

**APPLICATION FOR ACCOUNTANTS PROFESSIONAL LIABILITY INSURANCE  
 Renewal Application**

NOTICE: THIS IS AN APPLICATION FOR INSURANCE WRITTEN ON A CLAIMS MADE BASIS. COMPLETE THIS APPLICATION FULLY AND ACCURATELY AND ATTACH ALL REQUIRED MATERIALS. IF COVERAGE IS BOUND, THIS APPLICATION AND THE MATERIALS SUBMITTED WITH IT WILL BE ATTACHED TO THE POLICY AND WILL CONSTITUTE A PART THEREOF.

THE POLICY FOR WHICH THIS APPLICATION IS MADE IS LIMITED TO LIABILITY FOR WRONGFUL ACTS COMMITTED SUBSEQUENT TO THE RETROACTIVE DATE, IF APPLICABLE, FOR WHICH CLAIMS ARE FIRST MADE AGAINST THE INSURED WHILE THE POLICY IS IN FORCE AND WHICH ARE REPORTED TO THE COMPANY NO LATER THAN SIXTY (60) DAYS AFTER THE TERMINATION OF THE POLICY. THE COVERAGE OF THIS POLICY DOES NOT APPLY TO CLAIMS FIRST MADE AGAINST THE INSURED AFTER THE TERMINATION OF THIS POLICY UNLESS, AND IN SUCH EVENT ONLY TO THE EXTENT, AN EXTENDED REPORTING PERIOD OPTION APPLIES.

**CURRENT POLICY INFORMATION:**      **Policy No.:** \_\_\_\_\_      **Expiration Date:** \_\_\_\_\_

**Named Insured and Address:** \_\_\_\_\_

**PLEASE ATTACH COPY OF FIRM LETTERHEAD**

1. Please provide the information below for each owner, partner, officer and accountant in the Firm (including Non-CPA employees providing accounting services whose time is billable to clients) for whom coverage is desired under the proposed insurance. *If additional space is needed, please use the Supplemental Accountants Information form.*

Name	Date of Hire	D/C*	CPA		Years in Practice	Member	
			YES	NO		AICPA	State Society

\*Designation Codes

P - Partner / Owner / Shareholder / Principal      FT - Full time employee      I - Independent Contractor  
 PT - Part time employee (must work fewer than 1000 hours per year on behalf of the Applicant Firm)

2. Current Number of:  
 Clerical staff and other non-accounting employees: \_\_\_\_\_  
 Other (please describe): \_\_\_\_\_

3. Have firms been acquired by the Applicant since the prior policy period?      Yes       No   
*If yes, please provide details.*

4. Annual Gross Receipts for:  
 a. Last fiscal year \$ \_\_\_\_\_ b. Estimated for current fiscal year \$ \_\_\_\_\_

5. Indicate the percentage of gross income for the past fiscal year the Firm derived from the following areas of practice:

AREA OF PRACTICE Round to the nearest whole percent	%	Engagement Letters Used?	AREA OF PRACTICE Round to the nearest whole percent	%	Engagement Letters Used?
* Public Company Audit		<input type="checkbox"/> Yes <input type="checkbox"/> No	* Securities Activities		<input type="checkbox"/> Yes <input type="checkbox"/> No
* Other Audits		<input type="checkbox"/> Yes <input type="checkbox"/> No	Forecasts/Projections		<input type="checkbox"/> Yes <input type="checkbox"/> No
**Other Attest/Assurance Services		<input type="checkbox"/> Yes <input type="checkbox"/> No	**Consulting Services		<input type="checkbox"/> Yes <input type="checkbox"/> No
Review		<input type="checkbox"/> Yes <input type="checkbox"/> No	Business Valuations		<input type="checkbox"/> Yes <input type="checkbox"/> No
Compilation		<input type="checkbox"/> Yes <input type="checkbox"/> No	**Business Planning		<input type="checkbox"/> Yes <input type="checkbox"/> No
Bookkeeping & Write-up		<input type="checkbox"/> Yes <input type="checkbox"/> No	Information Technology		<input type="checkbox"/> Yes <input type="checkbox"/> No
Individual Tax		<input type="checkbox"/> Yes <input type="checkbox"/> No	Design/Develop Computer Hardware or Software		<input type="checkbox"/> Yes <input type="checkbox"/> No
Business Tax		<input type="checkbox"/> Yes <input type="checkbox"/> No	Recommend/Sell/Train on Computer Hardware or Software		<input type="checkbox"/> Yes <input type="checkbox"/> No
Estate Tax		<input type="checkbox"/> Yes <input type="checkbox"/> No	Install/Modify/Maintain Computer Hardware or Software		<input type="checkbox"/> Yes <input type="checkbox"/> No
Litigation Support		<input type="checkbox"/> Yes <input type="checkbox"/> No	TOTAL MUST EQUAL 100%		
Personal Financial Planning & Investment Advisory Services		<input type="checkbox"/> Yes <input type="checkbox"/> No			

\*Supplemental application must be completed. Please contact your Agent/Broker.

\*\*Provide a brief description of this area of practice

6. Does the Applicant anticipate any material change in the Firm or its practice in the coming year? Yes  No   
*If yes, please provide details on a separate addendum.*

7. During the past 12 months has the Firm, any current or former personnel of the Firm, any Predecessor Firm, or any other person for whom coverage is desired under the proposed insurance:

a. Received commissions, fees, reciprocity or revenue for the sale or promotion of securities, investments or tax shelters? Yes  No

b. Organized, arranged, or procured investments, real estate or tax shelters, or prepared projections for use in these areas? Yes  No

c. Received any loans from any client? Yes  No

d. Made recommendations as to financial planning or the sale or purchase of any investments, including specific stocks, bonds, or other securities? Yes  No

*If yes to any of the above, please provide details on a separate addendum.*

8. Have any suits been filed by the Applicant against any current or former clients for recovery of professional fees since the completion of Applicant's last application? Yes  No

9. Within the past year, has the Firm, any current or former personnel of the Firm, any Predecessor Firm, or any other person for whom coverage is desired under the proposed insurance performed any Public Audit work? Yes  No   
*If yes, please request and complete the Public Audit Supplement.*

10. Has the Firm, any current or former personnel of the Firm, any Predecessor Firm, or any other person for whom coverage is desired under the proposed insurance, represented any publicly traded entity or any party in connection with the public offering or private placement of securities during the past 3 years? *If yes, please request and complete the Public & Private Offerings Supplement* Yes  No

11. In the past 12 months, has the Firm, any current or former personnel of the Firm, any Predecessor Firm, or any other person for whom coverage is desired under the proposed insurance, provided legal services for any Financial Institution that has not been previously reported? (Financial institution is defined as any bank, savings and loan, credit union or association, building and loan association, broker-dealer or insurance company)? Yes  No

*If yes, please request and complete the Financial Institutions Supplement.*

12. Excluding activities as a trustee or receiver, within the past year, has the Firm, any current or former personnel of the Firm, any Predecessor Firm, or any other person for whom coverage is desired under the proposed insurance, provided accounting services, other than tax, for a business client that has been the subject of bankruptcy, insolvency or receivership proceedings? Yes  No

*If yes, please request and complete the Client Insolvency Supplement.*

13. Within the past year, has any Firm personnel attended a Professional liability Insurance Program Risk Management Seminar? Yes  No

*If yes, please provide:* Number of attendees \_\_\_\_\_ Date of seminar \_\_\_\_\_  
 Location of seminar \_\_\_\_\_ Sponsor \_\_\_\_\_

14. Within the past year, has your firm undergone a peer or quality review controlled by the AICPA or any State CPA society? *If yes, please provide:* Yes  No

Type of review:  Peer/Quality review  SECPS  Voluntary Tax Practice review  Other \_\_\_\_\_

Opinion rendered:  Unqualified/Unmodified  Qualified/Modified  Other \_\_\_\_\_  
 Date Issued: \_\_\_\_\_

If a letter of comment was issued, did it contain a recurring issue from the peer review? Yes  No

*If yes, provide details on a separate sheet along with copies of both letters of comment and your response.*

15. Within the past year, has the Firm, any current or former personnel of the Firm, any Predecessor Firm, or any other person for whom coverage is desired under the proposed insurance, provided professional services, other than tax, to a client in which any Firm member or the spouse of any Firm member, served as an officer, director or partner, or owned an equity or financial interest? Yes  No

*If yes, please request and complete the Outside Interests Supplement.*

16. Within the past year has the Firm, any current or former personnel of the Firm, any Predecessor Firm, or any other person for whom coverage is desired under the proposed insurance, been the subject of any regulatory investigation or inquiry, suspended from practice, or indicted or convicted of any felony charge? Yes  No

*If yes, provide details on a separate sheet including the date of occurrence and the final action taken.*

17. Please provide limits of liability and deductible options requested:

**LIMITS OF LIABILITY:**

**DEDUCTIBLE:**

(Per Claim/Aggregate)

- \$100,000/\$200,000
- \$100,000/\$250,000
- \$250,000/\$250,000
- \$250,000/\$500,000
- \$500,000/\$500,000
- \$500,000/\$1 Million
- \$750,000/\$750,000
- \$1 Million/\$1 Million
- \$1 Million/\$2 Million
- \$1 Million/\$3 Million
- \$2 Million/\$2 Million
- \$2 Million/\$4 Million
- \$3 Million/\$3 Million
- \$3 Million/\$6 Million
- \$4 Million/\$4 Million
- \$5 Million/\$5 Million
- Other \$ \_\_\_\_\_

- \$1,000
- \$2,000
- \$3,000
- \$4,000
- \$5,000
- \$10,000
- \$15,000
- \$20,000
- \$25,000
- \$35,000
- \$50,000
- \$75,000
- \$100,000
- Each Loss
- Annual Aggregate
- Loss Only

**NOTICE TO APPLICANT**

Notice to Georgia Applicants: If insurance is granted, it is in reliance upon the statements and representations set forth in this application. Coverage is not provided to insureds who have at any time: intentionally concealed or misrepresented a material fact, engaged in fraudulent conduct, or made a false statement relating to this insurance or in obtaining a license as a collector. Any false or material misrepresentation set forth in the application, in continuing this policy, or in presenting a claim under this policy, will result in the cancellation of coverage.

**SIGNATURE**

In granting coverage to any of the Insureds, the Company has relied upon the declarations and statements in this application for coverage. All such declarations and statements are the basis of coverage and will be considered incorporated in and constituting part of the policy should one be issued.

The undersigned authorized representative of the firm hereby declares that the statements set forth herein are true. The undersigned agrees that if the information supplied on this application changes between the date of this application and the effective date of the insurance, the undersigned will, in order for the information to be accurate on the effective date of the insurance, immediately notify the Company of such change(s) and the Company may withdraw or modify any outstanding quotations and authorization or agreement to bind the insurance.

Signing of this application does not bind the firm or the Company to complete the insurance, but it is agreed that this application will be the basis of the contract should a policy be issued, and it will become part of the policy as if physically attached.

All supplements, written statements and other materials furnished to the Company in conjunction with this application are hereby incorporated by reference into this application and made a part hereof. Nothing contained herein or incorporated herein by reference will constitute notice of a claim or potential claim so as to trigger coverage under any contract of insurance.

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**Authorized Representative of the Firm**

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**Date**

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**Print Name**

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**Title** (must be signed by managing partner or managing executive of Firm)