



**RENEWAL APPLICATION
ACCOUNTANTS PROFESSIONAL LIABILITY INSURANCE
“CLAIMS MADE” POLICY**

- Please answer each question completely.
- Please type or print clearly in ink.
- Please attach a copy of the firm’s current letterhead (all letterheads used by the firm, if different for branch offices).
- This application must be signed by a partner, principal, owner, director, or officer of the firm.
- Please ensure that all appropriate supplements are completed and attached.

A. GENERAL INFORMATION

1. Name Insured: _____

Only if changed in the past 12 months:

2. Principal Business Address – **Street Addresses Only – No P.O. Boxes:**

3. Telephone # (____) _____

4. Fax # (____) _____

5. Primary Contact and Title: Mr. / Ms. _____

6. E-mail address: _____

7. Firm Website: _____

B. FIRM HISTORY

8. In the past 12 months, has the firm acquired or merged with any other firms or subsidiaries for which coverage is being requested? Yes No

If Yes, please list such firms or subsidiaries on a separate sheet of paper.

9. Has the firm opened any branch offices within the past year? Yes No

If Yes, please provide the address of each of the firm’s offices on a separate sheet of paper.

E. FINANCIAL

13. Total gross revenues for the last filed tax return, excluding recovered expenses:

\$ _____ for the period ending _____ [month/day/year]

14. Estimated gross revenues for the current fiscal year: \$ _____

15. Does the firm receive more than 10% of its gross billings from any client? Yes No

If Yes, please provide the following information on a separate sheet of paper: the name of the client, industry, percentage of gross billings, and the services provided.

E. AREA OF PRACTICE

16. Please indicate the percentage of gross billable dollars for the last fiscal year, from the following activities. **Total must equal 100%.**

Area of Practice	%	Area of Practice	%
Audit: Publicly Held		Management Advisory Services**	
Audit: Private		Mergers and Acquisitions	
Business Planning		Reviews	
Business Valuation		SEC Related Activities	
Bookkeeping		Tax Planning	
Compilations		Taxation: Corporate	
Consulting Services*		Taxation: Estate	
ERISA/Pension Plans		Taxation: Individual	
Financial Planning		Third Party Administration	
Forecasts/Projections		Trustee Services	
Information Technology		Other Services (describe below)	
Litigation Support		TOTAL	

Other Services: _____

* Please describe Consulting Services: _____

** Please describe Management Advisory Services: _____

17. Within the past 12 months, has your firm provided any:

i. Services in connection with the issuance of the registration or sale of any public security or offering? Yes No

ii. Projections or forecasts for inclusion in a prospectus or sales literature for any promoter or seller of securities? Yes No

If Yes to 20 i or 20 ii above, please complete the Securities Supplemental Application.

18. Within the past 12 months has any of the professional staff of your firm provided any of the following services:

- i. Audit, attestation, or consulting services for a publicly held company? Yes No

If Yes, please complete the Securities Supplemental Application.

- ii. Audits of non-public organizations? Yes No

If Yes, please complete the Non-Public Audit Supplemental Application.

19. Within the past 12 months has any of the professional staff of your firm provided financial planning, investment management, or asset advisory services? Yes No

If Yes, please complete the Financial Planning, Investment Management, and Asset Advisory Services Supplemental Application.

20. Within the past 12 months has any of the professional staff of your firm provided any services as an administrator, executor, or trustee of an estate? Yes No

If Yes, please complete the Trust Services Supplemental Application.

21. Within the past 12 months, has your firm provided any professional services, other than reviewing collateral to a bank, savings and loan, savings association, credit union, building association, or other banking institution, bank holding company, or affiliated institution? Yes No

If Yes, please complete the Financial Institutions Supplemental Application.

22. Within the past 12 months, has any member of the professional staff of the firm provided any tax advisory services or counseled clients regarding any tax avoidance strategies or instruments (i.e., *tax shelters*)? Yes No

If Yes, please complete the Tax Shelter Supplemental Application.

F. RISK MANAGEMENT AND QUALITY CONTROL

23. During the past 12 months, have you changed any of the following:

- | | | |
|---|------------------------------|-----------------------------|
| Written policies and procedures manual | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Written quality control documents | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Written policy regarding screening and evaluating new clients | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Completed CPE hours | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| System to ensure timely completion of work | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Work paper properly documented (what,who,when) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Required signatures of owner, partner | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Use of engagement/nonengagement/disengagement letters | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Business ventures permitted with clients | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If Yes, please explain on a separate sheet of paper

24. Within the past 12 months has your firm sued to collect fees? Yes No

If Yes, on a separate sheet of paper please provide the following information for each such suit for fees: name of client; date of suit; services rendered; fee amount; and status.

25. In the past 12 months, has the firm delegated, sub-contracted, and/or entered into any split fee arrangements? Yes No
- i. If Yes, what percentage of your total revenue is derived from these fee sharing arrangements? _____%
- ii. Do the firms associated with these arrangements carry professional liability insurance? Yes No
26. In the past 12 months, has any current or past member of the firm served or is currently serving as a director, officer, partner, or employee of any past or present client? Yes No

If Yes, please complete the Outside Interest Supplemental Application.

27. Has any current or past member of the firm had or currently have any equity interest in any past or present client? Yes No

If Yes, please complete the Outside Interest Supplemental Application.

28. During the past 12 months has the firm had a peer or quality review performed? Yes No

If Yes, please provide the following information on a separate sheet of paper: date of review; organization sponsoring the review (i.e., AICPA, state society, or other professional organization); and whether the results were qualified or unqualified.

G. CLAIMS AND DISCIPLINARY ACTION

29. Has any member of the professional staff of the firm ever been the subject of a complaint or disciplinary action or reprimand by: any state board of accountancy (or equivalent); the Securities and Exchange Commission or the Internal Revenue Service; any governmental regulatory or tax authority; any federal, state, or local court; or any national or state accounting society? Yes No
30. Having inquired of all partners, principals, owners, directors, officers, and employed accountants, are there any circumstances which may result in a claim being made against the firm, its predecessors, or any current or past partner, principal, owner, director, officer, or employed accountant of the firm? Yes No

If Yes to 29 or 30 above, please complete the Claims Supplemental Application for each claim or circumstance.

Notice to Applicant – Please Read Carefully

THE APPLICANT REPRESENTS THAT THE ABOVE STATEMENTS AND FACTS ARE TRUE AND THAT NO MATERIAL FACTS HAVE BEEN SUPPRESSED OR MISSTATED.

Applicant acknowledges a continuing obligation to report to the Company as soon as practicable any material changes in the facts and statements above, and in each supplemental application, of which applicant becomes aware after signing the application.

NOTE: In applying for coverage, applicant agrees that covered losses must be defended by a Company lawyer and that the deductible applies to damages and claims expenses, investigation costs and legal fees. If applicant elects to handle a claim without involving the Company, then the policy may not afford coverage for such claim.

COMPLETION OF THIS FORM DOES NOT BIND COVERAGE. APPLICANT’S ACCEPTANCE OF COMPANY’S QUOTATION IS REQUIRED PRIOR TO BINDING COVERAGE AND POLICY ISSUANCE. IT IS AGREED THAT THIS FORM SHALL BE THE BASIS OF THE CONTRACT SHOULD A POLICY BE ISSUED, AND THAT IT WILL BE ATTACHED TO THE POLICY.

Applicant hereby authorizes the release of claim information from any prior issuer to the Company.

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

Signing this form and tendering premium does not bind the applicant or the Company to complete the insurance. The Application must be signed and dated to be considered for quotation.

Notice:

Failure to report:

1. Any claim made against you during your current policy term; or
2. Any facts, circumstances, or events that may give rise to a claim to your current insurance company BEFORE policy expiration may create a lack of coverage.

Applicant Signature (**Must be signed and dated in ink by a Partner, Principal, Owner, Director, or Officer of the Firm**).

Signature of Applicant

Date (Month-Day-Year)

Print Name

Title

Firm