



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:

- List of 18 practice areas (a-r) with percentage lines. Includes Business Tax Services, Estate Tax Services, Individual Tax Services, Bookkeeping/Write-Up, Compilation, Review, Audit (non-public and public clients), Forecasts/Projections, Business Planning, Information Technology, Business Valuation, Financial Planning, Litigation Consulting, SEC-Public/Private Offerings, Fiduciary Services, Assurance Services, and Other.

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.