dual or sole), whether distributions are under a trust agreement, and whether you are bonded for the handling of client's funds (if so, indicate carrier and bond amount) all on a **Separate Sheet**.*
20. Does or has any member of the Firm served as trustee or performed professional services to any client(s) in which any Firm member or spouse serves as trustee? *If "Yes", please complete the **Trustee Supplement**.* Yes No
21. Has any member or former member of the Firm, provided auditing or any consulting services to, acted as a Director or Officer of or been a committee member of any Financial Institution in the past 5 years? Yes No
*If "Yes", please complete the **Financial Institution Supplement**.*
22. Has the Applicant Firm performed any professional service(s) in which any member of the Applicant Firm or his/her relative or spouse served as an officer, director, manager, owner, employee or contractor, or had a financial interest in the client firm? Yes No
*If "Yes", please complete the **Outside Interest Supplement**.*
23. Do you anticipate, within the next (12) months, any material changes to the Firm or its practice?..... Yes No
*If "Yes", please attach a complete description on a **Separate Sheet**.*
24. Within the past (3) years, have you had a quality peer review?..... Yes No
 a. Was the review unqualified?..... Yes No
 Please attach a copy of the peer review and any response you may have had to recommendations.
25. Please indicate method(s) used to identify any actual or potential conflicts of interest:
 Oral/Memory Computer Index File Conflict Committee None Other (describe):_____
26. In the past five (5) years, has any professional liability claim or suit been made against the Firm, any predecessor in business or any current or former partner, officer, shareholder or employed accountant?..... Yes No
*If "Yes", please complete the **Claim Supplement** for each claim.*
27. Does any Accountant for whom coverage is sought know of any incident, act, error or omission that could result in a claim or suit against the Applicant Firm or any predecessor firm or any of the current or former members of the firm? Yes No
*If "Yes", please complete the **Claim Supplement** for each claim or incident.*
28. Within the past (5) years, have you sued to collect fees or threatened to do so?..... Yes No
*If "Yes", please describe all collection suits including Name of clients, Services rendered, Dates of services, Suit date, Fee amounts, Status or outcome of suit and whether your firm is still providing services for this client on a **Separate Sheet**.*
29. List the Accountants Professional Liability Insurance Coverage carried during the past five (5) years, including any periods without coverage. If no past coverage, please indicate NONE. If current coverage is in place, please provide evidence of your professional liability insurance.

	Policy Period MM/DD/YY TO MM/DD/YY	Insurance Company	Limits of Liability	Deductible/ Retention	Premium
Current Year	TO				
Prior Year 1	TO				
Prior Year 2	TO				
Prior Year 3	TO				
Prior Year 4	TO				

30. In the past five (5) years, has the Firm or any Firm member ever had Professional Liability insurance or similar insurance declined, canceled or non-renewed? *If "Yes", please explain on a **Separate Sheet**.* Yes No
31. Has any Accountant for whom coverage is being sought ever had their accounting license suspended or revoked; or been subject to any investigation by any board of accounting, AICPA, SEC, State CPA Society or any other governmental agency, or court; or been subject to any reprimand, criminal penalty or fine (including a tax preparer's fine); or been convicted of any felony charge or are they currently under indictment?..... Yes No
*If "Yes", please provide complete details on a **Separate Sheet**.*

