

1. Applicant name (company name if applicable): _____

2. Staff (indicate numbers):		Full Time	Part Time	Inactive
Owners, Partners and Officers		_____	_____	_____
Employed CPAs		_____	_____	_____
Other Accounting and Tax Professionals		_____	_____	_____
Support Staff		_____	_____	_____
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

To include coverage for independent contractors, provide the following information:

- Name of independent contractor
- Resume
- Description of type of work that will be performed by the independent contractor and revenues they will generate

4. Percentages of gross annual revenue derived from the areas of practice (**must equal 100%**):
- | | |
|---------------------------------------|--|
| a. Business Tax Services: _____ % | j. Business Planning: _____ % |
| b. Estate Tax Services: _____ % | k. Information Technology: _____ % |
| c. Individual Tax Services: _____ % | l. Business Valuation: _____ % |
| d. Bookkeeping/Write-Up: _____ % | m. Financial Planning: _____ % |
| e. Compilation: _____ % | n. Litigation Consulting: _____ % |
| f. Review: _____ % | o. SEC-Public/Private Offerings: _____ % |
| g. Audit: non-public clients: _____ % | p. Fiduciary Services: _____ % |
| h. Audit: public clients: _____ % | q. Assurance Services: _____ % |
| i. Forecasts/Projections: _____ % | r. Other (_____): _____ % |

5. For what percentage of your services do you utilize engagement letters? _____ %
 Provide details 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, 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.

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

Authorized signature

Date

Typed or printed name: _____

Title: _____