



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

FLORIDA ACCOUNTANTS PROFESSIONAL LIABILITY INSURANCE RENEWAL 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: _____

2. Address: _____

City : _____ State: _____ Zip Code: _____

Website: _____

Telephone Number: _____

3. 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: _____

3a. Most recently ended fiscal year’s revenue: \$ _____

Current fiscal year’s projected revenue: \$ _____

4. Since your last application furnished to us, 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.**

5. Since your last application furnished to us 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?

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 become insolvent? Yes No

e. For which they were an officer, director, or general counsel? Yes No

If any part(s) of question 5 are answered yes, complete Financial Institution Supplement form No. 4

6. 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

7. In the past twelve (12) months, 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: \$ _____

8. In the past twelve (12) months has the Applicant Firm, or any Predecessor Firm conducted SEC services or audits for any publicly held companies? Yes No **If yes, please complete the Public Company Audit Supplement No. 5**

9. In the past year, has the Applicant Firm undergone any peer or quality review sponsored by the AICPA or any state society of CPA's? Yes No **If yes, the results were:** Unqualified Qualified, Modified or Adverse

10. 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, which have not already been reported to us, on an application, including those which may have been made against them while with a Prior Firm? Yes No **If yes, complete the Accountants Professional Claim Supplement form No. 1 for each incident.**

10a. 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 the Predecessor Firm, which have not already been reported to us? Yes No **If yes, complete the Accountants Professional Claim Supplement form No. 1 for each incident.**

10b. Please advise the total number of incidents which are applicable under 10. or 10a: _____

For all incidents listed in questions 10. or 10a., a separate Claim Supplement No.1 form must be completed.

11. 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.

NOTICE

1. Any claim or incident:
 - a) reported on question 10., or 10a.; or
 - b) of which any member of the applicant firm has knowledge prior to policy inception will not be afforded coverage under any policy which may subsequently be issued by and of the Philadelphia Insurance Companies.

2. Failure to report to your current insurance company any:
 - a) claim made against you during your current policy term; or
 - b) fact, circumstance or incident of which your accountants are aware, which may give rise to a claim BEFORE policy expiration, may create a lack of coverage.

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 Directorss, Officers or other insured persons.

FRAUD STATEMENT AND SIGNATURE SECTIONS

The Undersigned states that they/ them are an authorized representative of the Applicant and declares to the best of their knowledge and belief and after reasonable inquiry, that the statements set forth in this Application (and any attachments submitted with this Application) are true and complete and may be relied upon by Company * in quoting and issuing the policy. If any of the information in this Application changes prior to the effective date of the policy, the Applicant will notify the Company of such changes and the Company may modify or withdraw the quote or binder.

The signing of this Application does not bind the Company to offer, or the Applicant to purchase the policy.

*Company refers collectively to Philadelphia Indemnity Insurance Company and Tokio Marine Specialty Insurance Company

VIRGINIA APPLICANT: READ YOUR POLICY. THE POLICY OF INSURANCE FOR WHICH THIS APPLICATION IS BEING MADE, IF ISSUED, MAY BE CANCELLED WITHOUT CAUSE AT THE OPTION OF THE INSURER AT ANY TIME IN THE FIRST 60 DAYS DURING WHICH IT IS IN EFFECT AND AT ANY TIME THEREAFTER FOR REASONS STATED IN THE POLICY.

FRAUD NOTICE STATEMENTS

APPLICABLE IN FLORIDA 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.

NAME (PLEASE PRINT/TYPE)

TITLE

(MUST BE SIGNED BY THE PRINCIPAL, PARTNER, OR OFFICER)

SIGNATURE

DATE

SECTION TO BE COMPLETED BY THE PRODUCER/BROKER/AGENT

PRODUCER

(If this is a Florida Risk, Producer means Florida Licensed Agent)

AGENCY

PRODUCER LICENSE NUMBER

(If this a Florida Risk, Producer means Florida Licensed Agent)

ADDRESS (STREET, CITY, STATE, ZIP)

ADDITIONAL INFORMATION

This page may be used to provide additional information to any question on this application. Please identify the question number to which you are referring.

Signature

Date