

Applicant is a:

- | | |
|--|---------------------------------------|
| <input type="checkbox"/> Sole Proprietorship | <input type="checkbox"/> LLP |
| <input type="checkbox"/> Corporation | <input type="checkbox"/> PC |
| <input type="checkbox"/> Partnership | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> LLC | |

6. a. Does the Applicant share office space with any other entity? Yes No
If Yes, complete Multiple Offices/Shared Office Space Supplement A.

b. If the Applicant firm has branch offices in other cities, please indicate the 3 largest by Gross

Billings:

	Branch Office #1	Branch Office #2	Branch Office #3
City and State:			
Billings:			

7. Does the Applicant or any owners, partners or officers render services or conduct any business activities under a separate entity name? Yes No

No

a. If Yes, please provide the name and industry of the entity:

Name: _____ Industry: _____

b. Would you like coverage for this entity(s)? Yes No
If Yes, complete the Separate Entity Supplement B for all such entities for which you are seeking coverage.

8. a. Does the Applicant have any subsidiaries? Yes No

b. If yes, does the Applicant desire coverage for the subsidiaries? Yes No
 (Note: the Policy does not cover subsidiaries unless specifically endorsed.)
If Yes, complete and attach Subsidiary Entity Supplement C.

9. Within the last five years have there been:

a. Changes in the applicant's name? Yes No

b. Changes in applicant's ownership or principals? Yes No

c. Mergers / consolidations with / or purchases of other accounting firms or other business entity? Yes No

If Yes to any of the above complete Mergers and Acquisitions Supplement D.

B. Personnel and Staffing Information

10. Please account for all full time and all part time personnel/staff. A part time person is an individual who works 20 hours or less in a week. Two part time individuals equate to one full-time person.

	CPAs	Non-CPAs	Total
Owners, Partners & Officers:			
Employed Accounting or Tax Professionals:			
Other Consulting Professionals (not included above):			
Administrative Staff:			
Total:			

11. Professional Staff (please list all professionals):

Name	Status	Date joined the firm	Full Time (FT) or Part Time (PT)	Years in Practice	Professional Designations and Licenses

If necessary, please fill out Professional Staff Supplement P

12. Has the staff size of the Applicant changed +/- 25% during the past three years? Yes No
If yes, please provide details, including any policy amendments to your current coverage on the Supplemental Information Form (S.I.F.).

a. Has the firm been subject to an independent loss control or risk management audit within the last three (3) years? Yes No
If yes, please provide details, including summary of findings, name of auditor and date of audit, on the Supplemental Information Form (S.I.F.).

b. Briefly describe any policy in reference to training and loss control education:

c. Are there any in-house loss control training programs? Yes No
 If yes, how often and by whom? _____

d. Within the last three (3) years, what percentage of professional staff pursued continuing education requirements? _____%

C. Scope of Practice

13. Gross Annual revenue for the Applicant on an accrual basis:

Second Last Fiscal Year	Last Fiscal Year	Estimate for Current Fiscal Year	Projected Next Fiscal Year
FYE: / /	FYE: / /	FYE: / /	FYE: / /
\$	\$	\$	\$

14. Percentage of revenue from the Applicants largest clients or client groups: Largest: _____% Second Largest: _____%

For those clients representing 15% of more of the Applicant's revenue, please describe for each the type of industry, services performed, length of time as a client and describe how the firm maintains its independence on the Supplemental Information Form (S.I.F.).

D. Areas of Practice

15. a. Provide the percentage of the last fiscal year's gross annual billings derived from the following areas of practice:
 b. Check the box for those services for which Applicant uses client-signed engagement letters.

Tax		
Business Tax	%	<input type="checkbox"/>
Estate Tax	%	<input type="checkbox"/>
Individual Tax	%	<input type="checkbox"/>
Accounting/Bookkeeping Consulting	%	<input type="checkbox"/>
Business Investment Advice (Attach description on separate sheet)	%	<input type="checkbox"/>
Computer-Related Services (Complete Supplement E)	%	<input type="checkbox"/>
Litigation Support	%	<input type="checkbox"/>
Management Consulting (Attach description on separate sheet)	%	<input type="checkbox"/>
Projections & Forecasts	%	<input type="checkbox"/>
Valuations	%	<input type="checkbox"/>
Attestation		

Special Services		
Fiduciary Responsibilities:		
Business/Personal Management (Complete Supplement H)	%	<input type="checkbox"/>
ERISA Fiduciary Responsibility (Attach description on Supplemental Information Form)	%	<input type="checkbox"/>
Executor/Trustee (Complete Supplement I)	%	<input type="checkbox"/>
Other Fiduciary Responsibilities (Complete Supplement I)	%	<input type="checkbox"/>
Personal Financial Planning/Investment Advice (Complete Supplement J)	%	<input type="checkbox"/>
SEC Work other than Audit or Tax (Complete Supplement K)	%	<input type="checkbox"/>
Assurance Services (Complete Supplement I)	%	<input type="checkbox"/>
Other (Attach description on separate sheet)	%	<input type="checkbox"/>
TOTAL ADDS TO 100%	100%	

Audit: Publicly traded entities (Complete Supplement F)	%	<input type="checkbox"/>
Audit: all other (Complete supplement G)	%	<input type="checkbox"/>
Review	%	<input type="checkbox"/>
Compilation	%	<input type="checkbox"/>
Bookkeeping	%	<input type="checkbox"/>

16. Has the Firm, any Firm member or any related individual, within the past five years:
- a. Held an equity interest in, operated, or managed any entity (excluding the Firm), organization, corporation, or enterprise either for profit or not-for-profit for whom the Firm provided professional accounting services? Yes No
 - b. Acted as a director, officer or exercised any form of managerial control over any entity (excluding the Firm), organization, corporation, or enterprise either for profit or not-for-profit? Yes No
If yes to a. or b., please complete Outside Activities Supplement L.
 - c. Acted as trustee for or exercised any form of fiduciary control over any client funds? Yes No
If yes, please complete the appropriate supplement(s): Trust/Fiduciary Services Supplement (I) or Business/Personal Management Supplement H.
 - d. Participated with clients in any investment or business? Yes No
If yes, provide details, including involvement in setting up, promotion or recommendation to clients, name of investments or business, nature of services provided to business or entity client investors on the Supplemental Information Form (S.I.F.).
17. Has the Firm, predecessors, or affiliates, within the past 5 years performed SEC work other than audit work for publicly traded companies (other than broker/dealers who are not publicly traded)? Yes No
If yes, please complete the SEC Supplement K.
18. Has the firm within the past 5 years performed services, or consented to the use of the Firm's work product, in connection with public or private offerings of securities, real estate, or other investments? Yes No
If yes, please complete the SEC Supplement K.
19. Has the firm within the past 5 years performed services for financial institutions? Yes No
Financial institutions are defined as Banks, Bank Holding Companies, Broker-Dealers, Building & Loan Associations, Credit Unions, Finance Companies, Insurance Companies, Savings and Loans, Thrifts and Trust Companies. **If yes, please complete the Financial Institution Supplement M.**
20. Does the Firm, any Firm member or subsidiary or affiliate Firm member maintain a non-CPA professional License? Yes No
If yes, please complete the Professional License Supplement N.
21. Does your Firm administer funds under the guidelines of ERISA? If yes, Yes No
- a. Are actuarial services performed? Yes No
 - b. Is the Firm involved in plan design or qualifying plans or their amendments? Yes No
- If yes to any of the above, please provide details on the Supplemental Information Form (S.I.F.).**
22. Does the Firm provide Elder Care Services as defined by the AICPA's new assurance services? Yes No
If yes:
- a. Are such services limited to financial services? Yes No
 - b. Does the Firm currently, or within the past 5 years has the Firm, a predecessor firm, or affiliate, provided assurances regarding the care received by an individual, consulted on client care options, provided assistance with daily activities, or coordinated the provision of such services for any client or at the direction of any client for others? Yes No
23. Has the Firm, Firm affiliates or any of their personnel, within the past 2 years, received non-monetary compensation for professional services? (e.g. stock, options, services, products, property, contingent fee, etc.) Yes No
If yes, provide details concerning the services performed and the compensation received (include the amount and form of compensation) on the Supplemental Information Form (S.I.F.).

24. Does the Firm currently or has it within the past five years:

- a. organized, sold, acted as sales promoter or sales agent for, or acted as manager or general partner for any real estate or other investment syndicate, limited liability company ("LLC") or partnership (limited or general)? Yes No
- b. organized, sold, acted as sale promoter or sales agent for, prepared any promotional sales materials for, provided any tax advice, counsel or opinions with respect to, any "reportable transaction" as defined in Treasury Regulation §1.6011-4(b)? Yes No
- c. organized, sold, acted as sale promoter or sales agent for, prepared any promotional sales materials for, provided any tax advice, counsel or opinions with respect to, or prepared or assisted in preparing any income, gift or estate tax returns incorporating or reporting a tax shelter or other tax advantaged investment which provided taxable income exclusions or tax deductions exceeding \$500,000 in any one tax year? Yes No

If yes to any of the above, please provide details on the Supplemental Information Form (S.I.F.).

25. Within the past five (5) years has any of the professional staff of the firm rendered audit, attest or review services for a business client that subsequently defaulted on a debt obligation, declared or filed bankruptcy, or became insolvent? Yes No

If yes, please attach a written narrative on each client including the following:

Name of Client and Industry	Date when and type of services rendered	Type of opinion/going concern reference	Date of bankruptcy, default, insolvency

E. Office Controls and Procedures

26. During the past five years, has the Firm sued to collect fees, including small claims court? Yes No
If yes, provide details on all outstanding amounts owed, date of suit, services rendered, current status, whether still a client and if an engagement letter was used on the Supplemental Information Form (S.I.F.).

27. Indicate what loss prevention tools your firm requires firm members to use:

Engagement letters are updated:

- annually for all engagements
- annually for attest engagements
- as engagement changes
- evergreen (not updated)
- other: _____
- not used

Second person/partner review of:

- attest services
- tax services
- all services
- other: _____
- no second person/partner review of any services

28. If you are a sole practitioner, providing audit services, have you made arrangements for another CPA to perform a cold review for those services? Yes No
If yes, provide their name and address and advise if this CPA or another is designated to handle your client's deadlines in the event of your extended absence on the Supplemental Information Form (S.I.F.).

29. Checklists: (if not used indicate N/A) AICPA PPC other: _____ N/A

30. Client screening procedures: new clients existing clients both, or none

31. Does the Firm have a written internal quality control document? Yes No

If no, please provide details on the Supplemental Information Form (S.I.F.).

32. Other loss prevention tools/procedures (describe): _____

33. Date of most recent peer or quality review: ____/____/____

a. Was the review on-site or off-site?

on-site off-site

b. Was the review unqualified?

Yes No

If no, please provide a copy of the peer review report as well as the Letter of Comments and the Applicant's Letter of Response and the same data from the Applicant's prior peer review.

If your firm has not undergone peer review and provides compilation review and/or audit services, please indicate the anticipated date of review: ____/____/____

If no review planned, please explain why on the Supplemental Information Form (S.I.F.)

F. Claims Experience

34. Within the past five (5) years, has the Applicant or any partner, officer, owner or employee:

a. had their accounting license or authority to practice accounting revoked?

Yes No

b. been subject to disciplinary action, or currently under review, by any state board of accountancy, AICPA or State Society?

Yes No

c. been subject to any fine, reprimand, criminal penalty related to the performance of professional services?

Yes

No

35. During the past five (5) years, has any claim or notice of claim been made or suit brought against the Applicant, its predecessor(s) in business, or any of its present or former owners, partners, officers, directors, employees or independent contractors?

Yes No

36. Is the Applicant, its predecessor (s) in business, or any of its present or former owners, partners, officers, directors, employees or independent contractors aware of any fact, circumstance or actual or alleged act, error or omission which may reasonably be expected to give rise to a claim being made against the Applicant, its predecessor (s) in business, or any of its present or former owners, partners, officers, directors, employees or independent contractors?

Yes No

It is understood and agreed that, without limiting any rights of the underwriter, if such knowledge or information exists, any claim arising therefrom is excluded from this proposed insurance.

If Yes to any of the questions numbered 34 through 36, complete and attach Claims Supplement O.

G. Prior Insurance

37. List Errors and Omissions carriers/information for the last 3 years. (If none, state "none").

Name of Carrier	Policy Period	Limits of Liability	Deductible	Premium	Retro Date
_____	_____	\$_____/ \$_____	\$_____	\$_____	_____
_____	_____	\$_____/ \$_____	\$_____	\$_____	_____
_____	_____	\$_____/ \$_____	\$_____	\$_____	_____

38. Has the firm ever purchased an extended reporting period endorsement? ("tail coverage")? Yes No

If yes, please provide effective date and expiration date: ____/____/____ to ____/____/____

39. Has any policy or application for similar insurance on behalf of the Applicant, its predecessor(s) in business, or any of its present or former owners, partners, officers, directors, employees or independent contractors ever been declined, cancelled, rescinded or refused renewal within the last five (5) years? Yes No

If Yes, please provide details (i.e., name of insurance carrier, year and reason for such declination, cancellation, rescission or refusal to renew) on the Supplemental Information Form (S.I.F.)

I. Warranty

The undersigned authorized owner, partner, director, or officer represents and warrants on behalf of the Named Insured and all persons/entities for whom insurance is being sought that to the best of his/her knowledge and belief after diligent inquiry, the statements set forth herein and attached hereto are true. It is understood that the statements in this Application, including material submitted to or obtained by the underwriter, are material to the acceptance of the risk, and relied upon by the underwriter. The Insureds further agree that in the event of any material misrepresentation or omission in the Application, including materials submitted to or obtained by the underwriter, this Policy shall be void.

The undersigned authorized officer of the applicant declares that the statements set forth herein are true. The undersigned agrees that if the information supplied on this Application changes between the date of this Application and the effective date of the insurance, that he/she will immediately notify the Insurer of such changes, and the Insurer may withdraw or modify any outstanding quotations or authorizations or agreements to bind the insurance.

Signing this Application does not bind the applicant or the Insurer to complete the insurance, but it is agreed that this Application shall be the basis of the contract should a policy be issued, and it will be attached to and become part of the Policy.

SIGNED: _____ DATE: _____
 PRINTED NAME: _____ TITLE: _____

(Must be signed by an Owner, Partner, Director, or Officer of the Named Insured)

Fraud Prevention – General Warning

NOTICE: Any person who knowingly, or knowingly assist another, files an application for insurance or claim containing any false, incomplete or misleading information for the purpose of defrauding or attempting to defraud an Insurance Company may be guilty of a crime and may be subject to criminal and civil penalties and loss of insurance benefits.

NOTICE TO ARKANSAS APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit, or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO COLORADO APPLICANTS: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: WARNING. It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

NOTICE TO FLORIDA APPLICANTS: Any person who knowingly and with intent to injure, defraud, or deceive any insurance company files a statement of claim containing any false, incomplete or misleading information is guilty of a felony of the third degree.

NOTICE TO HAWAII APPLICANTS: For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

NOTICE TO KENTUCKY APPLICANTS: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

NOTICE TO LOUISIANA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO MAINE APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

NOTICE TO NEW JERSEY APPLICANTS: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

NOTICE TO NEW MEXICO APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

NOTICE TO NEW YORK APPLICANTS: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

NOTICE TO OHIO APPLICANTS: Any person who, with intent to defraud knowingly that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

NOTICE TO OKLAHOMA APPLICANTS: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

NOTICE TO PENNSYLVANIA APPLICANTS: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any fact materially false information or conceal for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

NOTICE TO PUERTO RICO APPLICANTS: Any person who knowingly and with the intention to defraud includes false information in an application for insurance or file, assist or abet in the filing of a fraudulent claim to obtain payment of a loss or other benefit, or

files more than one claim for the same loss or damage, commits a felony and if found guilty shall be punished for each violation with a fine of no less than five thousands dollars (\$5,000), not to exceed ten thousands dollars (\$10,000); or imprisoned for a fixed term of three (3) years, or both. If aggravating circumstances exist, the fixed jail term may be increased to a maximum of five (5) years; and if mitigating circumstances are present, the jail term may be reduced to a minimum of two (2) years.

NOTICE TO TENNESSEE APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

NOTICE TO VIRGINIA APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

NOTICE TO WEST VIRGINIA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

