



**SUPPLEMENTAL APPLICATION G:
Non-Public Audit Client
Supplement**

CPA Cover
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INSTRUCTIONS FOR COMPLETING APPLICATION:

1. Please answer all the questions. This information is required to make an underwriting and pricing evaluation. Your answers hereunder are considered legally material to that evaluation.
2. If a question is not applicable, state "N/A". If more space is required to answer a question, please attach exhibit with the question number.
3. Application must be signed and dated by authorized person.

APPLICANT: _____

1a. Client Industry

	# of Audit Clients	Estimated Audit Fees	# of Clients with Assets over \$5,000,000	# of Clients with Net Loss for Last Fiscal Year
a. Agribusiness		\$		
b. Broker/Dealers		\$		
c. Construction		\$		
d. Entertainment Services		\$		
e. Government/Municipal		\$		
f. Manufacturing		\$		
g. Mining/Oil & Gas		\$		
h. Not-For-Profit		\$		
i. Real Estate Development/Mgmt		\$		
j. Retail		\$		
k. Pension Plans / ERISA		\$		
l. Other- (please describe)		\$		

1b. For any audit client with assets over \$5,000,000 and a net loss for two years running: Has a going concern statement been issued? Yes No
If No, please explain why not: _____

2. Please complete the following for each professional engaged in audit services:

Name	Years of Industry experience	Audit Related CPE Courses within past 3 years

- a. Does Applicant have a written policy on audit-related CPE training, including required courses and CPE hours per year specific to audit services?
 - b. Does a second qualified professional review all audit work papers and the audit report prior to sign off and release of audit report? *If yes please list this person under # 2 above* Yes No
 - c. Are you using PPC audit checklists or similar practice aids? Yes No
 - d. Do your firm's client acceptance procedures pertaining to audit engagement require sign-off by a second partner or committee prior to accepting a new engagement? Yes No
4. Within the past three (3) years has the applicant firm or any member of the firm rendered audit services for Defined Benefit Pension Plans? Yes No

If Yes, please provide the following information for each engagement involving a Defined Benefit Plan:
 (attach and number (e.g. 2 of 3, 3 of 3) additional pages as necessary).

Client Name	Client 1	Client 2	Client 3
Dates of Service Mo/Yr to Mo/Yr			
% of Company Stock in Plan			
Plan Assets at Fair Value			
Projected Benefit Obligation			
Total Equity of Company or Consolidated Group as of Mo/Yr			
Plan Actuary (Name) include website address if available			

5. Please complete the following for each professional engaged in audit service of the above plans.

Name	Years of Industry experience specific to Defined Benefit Plans	Relevant CPE courses within the past 3 years related to Defined Benefit Plans

If additional space is needed, please provide details on a separate attachment.

I understand the information submitted herein becomes a part of my Professional Liability Insurance Application and is subject to the same warranty and conditions.

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

 Signature of Owner, Officer or Partner

 Print or Type Name and Title

 Date (month-day-year)