

APPLICATION FOR EMPLOYMENT PRACTICES LIABILITY INSURANCE FOR ACCOUNTING FIRMS

NOTICE: THE POLICY FOR WHICH APPLICATION IS MADE APPLIES, SUBJECT TO ITS TERMS, ONLY TO "CLAIMS" FIRST MADE DURING THE "POLICY PERIOD," OR, IF PURCHASED, ANY EXTENDED REPORTING PERIOD. THE LIMIT OF LIABILITY AVAILABLE TO PAY DAMAGES OR SETTLEMENTS WILL BE REDUCED BY "DEFENSE EXPENSES," AND "DEFENSE EXPENSES" WILL BE APPLIED AGAINST THE RETENTION. THE UNDERWRITER WILL HAVE NO D U N TO DEFEND ANY "CLAIM." READ THE ENTIRE APPLICATION CAREFULLY BEFORE SIGNING.

I - GENERAL INFORMATION

A. Name of Applicant: _____
 Address: _____
 City: _____ State: _____ ZIP _____

B. Date of organization: _____

C. List all locations or branch offices by city and state (include approximate number of employees at each location). Please use a separate addendum if necessary.

Locations or Branch Offices	Approximate Number of Employees
_____	_____
_____	_____
_____	_____

D. List prior employment practices liability insurance for the past three (3) years (either stand-alone policies or supplemental coverage provided under some other type of insurance). Please use a separate addendum if necessary.

Period	Insurer	Limit	Retention	Coinsurance	Premium
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

E. Has a previous insurer ever canceled or non-renewed the Applicant for employment practices liability insurance (either on a stand-alone basis or as supplemental coverage provided under some other type of insurance)? (Not applicable in Missouri.) Yes No

If "Yes," provide details of the circumstances of cancelation or non-renewal.

F. Desired coverage: Limit of liability: _____ Retention: _____
 Coinsurance (if other than 10%): _____

3. A. Within the five (5) years prior to the date of this Application, has the name of the **Applicant** changed or has any other firm or organization amalgamated with or been merged into the **Applicant** or has the **Applicant** acquired any other firm? Yes No
- B. Is there any pending change in the name of the **Applicant** or pending or contemplated amalgamation, merger or acquisition? Yes No

If "Yes" to either, please give full particulars in a separate addendum.

4. Please provide the following information regarding each practice area that has accounted for two percent (2%) or more of the **Applicant's** gross billings in the current fiscal year to date or any of the past three (3) fiscal years:

Practice Area	Description of Services	Approximate # of Professionals in Area*	Approximate % of Gross Billings Last Fiscal Year
			%
			%
			%

*Need not equal total number of professionals where professionals perform work in a number of areas.

- A. If the **Applicant** has performed any audit or review work for any financial institution, please complete the Financial Institutions Supplement to this Application.
- B. If the **Applicant** represents, or has represented, any publicly traded entity, or any party in connection with the public offering or private placement of securities, please complete the Securities Activities Supplement to this Application.
5. In a separate addendum, please provide the following information for each client of the **Applicant** which has been the subject of bankruptcy, insolvency or receivership proceedings within the past three (3) years. If none, so state: None
- A. Date of client's bankruptcy, insolvency or receivership?
- B. Services rendered to client?
- C. Was an engagement letter used?
- D. Has any trustee or receiver questioned or inquired about the **Applicant's** fees to the client or about the services rendered by the **Applicant** to the client?
6. What percentage of the **Applicant's** Gross Revenues are derived from publicly traded clients? _____ %
If greater than two percent (2%), please complete the Securities Activities Supplement.
7. Within the past five (5) years, has the **Applicant**:
- A. Received commissions, fees 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. 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 complete the Financial Advising Supplement.

INTERNAL POLICIES AND PROCEDURES

8. In a separate addendum, please describe any internal quality control procedures and/or risk management manual(s) maintained by the **Applicant** and the circulation of such manual(s). Please provide copies of such manual(s) if available.

9. Has any current professional working for or with the **Applicant** been disciplined, censured, reprimanded, suspended, or placed on probation by any judicial body or regulatory agency? Yes No

If "Yes," please provide full particulars in a separate addendum.

10. Does the **Applicant** maintain a policy with respect to its professionals holding equity interests in, or entering into other commercial relationships with, for-profit business enterprises that are clients of the **Applicant** or that are involved in business transactions with clients of the **Applicant**? Yes No

If "Yes," please describe such policy(ies) in a separate addendum.

11. Client Acceptance and Conflicts Avoidance

In a separate addendum, please describe the procedures required prior to the acceptance of a new client or a new engagement for an existing client. Is it the **Applicant's** practice to use engagement letters for new clients?

If such letters are used, what subject matters are included? (Provide sample engagement letter(s) if available.)

12. Training and Supervision

- A. Does the **Applicant** maintain a formal training program for new professionals as to firm procedures and quality control? Yes No

If "Yes," please describe such program(s) in a separate addendum.

- B. Are all professionals subject to periodic, formalized performance review?
 Partners Yes No
 Employed Professionals Yes No

If "Yes," please describe the review procedure(s) for partners and employed professionals in a separate addendum.

13. Within the last six (6) years, has the **Applicant** had a peer review? Yes No

If "Yes," please attach the most recent peer review letter.

COVERAGE AND CLAIMS HISTORY

14. MISSOURI APPLICANTS/AGENTS: DO NOT ANSWER THIS QUESTION.

- Has any accountants professional liability insurer that has issued coverage to the **Applicant** ever canceled, refused to renew, or reduced limits on renewal of such coverage? Yes No

If "Yes," please give full particulars in a separate addendum.

15. Please list all primary and excess accountants professional liability insurance policies carried by the **Applicant**, or any predecessor firm, for each of the past five (5) years.

Policy Period	Insurer	Limits of Liability	Retention	Annual Premium
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

16. After inquiry, have any claims or suits been made against the Applicant or any **partner/officer/shareholder** or employed professional of the Applicant or any proposed additional insured, or any past partner/officer/shareholder or employed professional of the Applicant or its predecessors in business in the past five (5) years? Yes No

If "Yes," please complete a Claim Summary Supplement for each such claim or suit.

17. After inquiry, is any partner/officer/shareholder or employed professional of the Applicant aware of any circumstance, allegation, or contention as to any incident which may result in a claim being made against the Applicant or any past or recent **partner/officer/shareholder** or employed professional of the Applicant or its predecessors in business? Yes No

If "Yes," please complete a Claim Summary Supplement for each such circumstance. Without prejudice to any other rights and remedies of the Underwriter, any Claim based on or directly or indirectly arising out of or resulting from any claim, suit, circumstance, allegation, or contention required to be disclosed in response to Question 16 or 17 is excluded from the proposed insurance.

COVERAGE REQUESTED

18. Requested policy inception date: _____

19. Coverage limits and retention requested:

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NOTICE TO APPLICANT - PLEASE READ CAREFULLY.

FOR THE PURPOSE OF THIS APPLICATION, THE UNDERSIGNED AUTHORIZED AGENT OF THE PERSON(S) AND ENTITY(IES) PROPOSED FOR THIS INSURANCE DECLARES THAT TO THE BEST OF HIS/HER KNOWLEDGE AND BELIEF, AFTER REASONABLE INQUIRY, THE STATEMENTS HEREIN ARE TRUE AND COMPLETE. THE UNDERWRITER IS AUTHORIZED TO MAKE INQUIRY IN CONNECTION WITH THIS APPLICATION. SIGNING THIS APPLICATION DOES NOT BIND THE UNDERWRITER TO COMPLETE, OR THE APPLICANT TO PURCHASE THE INSURANCE.

THE INFORMATION CONTAINED IN AND SUBMITTED WITH THIS APPLICATION IS ON FILE WITH THE UNDERWRITER AND ALONG WITH THE APPLICATION IS CONSIDERED PHYSICALLY ATTACHED TO THE POLICY AND WILL BECOME A PART OF IT. THE UNDERWRITER WILL HAVE RELIED UPON THIS APPLICATION AND ATTACHMENTS IN ISSUING ANY POLICY. THE APPLICATION WILL BECOME A PART OF SUCH POLICY IF ISSUED.

IF THE INFORMATION IN THIS APPLICATION MATERIALLY CHANGES PRIOR TO THE EFFECTIVE DATE OF THE POLICY, THE APPLICANT WILL NOTIFY THE UNDERWRITER, WHO MAY MODIFY OR WITHDRAW ANY OUTSTANDING QUOTATION.

THE UNDERSIGNED DECLARES THAT THE PERSON(S) AND ENTITY(IES) PROPOSED FOR THIS INSURANCE UNDERSTAND THAT:

- (A) THIS POLICY APPLIES ONLY TO "CLAIMS" FIRST MADE OR DEEMED MADE DURING THE "POLICY PERIOD," OR, IF PURCHASED, ANY "EXTENDED REPORTING PERIOD";
- (B) THE LIMIT OF LIABILITY AVAILABLE TO PAY DAMAGES OR SETTLEMENTS WILL BE REDUCED, AND MAY BE COMPLETELY EXHAUSTED, BY THE PAYMENT OF "DEFENSE EXPENSES," AND IN SUCH EVENT, THE UNDERWRITER WILL NOT BE RESPONSIBLE FOR THE CONTINUED DEFENSE EXPENSES OR FOR THE AMOUNT OF ANY JUDGMENT OR SETTLEMENT TO THE EXTENT THAT ANY OF THE FOREGOING EXCEED ANY APPLICABLE LIMIT OF LIABILITY;
- (C) "DEFENSE EXPENSES" WILL BE APPLIED AGAINST THE RETENTION; AND
- (D) THE UNDERWRITER HAS NO DUTY UNDER THIS POLICY TO DEFEND ANY "CLAIM."

NOTICE TO ARKANSAS, MINNESOTA, AND OHIO APPLICANTS: ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE/SHE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD, WHICH IS A CRIME.

NOTICE TO COLORADO APPLICANTS: IT IS UNLAWFUL TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES, DENIAL OF INSURANCE, AND CIVIL DAMAGES. ANY INSURANCE COMPANY OR AGENT OF AN INSURANCE COMPANY WHO KNOWINGLY PROVIDES FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO A POLICY HOLDER OR CLAIMANT FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE POLICY HOLDER OR CLAIMANT WITH REGARD TO A SETTLEMENT OR AWARD PAYABLE FROM INSURANCE PROCEEDS SHALL BE REPORTED TO THE COLORADO DIVISION OF INSURANCE WITHIN THE DEPARTMENT OF REGULATORY AGENCIES.

NOTICE TO DISTRICT OF COLUMBIA, MAINE AND VIRGINIA APPLICANTS: IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES, OR A DENIAL OF INSURANCE BENEFITS.

NOTICE TO FLORIDA APPLICANTS: ANY PERSON WHO, KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY EMPLOYER OR EMPLOYEE, INSURANCE COMPANY, OR SELF-INSURED PROGRAM, FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

NOTICE TO KENTUCKY APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING ANY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME.

NOTICE TO LOUISIANA AND NEW MEXICO APPLICANTS: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES.

NOTICE TO MARYLAND APPLICANTS: ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE/SHE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT MAY BE GUILTY OF INSURANCE FRAUD.

NOTICE TO NEW JERSEY APPLICANTS: ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO NEW YORK APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SHALL ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.

NOTICE TO OKLAHOMA APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURER, MAKES ANY CLAIM FOR THE PROCEEDS OF AN INSURANCE POLICY CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY.

NOTICE TO OREGON AND TEXAS APPLICANTS: ANY PERSON WHO MAKES AN INTENTIONAL MISSTATEMENT THAT IS MATERIAL TO THE RISK MAY BE FOUND GUILTY OF INSURANCE FRAUD BY A COURT OF LAW.

NOTICE TO PENNSYLVANIA APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

APPLICANT		AUTHORIZED AGENT <i>(Please Print Name)</i>	
AUTHORIZED AGENT <i>(Signature)</i>		TITLE	DATE
PRODUCED BY <i>(Insurance Agent)</i>		INSURANCE AGENCY	
INSURANCE AGENCY TAXPAYER ID OR SOCIAL SECURITY NO.		AGENT LICENSE NO.	
ADDRESS <i>(No., Street, City, State, and ZIP Code)</i>			
SUBMITTED BY <i>(Insurance Agency)</i>		INSURANCE AGENCY TAXPAYER ID OR SOCIAL SECURITY NO.	AGENT LICENSE NO.
ADDRESS <i>(No., Street, City, State, and ZIP Code)</i>			

EXECUTIVE RISK INDEMNITY INC.
APPLICATION FOR ACCOUNTANTS PROFESSIONAL LIABILITY INSURANCE
FINANCIAL INSTITUTIONS SUPPLEMENT

Name of Applicant: _____

This document is part of the Application for Accountants Professional Liability Insurance. (If this Supplement does not apply to the Applicant, please check here: Does Not Apply.)

Instructions:

This form is to be completed with respect to each Financial Institution to which the Applicant, or any current or former partner/officer/shareholder/member of the Applicant, or employed professional while acting on behalf of the Applicant, has performed audit or review services during the past five (5) years. The term "Financial Institution" means any bank, savings and loan association, credit union, or other depository institution; or service company, subsidiary, or holding company of such an institution.

Note: Information provided herein does not constitute notice of a claim or of a circumstance that might give rise to a claim; nor does it constitute a Claim Summary Supplement if one is required in connection with the Applicant's response to Question 16 or 17 of the Application.

1. For how many Financial Institutions has the Applicant performed audit or review services in the last five (5) years? _____
2. To the Applicant's knowledge, is any Financial Institution to which the Applicant has provided audit or review services in receivership, liquidation, or conservatorship or operating subject to a supervisory agreement, consent agreement, or other regulatory limitations of its operations? Yes No

If "Yes," please list on a separate addendum for each such Financial Institution the following information:

- a. Name of Financial Institution
- b. Location of Financial Institution
- c. Dates services provided by the Applicant
- d. Types of services provided by the Applicant
- e. Date and description of regulatory action

3. Has any partner/officer/shareholder/member or employed professional of the Applicant served in any of the following capacities for a Financial Institution included in the response to Question 1 above:
 - a. Director or Officer Yes No
 - b. Loan Committee Member Yes No
 - c. Advisory Committee Member Yes No

If "Yes," please list on a separate addendum the following information:

- a. Name of Financial Institution
- b. Location of Financial Institution
- c. Dates of service
- d. Type(s) of services

I understand that information submitted herein becomes part of the Applicant's Application for Accountants Professional Liability Insurance and is subject to all of the representations and conditions set forth therein.

Authorized Signature of Applicant

Date

Print Name

Title

EXECUTIVE RISK INDEMNITY INC.
APPLICATION FOR ACCOUNTANTS PROFESSIONAL LIABILITY INSURANCE
SECURITIES ACTIVITIES SUPPLEMENT

Name of Applicant: _____

This document is part of the Application for Accountants Professional Liability Insurance. (If this Supplement does not apply to the Applicant, please check here: Does Not Apply.)

Instructions:

This form is to be completed if the Applicant, or any current or former **partner/officer/shareholder** of the Applicant, or any employed professional while acting on behalf of the Applicant, has provided professional services to any publicly traded entity or any other entity or individual in connection with any public offering or private placement of securities during the past five (5) years. Such service is referred to herein as a "Securities-Related Service."

Note: Information provided herein does not constitute notice of a claim or of a circumstance that might give rise to a claim; nor does it constitute a Claim Summary Supplement if one is required in connection with the Applicant's response to Question 16 or 17 of the Application.

1. To the Applicant's knowledge, has any issuer involved in any matter that is the subject of any Securities-Related Service become insolvent or entered into any liquidation or reorganization proceeding since the date of such Securities-Related Service? Yes No

If "Yes," please provide full particulars regarding the Securities-Related Service and the subsequent insolvency, liquidation, or reorganization in a separate addendum.

2. To the Applicant's knowledge, has any claim or allegation of fraud, negligence, or breach of duty been asserted against any party in connection with any matter that is the subject of any Securities-Related Service? Yes No

If "Yes," please provide full particulars regarding the Securities-Related Service and the claim or allegation in a separate addendum.

3. To the Applicant's knowledge, has any person or entity received a subpoena from the SEC or any other federal or state agency or instrumentality in connection with any matter that is the subject of any Securities-Related Service? Yes No

If "Yes," please provide full particulars regarding the Securities-Related Service and the date and subject of the subpoena in a separate addendum.

4. Please list on a separate addendum for each publicly traded client of the Applicant within the last five (5) years the following information:

- a. Name of client
- b. Nature of business
- c. Professional Services rendered by the Applicant
- d. Were SEC reports prepared?
- e. Was a qualified opinion issued?

5. Is the Applicant a member of the AICPA Public Companies Practice Sections? Yes No

I understand that information submitted herein becomes part of the Applicant's Application for Accountants Professional Liability Insurance and is subject to all of the representations and conditions set forth therein.

Authorized Signature of Applicant

Date

Print Name

Title

EXECUTIVE RISK INDEMNITY INC.
APPLICATION FOR ACCOUNTANTS PROFESSIONAL LIABILITY INSURANCE
CLAIM SUMMARY SUPPLEMENT

Name of Applicant: _____

This document is part of the Application for Accountants Professional Liability Insurance. (If this Supplement does not apply to the Applicant, please check here: Does Not Apply.)

Instructions:

This form is to be completed if the Applicant, or any current or former **partner/officer/shareholder/member** of the Applicant, or any employed professional while acting on behalf of the Applicant, is currently or has been involved in any claim or suit within the past five (5) years, or is aware of any circumstance, allegation, or contention that might give rise to a claim or suit as indicated in either instance by a "Yes" answer to Question 16 or 17. Please complete one Claim Summary Supplement for each claim or suit, or circumstance, allegation, or contention. Use separate sheets if necessary to provide complete responses.

1. Full name of individual professional(s) and firm (if other than the Applicant) involved in claim or suit, or circumstance, allegation, or contention:

- _____
- _____
- _____

2. Name of claimant(s):

- _____
- _____
- _____

3. Additional defendants:

- _____
- _____
- _____

4. Date of alleged error or misconduct: _____

5. To what insurance company was this claim or suit, or circumstance, allegation, or contention reported?

-

6. Date of report to insurance company: _____

7. Description of claim or suit, or circumstance, allegation, or contention and current status. If claim has been resolved, provide total defense costs, settlement(s), or judgment(s) incurred (including amounts within any self-insured retention). (Describe on separate addendum if needed.):

- _____
- _____
- _____

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8. What action has been taken by the Applicant to prevent a recurrence of a similar claim or circumstance?

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I understand that the information submitted herein becomes part of the Applicant's Application for Accountants Professional Liability Insurance and is subject to the same representations and conditions set forth therein. I also understand that there will be no coverage afforded under the proposed insurance for any matter(s) described in this Supplement.

Authorized Signature of Applicant

Date

Print Name

Title

EXECUTIVE RISK INDEMNITY INC.
 APPLICATION FOR ACCOUNTANTS PROFESSIONAL LIABILITY INSURANCE
 FINANCIAL ADVISING SUPPLEMENT

Name of Applicant: _____

This document is part of the Application for Accountants Professional Liability Insurance.

Instructions:

This form is to be completed if the Applicant, or any current or former partner/officer/shareholder/member of the Applicant, or any employed professional while acting on behalf of the Applicant, has provided services in connection with any financial planning, including the recommendation of specific securities and investments, during the past five (5) years.

Note: Information provided herein does not constitute notice of a claim or of a circumstance that might give rise to a claim; nor does it constitute a Claim Summary Supplement if one is required in connection with the Applicant's response to Question 16 or 17.

1. Indicate the number of financial plans completed in the past five (5) years: _____
2. Indicate the total revenues for the current year collected from financial advising services: \$ _____
 What percentage of these revenues are fee-based? _____%
 What percentage of these revenues are commission-based? _____%

3. Please provide the following information on all professionals providing financial planning services:

Name	Professional Certifications	Percentage of Time Spent on Financial Planning Services
_____	_____	%
_____	_____	%
_____	_____	%

4. Are any specific securities or investments recommended?
 Yes No
 If "Yes," are the individuals providing specific recommendations registered brokers? Yes No
 If "Yes," please describe the specific type(s) of securities or investments recommended.

5. Are engagement letters used for all financial planning services?
 Yes No

I understand that information submitted herein becomes part of the Applicant's Application for Accountants Professional Liability Insurance and is subject to all of the representations and conditions set forth therein.

 Authorized Signature of Applicant

 Date

 Print Name

 Title