



Name of Insurance Company to which Application is made

NEW YORK ACCOUNTANTS PROFESSIONAL LIABILITY RENEWAL APPLICATION

NOTICE: THIS IS A CLAIMS-MADE POLICY. THE COVERAGE OF THIS POLICY IS LIMITED TO LIABILITY FOR WRONGFUL ACTS FOR WHICH CLAIMS ARE FIRST MADE WHILE THE POLICY IS IN FORCE AND WHICH ARE REPORTED TO THE COMPANY, DURING THE POLICY PERIOD, ANY SUBSEQUENT RENEWAL, OR ANY EXTENDED REPORTING PERIOD. THIS POLICY PROVIDES NO COVERAGE FOR CLAIMS ARISING OUT OF WRONGFUL ACTS WHICH OCCURRED PRIOR TO ANY APPLICABLE RETROACTIVE DATE. THE INSURED WILL HAVE THE OPTION TO PURCHASE A ONE, THREE, FIVE YEAR OR AN UNLIMITED OPTIONAL EXTENDED REPORTING PERIOD. THE PREMIUM FOR AND DURATION OF THE EXTENDED REPORTING PERIOD SHALL BE STATED ON THE EXTENDED REPORTING PERIOD ENDORSEMENT.

COVERAGE GAPS MAY ARISE AT THE EXPIRATION OF THE POLICY, AUTOMATIC EXTENDED REPORTING PERIOD OR OPTIONAL EXTENDED REPORTING PERIOD. DURING THE FIRST SEVERAL YEARS OF THE CLAIMS MADE RELATIONSHIP, CLAIMS-MADE RATES ARE COMPARATIVELY LOWER THAN OCCURRENCE RATES, AND THE INSURED CAN EXPECT SUBSTANTIAL ANNUAL PREMIUM INCREASES, INDEPENDENT OF THE OVERALL RATE LEVEL INCREASES, UNTIL THE CLAIMS-MADE RELATIONSHIP REACHES MATURITY. PLEASE READ AND REVIEW THE POLICY CAREFULLY.

THIS POLICY IS WRITTEN ON A DEFENSE WITHIN THE LIMITS BASIS. THE LIMIT OF LIABILITY AVAILABLE TO PAY LOSS, INCLUDING JUDGMENT OR SETTLEMENT AMOUNTS, SHALL BE REDUCED OR MAY BE COMPLETELY EXHAUSTED BY AMOUNTS INCURRED FOR LEGAL DEFENSE AND OTHER CLAIMS EXPENSES IF THE LIMITS OF LIABILITY PER CLAIM ARE A MINIMUM OF \$500,000. FURTHER NOTE THAT AMOUNTS INCURRED FOR LEGAL DEFENSE AND OTHER CLAIMS EXPENSES SHALL BE APPLIED AGAINST THE APPLICABLE DEDUCTIBLE. ONCE THE LIMIT OF LIABILITY IS EXHAUSTED, THE COMPANY SHALL NOT BE LIABLE FOR LEGAL DEFENSE COSTS, OTHER CLAIM EXPENSES OR FOR THE AMOUNT OF ANY JUDGEMENT OR SETTLEMENT.

THE RETROACTIVE DATE MAY NOT BE CHANGED DURING THE TERM OF THE CLAIMS MADE RELATIONSHIP AND ANY EXTENDED REPORTING PERIOD.

This is an application for a CLAIMS-MADE AND REPORTED Policy

If a policy is issued this application will attach to and become part of the policy, therefore, it is important that all questions are answered accurately. **If additional space is required, please provide complete details on Applicant's letterhead.**

1. Full Legal Name of Firm (include trading names and DBA's under which the Firm operates):

Principal Address: _____

City: _____ County: _____ State: _____ Zip Code: _____

Website Address: _____ Email Address: _____ Contact Name: _____

2. During the past twelve (12) months, has the name, ownership or structure of the Firm changed or has there been an acquisition, merger, consolidation or any other change..... Yes No
If "Yes", please provide complete details on a separate sheet, including full legal names of entities involved.

3. Indicate the following: a. Total number of Professionals: _____ Support staff: _____
b. Percentage of CPE participation: _____

4. Indicate total gross annual revenues for the Firm:

Actual Last Fiscal Year	Estimate for Current Fiscal Year
Ending: / /	Ending: / /
\$	\$

5. Indicate the percentage of gross revenues derived from the following areas of practice. **The total must equal 100%.**

Area of Practice	%	Engagement Letters Used?	Area of Practice	%	Engagement Letters Used?
Audit: Publicly Held (1)		<input type="checkbox"/> Yes <input type="checkbox"/> No	Information Technology (4)		<input type="checkbox"/> Yes <input type="checkbox"/> No
Audit: Non-Public (2)		<input type="checkbox"/> Yes <input type="checkbox"/> No	Business Valuations		<input type="checkbox"/> Yes <input type="checkbox"/> No
Taxation: Individual		<input type="checkbox"/> Yes <input type="checkbox"/> No	Forecasts & Projections		<input type="checkbox"/> Yes <input type="checkbox"/> No
Taxation: Business		<input type="checkbox"/> Yes <input type="checkbox"/> No	Litigation Consulting		<input type="checkbox"/> Yes <input type="checkbox"/> No
Taxation: Estate		<input type="checkbox"/> Yes <input type="checkbox"/> No	Management Advisory Services (5)		<input type="checkbox"/> Yes <input type="checkbox"/> No
Bookkeeping		<input type="checkbox"/> Yes <input type="checkbox"/> No	Executor/Trustee Services		<input type="checkbox"/> Yes <input type="checkbox"/> No
Compilations		<input type="checkbox"/> Yes <input type="checkbox"/> No	ERISA/Pension Plans		<input type="checkbox"/> Yes <input type="checkbox"/> No
Review		<input type="checkbox"/> Yes <input type="checkbox"/> No	Securities Activities (1)		<input type="checkbox"/> Yes <input type="checkbox"/> No
Personal Financial Planning & Investment Advisory Services (3)		<input type="checkbox"/> Yes <input type="checkbox"/> No	Other Services (5)		<input type="checkbox"/> Yes <input type="checkbox"/> No
			TOTAL:	100%	

Complete the following supplements for any new exposures during the last twelve (12) months:

- (1) Complete the Securities Supplement.
- (2) Complete the Non-Public Audit Supplement.
- (3) Complete the Financial Planning/Investment Advisory Services Supplement.
- (4) Complete the Information Technology Supplement.
- (5) Provide complete description of services on a separate sheet.

6. During the past twelve (12) months, has the Firm or any member of the Firm provided professional services:

- a. To any publicly held client? Yes No
 - b. Used in conjunction with issuance, offering or sales of securities, real estate or other investments? Yes No
- If "Yes" to either part of Q. 6 above, please complete the Securities Supplement.*

7. During the past twelve (12) months, has the Firm or any of its professional staff:

(Note: if previously disclosed, no need to indicate):

- a. Exercised any discretionary control over a client's funds, other than as a trustee? Yes No
If "Yes", please complete the Client Funds Supplement (Non-Trustee).
- b. Provided professional accounting services to or served as a fiduciary, committee member, officer, director, partner, employee, principal shareholder or member of any Financial Institution? Yes No
If "Yes", please complete the Financial Institutions Supplement.
- c. Served as a trustee, administrator, or executor? Yes No
If "Yes", please complete the Trustee Supplement.
- d. Maintained a professional license other than for accountancy? Yes No
If "Yes", please indicate name of individual, type of license, description of services provided, name of separate professional liability carrier and limits of liability, if applicable.
- e. Provided professional accounting services to any client in which any of the Firm's professional staff (including their spouse) owned an equity interest or served as director, owner, officer, partner or employee of such client? Yes No
If "Yes", please complete the Outside Interest Supplement.

8. During the past twelve (12) months, has the Firm sued to collect fees? Yes No
If "Yes", please provide complete details including the name of client, services rendered, dates of services, fee amounts, date of suit, current status and whether an engagement letter was used.
9. During the past twelve (12) months, have there been any changes made to the Firm's internal controls? Yes No
If yes, please provide complete details.
10. Within the past twelve (12) months, has the Firm had a peer or quality review? Yes No
If "Yes", indicate: a. Unqualified/Unmodified Qualified/Modified* b. Date of Issue: _____
**If the results of the review were qualified/modified, please attach a copy of the peer review report, letter of comments and the Firm's letter of response.*
11. During the past twelve (12) months, has the Firm or any member of the professional staff been made aware of a claim, or circumstances that could result in a claim, or has there been a change in the status of any claim reported to other insurance companies within the past five years Yes No
If "Yes", please indicate how many _____ and complete a separate Supplemental Claim Form for each claim.
12. During the past twelve (12) months, has the Firm or any predecessor firm or any of the Firm's professional staff ever been the subject of a complaint or disciplinary action or reprimand by any state board of accountancy, any national or state accounting society, any state or federal regulators or any other governmental agency or court? Yes No
If "Yes", please provide complete details on a separate sheet.

COVERAGE SELECTION

13. Limits of Liability requested (each claim/annual aggregate):
 \$100,000/\$100,000 \$100,000/\$300,000 \$250,000/\$250,000 \$250,000/\$500,000
 \$500,000/\$500,000 \$500,000/\$1,000,000 \$1,000,000/\$1,000,000 \$1,000,000/\$2,000,000
 \$2,000,000/\$2,000,000 \$2,000,000/\$4,000,000 \$Other: _____
14. Deductible Amount requested (each claim): \$1,000 \$2,500 \$5,000
 \$10,000 \$15,000 \$20,000 \$20,000 Other: \$ _____

NEW YORK REGULATION 107 DEFENSE WITHIN LIMITS ACKNOWLEDGEMENT

I understand and acknowledge that the policy may contain a Defense Within Limits provision which means that **claim expenses** will reduce the limit of liability and may exhaust it completely and should that occur, the **insured** shall be liable for any further **damages** or **claim expenses**. In addition, **claim expenses** are applied against the deductible.

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."

SIGNING THIS FORM DOES NOT BIND THE APPLICANT OR THE COMPANY TO COMPLETE THE INSURANCE. APPLICATION MUST BE SIGNED AND DATED BY AN OWNER, PARTNER OR OFFICER OF THE APPLICANT.

Signature: _____ Title: _____
 Print Name: _____ Date: _____

PLEASE SUBMIT THIS APPLICATION TO:
 (Insert name & address)