

Administered by:



**SUPPLEMENTAL APPLICATION H:
Business/Personal Management
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: _____

Business/Personal Management Services (BPM) are those services where the CPA acts as the client's representative in some or all of the client's financial transactions (e.g., bill paying and cash disbursements).

1. Experience

Complete the following table in respect to the Applicant's and Business/Personal Management (BPM) practitioners' expertise.

Individual(s)	Number of Years BPM Experience	Name of BPM CPE attended in Past 3 Years (include CPE hours)

2. Services

- a. Approximate percentage of Applicant's total clients that are BPM: _____%
- b. Approximately what percentage of the Applicant's BPM revenue is derived from the following:

Bookkeeping	%	Financial Statement Preparation	%
Tax	%	Accounting or Audit for Royalties or Revenue	%
Bill paying	%	Other:	%
Business/Investment Advice	%	Total BPM revenue adds to 100%	%

3. Practice Management

- a. Attach a copy of the standard engagement letter used for these services.
- b. Does the Applicant perform background checks on employees that have access to client funds? Yes No
- c. Does the Applicant maintain a fidelity bond? Yes No
- d. Does the Applicant have sole signature authority on client checking accounts or other forms of authority to release client's funds? Yes No

If so, describe the Applicant's internal controls when releasing client funds and how the firm documents the client's approval to release funds.

- e. Does the Applicant have a client screening process? Yes No

New clients only Annually for existing clients Other

Complete for Each BPM Client

Client Name: _____

1. Does the Applicant have discretionary authority to invest funds on behalf of this client? Yes No
 - a. If yes, what types of investments are used? _____
 - b. Are clients' funds co-mingled with other funds? Yes No
 - c. Amount of client funds under your control \$ _____
2. How frequently is an accounting of services rendered given to the client? _____
3. How is the Applicant compensated for its work? Fees Commissions Other (describe): _____
4. Are reports provided to any party other than the client? Yes No

If yes, to whom and how often? _____

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4. Are reports provided to any party other than the client? Yes No

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)