

Name of Insurance Company to which **Application** is made (herein called the “**Insurer**”)

## ACCOUNTANTS PROFESSIONAL LIABILITY INSURANCE APPLICATION

NOTICE: This professional liability coverage is provided on a claims-made basis; therefore, only claims which are first made against you, and reported to the Company, during the policy term, any subsequent renewal of this policy or any extended reporting period are covered, subject to policy provisions.

**Please attach a sample of your letterhead to this application.**

1. Name of the Applicant: \_\_\_\_\_

1a. Applicant Firm's Tax ID Number: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

2. The Applicant Firm is a(n):  Individual  Partnership  Professional Association  
Professional Corporation  LLC or LLP  Other: \_\_\_\_\_

3. Is the Applicant Firm engaged in the practice of accountancy? Yes No  
If no, please contact your agent before proceeding.

4. Applicant Firm's principal location:

Address: \_\_\_\_\_

City : \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

5. Applicant Firm's mailing address:

Address: \_\_\_\_\_

City : \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

6. When was the Applicant Firm established? \_\_\_\_\_ (Month/Day/Year)

7. If the Applicant Firm has been established less than six (6) years, please list: Not Applicable

A. Name of the Predecessor Firm: \_\_\_\_\_ Date Formed: \_\_/\_\_/\_\_

Percent owned by the current members of the Applicant firm: \_\_\_\_\_%

What is the current status of the Firm :  Dissolved  Changed the firm name  Continues to exist

B. Name of the Predecessor Firm: \_\_\_\_\_ Date Formed: \_\_/\_\_/\_\_

Percent owned by the current members of the Applicant firm: \_\_\_\_\_%

What is the current status of the Firm :  Dissolved  Changed the Firm Name  Continues to exist

**To enter more information, please use the separate page attached to the application**

8. Does your firm practice from additional offices? Yes No **If yes, please attach a copy of the letterhead for each satellite office.**

9. Please list the Applicant Firm's staff breakdown:

Number of full time equivalent CPA's: \_\_\_\_\_

Number of full time equivalent non CPA Accounting Professionals: \_\_\_\_\_

Number of full time equivalent support staff: \_\_\_\_\_

9a. Most recently ended fiscal year's revenue: \$ \_\_\_\_\_

Current fiscal year's projected revenue: \$ \_\_\_\_\_

Total number of clients served in the past twelve (12) months: \_\_\_\_\_

10. Has any member of the Applicant Firm or any Predecessor Firm been the subject of a complaint, disciplinary action or reprimand by any state board, the SEC, I.R.S., governmental regulatory or tax authorities, or any accounting society? Yes No **If yes, please use the separate page attached to the application to provide an explanation.**

11. Does the Applicant Firm share office space with professionals/firms other than those listed in question eight(8)? Yes No **If no, skip to question 12**

11a. If the Applicant Firm shares an office with other professionals does your firm separate files, employ separate support staff and present itself as an independent practice to the public? Yes No

11b. The name of the professionals/firm with whom the Applicant Firm shares an office is:

12. Area of Practice: Please identify the Applicant Firm's areas of practice with the number representing the percentage of gross income derived from that area during the past year. **The total of these must be one hundred (100) percent and represent all areas of practice.**

Area of Practice	%	Engagement Letters Used	
		Yes	No
Public Company Audit *		Yes	No
Other Audit *		Yes	No
Other Attest/Assurance Services (Describe the services provided on a separate sheet)		Yes	No
Review		Yes	No
Compilation		Yes	No
Bookkeeping		Yes	No
Individual Tax		Yes	No
Business Tax		Yes	No
Consulting Services (Describe the services provided on a separate sheet)		Yes	No
Estate Tax		Yes	No
Fiduciary Services		Yes	No
Litigation Support		Yes	No
Securities Activities **		Yes	No
Forecasts/Projections		Yes	No
Business Valuations		Yes	No
Business Planning (Describe the services provided on a separate sheet)		Yes	No
Personal Financial Planning and Investment Advisory Services (Describe the services provided on a separate sheet)		Yes	No
Other (Describe the services provided on a separate sheet)		Yes	No

\* If any percentage is indicated, complete the Audit Engagements Supplement form No. 2

\*\* If any percentage is indicated, complete the SEC Information Supplement form No. 3

13. Have any individuals in the Applicant Firm, or any Predecessor Firm, in the past two (2) years provided these services to any financial institution client:
- a. Regulatory, securities, or compliance services? Yes No **If yes, complete SEC Information Supplement No. 3**
  - b. Services for an institution in which an Applicant member held an equity or management interest?  Yes  No
  - c. Whose deposits are not insured by a government agency such as the FDIC or NCUA?  Yes  No
  - d. Which was either in its formative stage, or which has at any point since been insolvent?  Yes  No
  - e. For which they were an officer, director, or general counsel?  Yes  No
- If any part(s) of question 13 are answered yes, complete Financial Institution Supplement form No. 4**
14. How many suits for collection of fees have been filed by the Applicant Firm or Predecessor Firms during the past two (2) years? \_\_\_\_\_ How many of these suits have been resolved successfully? \_\_\_\_\_  
 Dollar amount of fee suits last year: \$ \_\_\_\_\_  
 Dollar amount of suits for the previous year: \$ \_\_\_\_\_
15. Has the Applicant Firm, or any Predecessor Firm ever conducted SEC services or audits for any publicly held companies? Yes No **If yes, please complete the Public Company Audit Supplement No. 5.**
- 15a. Has the Applicant Firm or any Predecessor Firm received equity or any other non-monetary compensation for the rendering of accounting services? Yes No If yes, was this only on tax engagements? Yes No
- 15b. Has the Applicant Firm arranged, coordinated or managed any investment venture?  Yes  No **If yes, please use the separate page attached to the application to provide an explanation.**
16. Within the past six (6) years have any of the Applicant Firm's accountants served as a director, officer, or an employee of any client; owned an equity interest in any client; or does any client represent more than twenty-five (25) percent of the Applicant Firm's revenues? Yes No **If yes, please provide the following for each:**

Name of Client: _____
Nature of business: _____
Services provided: _____
% of Firm's revenue derived from the client: ___% Equity interest ___% Dollar Value of Interest\$ _____
Person holding a position for this client: _____ Title: _____

Name of Client: _____
Nature of business: _____
Services provided: _____
% of Firm's revenue derived from the client: ___% Equity interest ___% Dollar Value of Interest\$ _____
Person holding a position for this client: _____ Title: _____

**To enter more information, please use the separate page attached to the application**

17. Does any member of the Applicant Firm hold any professional license other than for accountancy?  
Yes No

Name of Individual: \_\_\_\_\_ Profession: \_\_\_\_\_

Annual income derived from profession: \$ \_\_\_\_\_ Insurance Carrier: \_\_\_\_\_

**To enter more information, please use the separate page attached to the application**

18. Within the past 3 years, has the Applicant Firm or Predecessor Firm or any affiliated entity thereof rendered audit or attest services for a business client, for which either the client or a parent of the client subsequently declared or filed bankruptcy, defaulted on a debt obligation, or became insolvent? Yes No **If yes, please complete the following:**

Name of Client: \_\_\_\_\_ Client industry: \_\_\_\_\_

Type of services rendered: \_\_\_\_\_

Dates of your service: \_\_\_\_\_ Going concern reference: Yes No

Date of bankruptcy, insolvency or default: \_\_\_\_\_

**To enter more information, please use the separate page attached to the application**

19. During the past six (6) years, has any insurer of the Applicant Firm, Predecessor Firm or Prior Firm canceled or refused to renew professional liability insurance for any reason other than the carrier's withdrawal from the market? Yes No **If yes, please provide details:**

\_\_\_\_\_  
\_\_\_\_\_

20. In the past three (3) years, has the Applicant Firm undergone any peer or quality review sponsored for the AICPA or any state society of CPA's Yes No **If yes, the results were:**  
Unqualified Qualified, Modified or Adverse

21. After inquiry, are any individuals of the Applicant Firm aware of any professional liability claims made against them, the Applicant Firm or a Predecessor Firm in the past six (6) years, including those which may have been made against them while with a Prior Firms? Yes No **If yes, complete the Accountants Professional Claim Supplement form No. 1 for each incident.**

21a. After inquiry, are any individuals of the Applicant Firm aware of any actual or alleged act, error, omission, incident or circumstance, which might reasonably result in a claim against them, the Applicant Firm or against any members of a Predecessor Firm in the past six (6) years? Yes No **If yes, complete the Accountants Professional Claim Supplement form No. 1 for each incident.**

21b. Please advise the total number of events which are applicable under 21. or 21a.: \_\_\_\_\_

**For all incidents listed in questions 21. or 21a., a separate Claim Supplement form No. 1 must be completed.**

22. Please provide the following information for the Applicant Firm's/Predecessor Firm's most recent professional liability policy:

Insurer: \_\_\_\_\_ Policy effective date: \_\_\_\_\_ Policy expiration date: \_\_\_\_\_

Per Claim Limit: \$ \_\_\_\_\_ Aggregate Limit: \$ \_\_\_\_\_

Deductible \$ \_\_\_\_\_ Premium: \$ \_\_\_\_\_

22a. Does the Applicant Firm's current policy have a retro-active date?  Yes  No  
**If yes, what is the date?** \_\_\_\_\_

23. Please note that the coverage will be offered only at the company's election. Coverage terms offered are also subject to determination by the **Insurer**. Please indicate the limit and deductible for which you wish to receive a quotation:

**Limits**

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> \$100,000/\$300,000   | <input type="checkbox"/> \$1,000,000/\$1,000,000 | <input type="checkbox"/> \$3,000,000/\$3,000,000 |
| <input type="checkbox"/> \$250,000/\$500,000   | <input type="checkbox"/> \$1,000,000/\$2,000,000 | <input type="checkbox"/> \$4,000,000/\$4,000,000 |
| <input type="checkbox"/> \$500,000/\$500,000   | <input type="checkbox"/> \$2,000,000/\$4,000,000 | <input type="checkbox"/> Other: \$ _____ / /     |
| <input type="checkbox"/> \$500,000/\$1,000,000 |  | \$ _____   |

**Deductibles**

- |                                  |                                   |  |
|----------------------------------|-----------------------------------|--|
| <input type="checkbox"/> \$1,000 | <input type="checkbox"/> \$5,000  | <input type="checkbox"/> \$20,000        |
| <input type="checkbox"/> \$2,000 | <input type="checkbox"/> \$7,500  | <input type="checkbox"/> \$25,000        |
| <input type="checkbox"/> \$2,500 | <input type="checkbox"/> \$10,000 | <input type="checkbox"/> Other: \$ _____ |
| <input type="checkbox"/> \$3,000 | <input type="checkbox"/> \$15,000 |  |

**REPRESENTATIONS:** I/We affirm that the information contained here and in any addendum is true to the best of my/our knowledge and that it shall be the basis of the policy of insurance and deemed incorporated therein, should the Company evidence its acceptance of this application by issuance of a policy. I/We hereby authorize the release of claim information from any prior insurer to the Company or its representatives.

**FRAUD NOTICE STATEMENTS**

**NOTICE TO 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 MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES."

**NOTICE TO ALASKA RESIDENTS APPLICANTS:** "A PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE AN INSURANCE COMPANY FILES A CLAIM CONTAINING FALSE, INCOMPLETE OR MISLEADING INFORMATION MAY BE PROSECUTED UNDER STATE LAW."

**NOTICE TO ARKANSAS RESIDENT 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 ARIZONA RESIDENTS APPLICANTS:** "FOR YOUR PROTECTION ARIZONA LAW REQUIRES THE FOLLOWING STATEMENT TO APPEAR ON THIS FORM. ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES."

**NOTICE TO COLORADO RESIDENTS 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 FROM 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 RESIDENTS APPLICANTS:** "ANY PERSON WHO, KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE."

**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 RESIDENTS 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 RESIDENTS 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."

**RESIDENTS OF MARYLAND APPLICANTS:** "ANY PERSON WHO KNOWINGLY AND WILLFULLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY AND WILLFULLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON."

**RESIDENTS OF MINNESOTA APPLICANTS:** "ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE/SHE IS FACILITATING A FRAUD AGAINST ANY INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD."

**RESIDENTS OF 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."

**RESIDENTS OF 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."

**RESIDENTS OF 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."

**RESIDENTS OF OHIO APPLICANTS:** "ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE/SHE IS FACILITATING A FRAUD AGAINST ANY INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD."

**RESIDENTS OF OKLAHOMA APPLICANTS:** "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."

**RESIDENTS OF OREGON APPLICANTS:** "ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD OR SOLICIT ANOTHER TO DEFRAUD AN INSURER: (1) BY SUBMITTING AN APPLICATION, OR (2) BY FILING A CLAIM CONTAINING A FALSE STATEMENT AS TO ANY MATERIAL FACT, MAY BE VIOLATING STATE LAW."

**RESIDENTS OF 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 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 SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES."

**RESIDENTS OF 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."

**RESIDENTS OF TEXAS APPLICANTS:** IF A LIFE, HEALTH AND ACCIDENT INSURER PROVIDES A CLAIM FORM FOR A PERSON TO USE TO MAKE A CLAIM, THAT FORM MUST CONTAIN THE FOLLOWING STATEMENT OR A SUBSTANTIALLY SIMILAR STATEMENT: "ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR THE PAYMENT OF A LOSS IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN STATE PRISON."

**RESIDENTS OF 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 MAY INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS."

**RESIDENTS OF WASHINGTON APPLICANTS:** "IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSES OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES, AND DENIAL OF INSURANCE BENEFITS."

**RESIDENTS OF 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."

Name (Please Print/Type)

Title **(MUST BE SIGNED BY A PARTNER OR OFFICER)**

\_\_\_\_\_  
Signature

Date

The above signed warrants that he/she is authorized and has the power to complete and execute this Application, including the Warranty Statement on behalf of the **Applicant** and their respective Directors, Officers or other insured persons.

**Produced By: (Section to be completed by Producer/Broker)**

Producer

Agency

Producer License Number

Agency Taxpayer ID or SS Number

Address (Street, City, State, Zip)