



ACCOUNTANT & TAX PREPARERS SUPPLEMENTAL APPLICATION

1. Name of Applicant (Company Name if applicable): _____

2. Staff (Indicate Numbers)

Table with 4 columns: Staff Category, Full Time, Part Time, Inactive. Rows include Owners, Partners & Officers, Employed CPA's, Other Accounting and Tax Professionals, Support Staff, and Total.

3. What percentage of your work involves the subcontracting of work to others? _____%
Do you require independent contractors to carry their own professional liability insurance? ___ Yes ___ No
If yes, what limit of liability to you require? \$ _____
If yes, do you obtain a certificate of insurance? ___ Yes ___ No

If you want to include coverage for independent contractors provide the following:

Name of independent contractor, resume, and advise type of work that will be performed by the independent contractor and revenues they will generate.

4. Provide percentage of gross annual revenue derived from the areas of practice below:

- a. Business Tax Services _____%
b. Estate Tax Services _____%
c. Individual Tax Services _____%
d. Bookkeeping/Write-Up _____%
e. Compilation _____%
f. Review _____%
g. Audit: non-public clients _____%
h. Audit: public clients _____%
i. Forecasts/Projections _____%
j. Business Planning _____%
k. Information Technology _____%
l. Business Valuation _____%
m. Financial Planning _____%
n. Litigation Consulting _____%
o. SEC-Public/Private Offerings _____%
p. Fiduciary Services _____%
q. Assurance Services _____%
r. Other _____%
100%

5. On what percentage of your services do you utilize engagement letters? _____%
Provide detail on when you use engagement letters and when you do not use them. _____

Do your engagement letters include an alternative dispute resolution clause? ___ Yes ___ No

6. Does the applicant firm, or any member of the firm, perform duties under a trust agreement? ___ Yes ___ No
If yes, provide details. _____

7. Does the applicant firm, or any member of the firm, have discretionary control over clients' funds?
 ___Yes ___No If yes, provide details. _____

8. Within the past five years has the applicant firm or any member of the firm provided services for any client in which any insured or spouse owned an equity interest of more than 10%, or served as an officer, director, partner or manager of a client? ___Yes ___No If yes, provide details. _____

9. Does the applicant firm have a policy regarding the filing of a lawsuit to collect fees? ___Yes ___No
 Within the past two years, has the applicant sued to collect fees? ___Yes ___No
10. a. Are all financial statements and reports personally signed by a principal of the firm? ___Yes ___No
 b. Does the firm maintain a system to assure timely completion of reports, filings and tax returns?
 ___Yes ___No
 c. Has the firm undergone a peer or quality review in the past three years? ___Yes ___No
 If yes, date of last review _____
 Result: ___Unqualified/Modified ___Qualified/Modified
 If qualified, please attach a copy of the report as well as response and corrections to noted deficiencies.

I/We hereby declare that the above statements and declarations are true and that I/We have not suppressed or misstated any material facts. I/We agree that any misrepresentation or misstatement of material facts may void coverage under this insurance. I/We agree that this application shall be the basis of the contract with the company and that coverage, if written, will be provided on a claims made basis. It is understood and agreed that completion of this application does not bind the company to provide coverage or the applicant to purchase the insurance.

APPLICANTS SIGNATURE _____ TITLE _____
 PRINT NAME _____ DATE _____

Application must be signed and dated by a principal of the firm to be considered for quotation.